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| **C:\Users\CHFAGWM\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\QVEW7QGN\C4C logo (2).JPG**  **Early Help**  **Checking in on Change** | | | | | | C:\Users\csssmyg\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\9LS1B6IW\haringey-new-logo.gif | |
| **SECTION 1 Family Information** | | | | | | | |
| **Family Information (include all those living in the family home)** | | | | | | | |
| *If unborn, state name as ‘unborn baby’ and mother’s name, e.g. unborn baby of Ann Smith.* | | | | | | | |
| **Children and Young People** | | | | | | | |
| **Name** | **Date of Birth** | **Gender**  **M/F** | **Ethnicity** | | **Disability**  **(please specify if appropriate)** | | |
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| **Parents /Carers** | | | | | | | |
| **Name** | **Date of Birth** | **Gender M/F** | **Ethnicity** | **Disability**  **(please specify)** | | | **Relationship** |
|  |  |  |  |  | | |  |
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| **Main Family address (s) & contact details** | | | | | | | |
| **Address:**  **Postcode:**  **Phone/Mobile:**  **E-mail:**   |  | | --- | | **Contact details of people involved in the conversation** *(Please indicate all those involved in the discussion, Including family/ wider family/ professionals)* | |  |  |  | | --- | |  |   **Your Lead Professional is:** | | | | | | | |

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| **SECTION 2 Our Journey for change**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Area of Life** | **Outcome Star Score***(please score each area between 1-10)* | **What is working well?** | **What are we worried about?** | **Are we still**  **worried?**  *(Please state :*  *YES*  *NO*  *Or PARTIALLY)* | **What needs to happen?** | **By Whom?** | **By When?** | **Comments** | | **Physical Health** |  |  |  |  |  |  |  |  | | **Your Wellbeing** |  |  |  |  |  |  |  |  | | **Meeting emotional needs** |  |  |  |  |  |  |  |  | | **Keeping your children safe** |  |  |  |  |  |  |  |  | | **Social networks** |  |  |  |  |  |  |  |  | | **Education & Learning** |  |  |  |  |  |  |  |  | | **Boundaries & Behaviour** |  |  |  |  |  |  |  |  | | **Family routine** |  |  |  |  |  |  |  |  | | **Home & Money** |  |  |  |  |  |  |  |  | | **Progress to work** |  |  |  |  |  |  |  |  | |

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| **Child or young person's views and wishes** | | | | |
| **First Name(s)** | **Last Name(s)** | | **views and wishes** | |
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| **Parents/Carer’s views and wishes** | | | | |
| **First Name(s)** | | **Last Name(s)** | | **views and wishes** |
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**Date check in Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your next check in will be updated on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**