

Cambridgeshire Early Support Pathway

updated Guidance Notes

September 2014

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Background

Early Support is an approach which aims to improve the delivery of services for children, who are disabled or who have complex additional needs, and their families.

It promotes:

- ❖ Partnerships with parents, who are at the heart of decision making about their child.
- ❖ Services working together, joint planning and shared decision making; using the CAF and Family Support Plan as tools for the single holistic assessment and planning process to identify need and access, plan, coordinate and review priorities, services and support.
- ❖ Key working via the lead professional role which provides a single point of contact for families and professionals
- ❖ The provision of accurate up to date information in a format that is relevant to the family.

Key working is needed because co-ordination of services can be a problem for families with disabled children;

When appointments, contacts and service provision work well;

- ❖ Using the Family File or Early Support app avoids the frustration of having to tell the same story repeatedly to different people.
- ❖ Information is available and easily accessible.
- ❖ Information about what different professionals do and how services relate to one another is clear and available.
- ❖ Professionals plan support based on family priorities and goals.
- ❖ Transitions are planned for and supported
- ❖ Referrals to other services run quickly and smoothly.
- ❖ Different professionals offer consistent and coordinated messages
- ❖ There are coordinated patterns of contact and support, avoiding unnecessary overlap
- ❖ There are shared goals
- ❖ Parents are more supported, empowered and confident.

Role of Early Support Coordinators

The Early Support Coordinators provide the administrative function to ensure that the Early Support Pathway is delivered. They provide a resource and expertise that coordinates the referral, assessment, planning and continued care to children 0- 5 years who are disabled or have complex additional needs and their families in Cambridgeshire. As a central contact point they coordinate services and are a useful source of local information.

Early Support Coordinators

Jen Deacon, Cambridge City and South Cambs	Tel: 01223 884491
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This guidance provides detail to the **Early Support Pathway** (Appendix 1)

Early Identification

1. Indicators for Early Support (Children 0-5 years)

A child who has complex additional needs and will require considerable on-going specialist support from across Education, Health and Care, including children who have great difficulty communicating, have sensory or physical difficulties and/or complex health needs. All of whom will need additional support with many aspects of daily life and it is probable that there will be a long term impact on development/learning. (Model of staged intervention level 3 & 4)

If a child is identified as having additional but not complex needs and it is thought there will not be an on-going impact on development/learning (Model of staged intervention level 2), CAF processes should be followed. The lead professional coordinates a multi-agency holistic plan to meet identified needs of the child and family using Team around the Child meetings.

2. Referral routes for Early Support

2.1. Medical Pathway

Where a child's complex needs are identified before or soon after birth by a health professional (e.g. Acute Services or GP), the child and family will access Early Support via existing health pathways.

2.2. CAF

Where a child's needs begin to emerge later, services should complete a CAF to provide an early holistic assessment to identify the child and family's strengths, needs and support.

2.3. Children's Social Care Single Assessment

When a child's needs are identified by Children's Social Care units or Self Directed Support Teams during their Single Assessment, this specialist assessment should be used to access Early Support for the child and family.

3. Role of referrer

3.1. Provision of referral information to include:

- ❖ the child's developmental history-if referred as an outcome of a Social Care single assessment and developmental needs are not clearly evidenced in that assessment, additional information should be provided.
- ❖ relevant details about the parents and wider environmental factors that could impact on the child's development and the family's capacity to cope
- ❖ Details of any strategies or interventions that have been implemented with their outcomes are all essential for decision making.

3.2. Provision of additional supporting information from other agencies known to be already supporting child and family such as:

- ❖ EYFS developmental summary from a setting or childminder
- ❖ Information from specialist health services e.g. Paediatrician or Therapist
- ❖ Single assessment from Children's Social Care
- ❖ Information from Children's Centre Family Worker
- ❖ Information from Health Visitor
- ❖ Information from voluntary sector organisation involvement

To enable the Early Support Referrals Meeting to make timely decisions to referrals from practitioners for children and their families, it is essential that relevant information is provided by the referrer.

