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Early Help/ Signs of Wellbeing Plan Review

Date of Review Meeting…………………………………………

Child’s Name and Date of Birth …………………………………

**Early Help Review – to be completed at each review**

**Scaling questions** (to be completed by lead worker)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of worry** | **Ref** | **Wellbeing scale question** | **Reason for scale** | **Wellbeing scale (0-10)** |
| Choose an item. | **Q1** |  |  | Choose an item. |
| Choose an item. | **Q2** |  |  | Choose an item. |
| Choose an item. | **Q3** |  |  | Choose an item. |
| Choose an item. | **Q4** |  |  | Choose an item. |

**Scaling**

On a scale of 0-10 where 10 means that things are going very well and there is no need for an Early Help and 0 means you are really worried about the child or young person and they may need a children’s social worker, how would you rate the current situation for this child / young person?

| **Name and role (e.g. teacher, parent, carer, lead worker)** | **Scale****Q1****(0-10)** | **Scale****Q2****(0-10)** | **Scale****Q3****(0-10)** | **Scale****Q4****(0-10)** | **Reason for scale** |
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**Timeline/ Family Journey**

| **How are we doing?** (review ‘Next Steps’ from previous meeting) | **Next steps**  | **Who will do it?**  | **Date to be completed** |
| --- | --- | --- | --- |
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