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| **C:\Users\CHFAGWM\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\QVEW7QGN\C4C logo (2).JPG****Early Help** | 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 if appropriate)** | **Relationship to child** |
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| **Main Family address (s) & contact details** |
| **Address:****Postcode:****Phone/Mobile:****E-mail:** **Date of request for EH service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please state the school/agency requesting The Early Help service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **SECTION 2 Our Journey of Change**

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| **Who has contributed to our conversation?** *(Please indicate all those involved in the discussion, Including family/ wider family/ professionals)*  |
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| **Reason for Early Help Involvement** *( Please describe why you believe the family would benefit from Early Help intervention)*  |
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| **Family Outcome Star**  |
| **Area of Life** | **Outcome Star Score** *(please score each area between 1-10)* | **What is working Well?** | **What are we worried about?** | **What needs to happen?** | **Additional 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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| **What could happen if nothing changes?** *(Please detail any specific worries that you/other professionals have about the child/children now and in the future if nothing happens to reduce risks?)* |
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| **How will we know if things have worked?** *(Please describe what you believe the parent/carer needs to do differently to convince everyone that the child/children are safe, and what will be the impact on the child/children?)* |
| **Overall as a family, how are we managing on a scale of 1-10?** *(Please select One option, and delete those that do not apply)* ***1-2 = stuck*** ***3-4 = accepting help******5-6 = trying******7-8 = finding what works******9-10 = effective parenting*** |

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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 field* |

**Date conversation completed** |