Suggested referral aids

- ❖ Development Matters in the Early Years Foundation Stage (EYFS), link to document: www.early-education.org.uk/development-matters
- ❖ Referral checklist linking required information to the relevant sections of the CAF to be filled in, see **appendix 2**.

4. Role of Early Support Coordinator

- 4.1. Single point of access for all referrals to Early Support
- 4.2. Letter sent to family informing them that referral has been received together with information about Early Support.

Decision Making

1. Role of Early Support Coordinator

- 1.1. Checks referral information and requests referrer to provide additional information, if required
- 1.2. Ensure referrals with sufficient information are presented at the Referrals Meeting within two weeks of receipt of the referral being received
- 1.3. Advise attendees at the Referrals Meeting of the details of all children to be discussed prior to the meeting
- 1.4. Lead the Referrals Meeting
- 1.5. Letter to family and referrer with outcomes of decisions made within 5 working days of meeting.

2. Referrals Meeting

To ensure effective decision making there is multi-agency exploration and discussion of all new cases at the Referrals Meeting in each area. Representation is from; Children's Centres, Educational Psychology, Community Paediatricians, Children's Social Care, Early Years Support for Learning, Specialist Health Visitor and is led by the Early Support Coordinator.

The meeting undertakes multi-agency discussion of each new referral to determine whether the child's needs meet Early Support criteria.

Referrers are encouraged to attend for a 5-10min slot to present the case they are requesting Early Support for, when it is feasible for them to or be available for telephone consultation during the meeting. Date and time when referral will be discussed will be available from the Early Support coordinator.

Practitioners attending the Referrals Meeting inform relevant colleagues of outcomes to:

- a. Support caseload management and planning
- b. Share who the current CAF initiator/lead professional is
- c. Inform input to Family Support Plan meetings

Actions

1. Outcomes of decision making at Referrals Meeting:

- 1.1. If the criteria is met for Early Support the referrer/CAF initiator will support the family's journey and next steps until the first Family Support Plan meeting when key working via the lead professional role will be agreed
- 1.2. If the threshold for Early Support is not met, the CAF initiator coordinates developing a multi-agency holistic plan to meet the identified needs of the child and family using CAF processes and Team around the Child meetings. (See Appendix 3, Early Support & CAF interface document)

2. **Following the Referrals Meeting the Early Support coordinator:**
 - 2.1. Sends a letter within 5 working days to the family and referrer with the outcome of the meeting.
 - 2.2. Sends Family File to referrer/CAF initiator
 - 2.3. Provides phone/email support and guidance for professionals unfamiliar with the Early Support pathway.
 - 2.4. Closes CAF following first Family Support Plan meeting
3. **Role of referrer/CAF initiator:**
 - 3.1. Contact the family to arrange supporting the next steps in navigating the system
 - 3.2. Share the Family File
 - 3.3. Support the family to complete 'All about me and my family'.
 - 3.4. Identifying with parents the needs and priorities for their child, managing expectations of parents about the role of different professionals, what services can realistically offer and who could be a lead professional.
 - 3.5. Discuss and agree with family a time, date, venue and who to invite to Family Support Plan meeting. Ensure parents are aware of who they can realistically expect to attend and the benefits of small meetings with information from professionals unable to attend in person.
 - 3.6. Share details with Early Support coordinator so they can send invitations and finalise arrangements such booking a room, and providing a minimum of three weeks notice of the meeting due to other invited professionals commitments. Meetings should aim to be held within 8 weeks of the decision that the child meets Early Support criteria.
 - 3.7. Chair first Family Support Plan meeting and agree who will be the lead professional. Please ask the Early Support coordinator if you would like support to chair the meeting or go through Early Support processes.

