[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwif472t44PUAhUD0RQKHVFFBv0QjRwIBw&url=http://resolutionsconsultancy.com/signs-of-safety/&psig=AFQjCNH51c08kjniaQ8BnqKLmaT-VwGr0Q&ust=1495551958567104) 

Early Help/ Signs of Wellbeing Plan

**Date of Meeting………………………………………………..**

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

**Early Help Plan** (to be completed at first early help meeting and updated at subsequent review meetings)

**Scaling questions** (to be completed by lead worker prior to the first early help meeting and rescaled at each review)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** (to be completed at the first early help meeting and rescaled at each subsequent review)

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** |
| --- | --- | --- | --- | --- | --- |
|  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |

**Timeline/ Family Journey**

| **Next steps** (to be taken from three columns assessment) | **Who will do it?** | **Date to be completed** |
| --- | --- | --- |
|  |  | Click here to enter a date. |
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