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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Review of Early Help Wellbeing Plan** | | | | | | | | | | | | | | | | | | | | |
| **Date of Initial Plan:** | | |  | **Date of This Review:** | | | | |  | | | | | | | | **Dates of Previous Reviews:** | | |  |
| **SECTION A: Children’s Details –** *list each child/young person in the family:* | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | **DoB/EDD:** | | | | | | | | | | | |
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| **SECTION B: Family invited and the practitioners/agencies in the Team Around the Child invited –** *list each person below (apart from the children already listed in section A)*  All those at the meeting to introduce themselves and explain their relationship, role and reason for being present at this meeting: | | | | | | | | | | | | | | | | | | | | |
| **Name** | **Family Relationship or Role/Agency** | | | **Email / Telephone No.** | | | | | | | | | **Invited** | | | | **Attended or Contribution Form Sent** | | | **Consent for Plan to be Shared** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
|  |  | | |  | | | | | | | | | **Yes  No** | | | | **Yes  No** | | | **Yes  No** |
| **SECTION C: Review of child’s/young person’s plan of goals and actions (maximum of 4 goals)**   * Add goals from initial plan to review * Ask all for views on progress for each goal, ensuring child/young person and family’s views are heard * Discuss with family where they think they are now with each goal and mark on the scale underneath | | | | | | | | | | | | | | | | | | | | |
| **Goal** | | **Progress to date** | | | | **Achieved or further actions** | | | | | | **By whom?** | | | | | | **By when?** | | |
|  | |  | | | |  | | | | | |  | | | | | |  | | |
| 1. achieved | | 2. close to achieving | | | | 3. half way there | | | | | | 4. a little way towards | | | | | | 5. just starting out | | |
| **Goal** | | **Progress to date** | | | | **Achieved or further actions** | | | | | | **By whom?** | | | | | | **By when?** | | |
|  | |  | | | |  | | | | | |  | | | | | |  | | |
| 1. achieved | | 2. close to achieving | | | | 3. half way there | | | | | | 4. a little way towards | | | | | | 5. just starting out | | |
| **Goal** | | **Progress to date** | | | | **Achieved or further actions** | | | | | | **By whom?** | | | | | | **By when?** | | |
|  | |  | | | |  | | | | | |  | | | | | |  | | |
| 1. achieved | | 2. close to achieving | | | | 3. half way there | | | | | | 4. a little way towards | | | | | | 5. just starting out | | |
| **Goal** | | **Progress to date** | | | | **Achieved or further actions** | | | | | | **By whom?** | | | | | | **By when?** | | |
|  | |  | | | |  | | | | | |  | | | | | |  | | |
| 1. achieved | | 2. close to achieving | | | | 3. half way there | | | | | | 4. a little way towards | | | | | | 5. just starting out | | |
| **Discussion of todays meeting –** for additional information, not recorded above: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Change of Lead Worker? Yes  No** | | | | **Name**  **Role/Agency:** | | |  | | | **Telephone:**  **Email:** | | | | |  | | | | | |
| **Further Review Needed? Yes  No** | | | | **Next Review Date and Time** | | |  | | | **Next Review Location:** | | | | |  | | | | | |
| **Reason further review not needed:**  **All to complete feedback surveys by following the links below** | | | | **All actions completed** | | | | **Coordinated plan no longer needed** | | | **Family withdrew consent** | | | | | **Family left Jersey** | | | **Step-up** | |
| **Child/Young Person**  <https://survey.gov.je/s/jerseyschildrenfirstfeedback/> | | | | | **Family**  <https://survey.gov.je/s/JCFFamily/> | | | | | | | | | **Practitioner**  <https://survey.gov.je/s/JCFPractitionerFeedback/> | | | | | | |

**The practitioner who is acting as Lead Worker should record the date of this meeting on their agency’s early help log.**

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**DATA PRIVACY NOTICE**

This Review of the Early Help Wellbeing Plan will be stored by the agency of the Practitioner completing the assessment in accordance with their agency’s Privacy Policy and Retention Schedule. The names and dates of birth of children who are subjects of this plan and the date of the meeting are recorded on the agency’s early help log and this information is shared with the Children and Families Hub Service who hold it on behalf of the Children, Young People, Education and Skills Department (CYPES) for quality assurance and data collection purposes. As a ‘controller’ under the Data Protection (Jersey) Law 2018 CYPES processes and holds your information in order to provide public services and meet our statutory obligations. We may not be able to provide you with a service unless we have enough information, or your permission to use that information. At the following website, we explain what we collect; how we will use your information; and what your rights are: [**CYPES privacy policy and retention schedule**](https://www.gov.je/Government/Departments/PrivacyPoliciesRetentionSchedules/CYPESPrivacyPolicies/Pages/EducationDepartment.aspx)