4. **Family File**

The Family File helps families with a child who has a disability or complex additional need to organise, share and record the wide range of information they will receive as they navigate the system. It is split into sections, see below, and provides parents and professionals a format to:

- ❖ Identify needs and priorities
- ❖ Plan how best to meet short and long term priorities
- ❖ Review the plan and identify next steps
- ❖ Keep letters and information

The Early Support Coordinators have a supply of Family Files and will record when a family has received one. A link to copies of the paperwork found in the file can be found at: www.cambridgeshire.gov.uk/early-support

- 4.1. All About Me and My Family (Appendix 4)

The purpose of this is to provide information about the child and family, this is important in helping think about what their needs are and the priorities for the family. This will need to be completed initially before the first Family Support Plan meeting with support from the referrer/CAF initiator if needed. If the child has a Child Health Action Plan it can be kept in the Family File to prevent duplication of information.
- 4.2. Family Support Plan (Appendix 5)

The purpose of this is to provide a format for professionals to plan with parents/carers how best to meet the short and long term priorities which have been identified to address the child and family's needs. Parents/carers should think about this and discuss with the referrer/CAF initiator before the first Family Support Plan meeting, which should be held within 8 weeks of the

decision made that the child meets Early Support criteria at the Early Support Referrals Meeting.

Plans should clearly identify:

- Needs of the child, parents/carers, siblings and environment
- How the needs will be met, who will do what and when.
- Outcomes should be person centred and needs led rather than service driven

Parents/carers and professionals should see how the child and family's needs will be met, with integrated interventions from a range of statutory and voluntary organisations together with family/friends. Strategies from specialist services should be shared and implemented by all involved.

See **appendix 6** for the Family Support Plan Meeting agenda

4.3. Family Support Plan reviews

The purpose of this is to provide a format to review the Family Support Plan and Child Health Action Plan, measure the success of what has been planned to be achieved, review the appropriateness of the support and resources in place and identify any positive changes or challenges which may require alterations to be made. Parents/carers with their lead professional will need to think about this before review meetings, which are normally held every 6 months to identify new priorities for their child and family together with the help and support required.

Reviews should include:

- A description of progress for each outcome and whether it has been achieved.
- If the outcome is not achieved and the child and family require on-going or different support the need must be copied into the 'New/On-going needs' section. How the needs will be met, who will do what and when together with person centred outcomes should also be updated and copied, where appropriate, into the 'New/Ongoing needs' section.
- Newly identified needs and outcomes should also be added.

The Early Support coordinator will send Family Support Plan review paperwork to the lead professional prior to each review meeting. For the second and subsequent review meetings only the last meetings 'New/On-going needs' will be sent, all earlier 'needs' and 'outcomes' will be removed.

Families will have copies of all earlier plans in their Family File and will be available from the Early Support coordinator or on System 1 and ONE vision.

Reasons for Family Support Plan review meetings to be held earlier than 6months:

- As part of discharge planning from hospital
- Unexpected changes in child or family circumstances with associated changed priorities

See **appendix 7** for the review Family Support Plan Meeting agenda

4.4. Other information

4.4.1. Information about local and national support organisations

4.4.2. A list of who is working with the child and family together with their contact details.

4.4.3. Paperwork to help parents/carers prepare for appointments with professionals and think about what they want to ask/achieve.

Professionals and parents can record what has been agreed and who will do what. This can be reviewed at follow up appointments.

5. Key working via the lead professional role

Key working is fundamental to ensuring children and families get the support they require; it is not a person who does everything but an approach which makes sure everything gets done.

If key working is defined by its functions, as seen below, and with support to the lead professional from the Early Support coordinators this set of functions can be fulfilled by a wide range of practitioners from statutory agencies, voluntary, community and social enterprise organisations. Who the lead professional is should be agreed at the first Family Support Plan meeting and will change in response to family needs, agencies requirements or workers leaving.

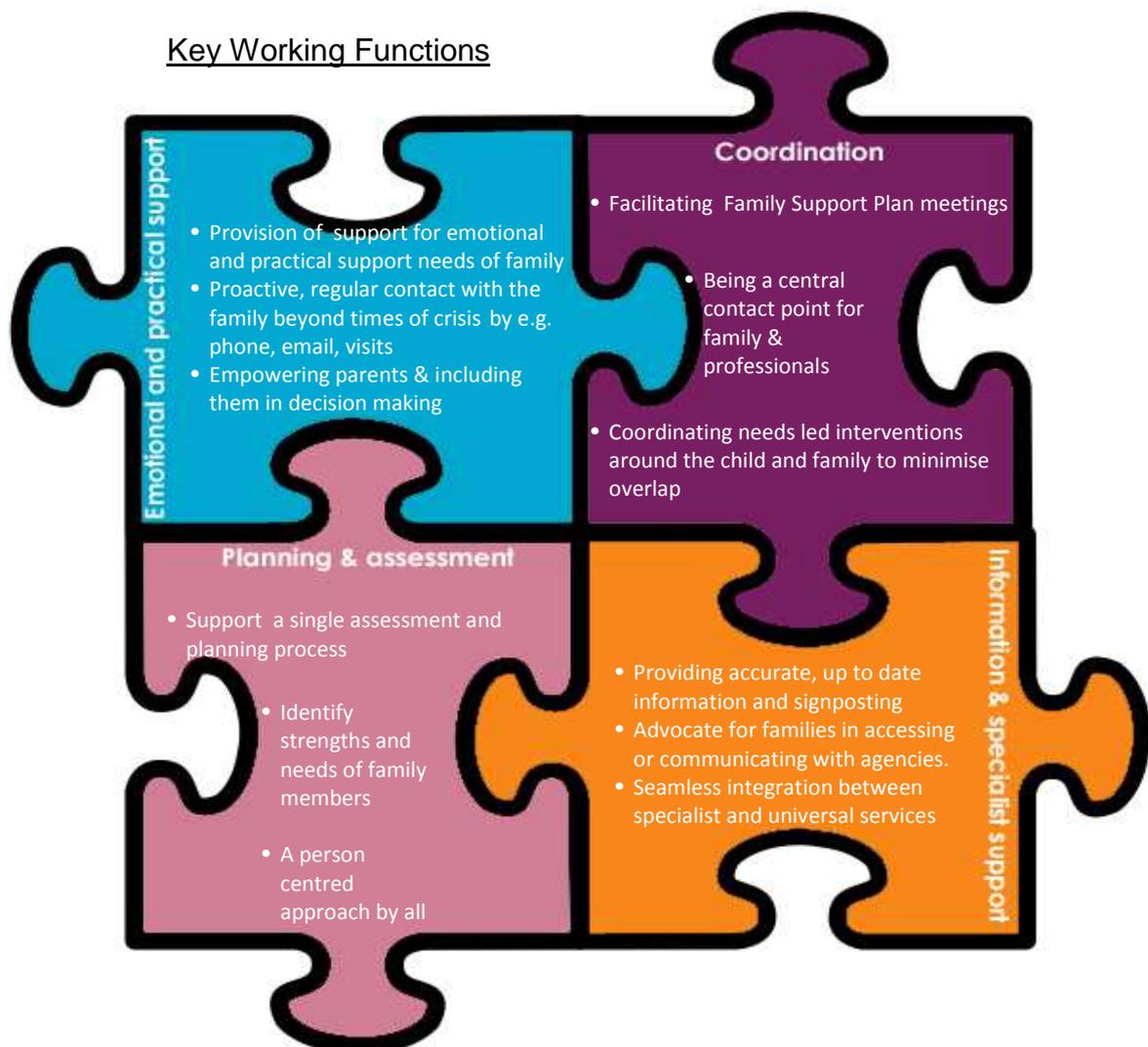
Lead professionals should have support from their line manager/supervisor through supervision including professional/ clinical/ practice supervision from a manager who understands and is committed to key working.

Protected time for the lead professional role should be factored into caseload management together with the number of families' individual workers would be able to be lead professional to.

All practitioners should undertake 'Think Family' (module 1) Lead Professional Role and other **training** agreed in consultation with the practitioner's line manager For booking details contact:

cypsworkforcedevelopment@cambridgeshire.gov.uk or 01480 373534

Key Working Functions



Information

Families need to have access to accurate, up to date information to enable them to make informed decisions about their child and family. Information should be in a format that is accessible to the family.

The Early Support Coordinators hold a wealth of information about local voluntary, community and statutory service provision as well as links to useful websites.

The national Early Support website

www.councilfordisabledchildren.org.uk/earllysupport is a useful resource to access information about national developments in Early Support and links to the Early Support materials and the Early Support app at

<http://www.councilfordisabledchildren.org.uk/EarlySupport/app>

6. Leaving the Early Support pathway

6.1. Sometimes, following interventions it becomes apparent that children whose needs appeared to be significant, complex and lifelong when referred to Early Support now no longer meet Early Support criteria. For these children and families at their next Family Support Plan meeting future planning should be transferred to follow CAF processes. The original CAF should be re-opened and the Family Support Plan paperwork will provide the evidence for future planning. See Appendix 3, Early Support & CAF interface document.

6.2. Children over 5years old

As part of transition planning for children at the end of Reception Year in primary school, support plans to meet the child and family's needs should be transferred from the Family Support Plan to:

6.2.1. A statutory plan such as an Education, Health & Care Plan or Child in Need Plan if thresholds are met.

6.2.2. Follow CAF processes, if the child's needs do not meet the threshold for a statutory plan. The original CAF should be re-opened and the Family Support Plan paperwork will provide the evidence for future planning.

7. Role of Early Support Coordinator

7.1. Coordination:

7.1.1. Coordinates the administrative function to deliver the Early Support Pathway Support

7.1.2. Single point of access for all referrals to Early Support

7.1.3. Coordinates referrals taken to Referrals Meetings

7.1.4. Coordinate arrangements for Family Support Plan meetings once provided with details of the date, time, venue and who should be invited by CAF initiator or lead professional.

7.1.5. Ensure the Family Support Plan is disseminated to the family and all those working with the child and family.

7.1.6. Upload the Family Support Plan and reviews onto System 1 and ONE

7.1.7. Inform CAF helpline of the closure of the CAF following the first Family Support Plan meeting

7.1.8. Disseminate updates on changes in circumstances or recent events in relation to individual families to partners agencies as directed by lead professional

7.1.9. Arrange appointments, liaise with practitioners, ensure documents are up to date

7.1.10. Support lead professionals when looking at transitions from and into, health, Early Years settings, entry to school or other areas and services.

7.1.11. The Early Support Co-ordinator can be contacted if the lead professional is unavailable or not working.

7.2. Information:

- 7.2.1. Support key working by providing accurate up to date information and sign posting to other sources of information.
- 7.2.2. Provision of a Family File to referrer/CAF initiator so they can share it with the family
- 7.2.3. Provide links to the Early Support materials for promotion by practitioners
- 7.2.4. Develop and maintain databases of up to date information on services, support and activities available e.g. specialist support groups, children's centres, local communities and to communicate this to practitioners and families.
- 7.2.5. To provide or sign post to information on services' core offers.
- 7.2.6. Maintain waiting lists for specialist parenting groups such as Social Communication Interaction and Learning Skills 'SCILS'

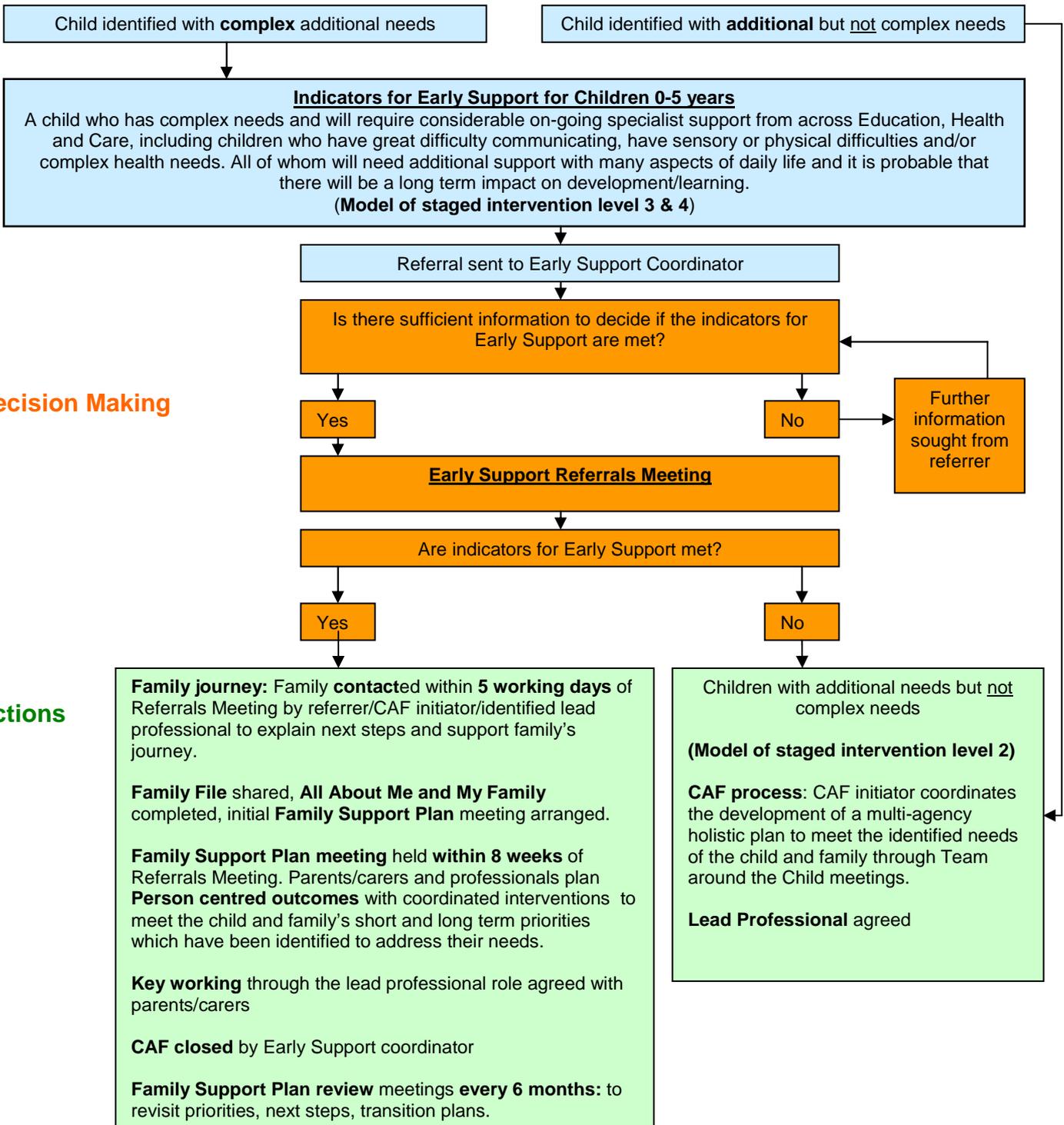
7.3. Evaluation:

- 7.3.1. Gather informal feedback and formal surveys from parents/carers to enable them to have a voice and influence the services they receive.
- 7.3.2. Input agreed information onto ONE and System 1.
- 7.3.3. Collect and collate monitoring and performance data.
- 7.3.4. Produce quarterly monitoring information

Appendix 1

Early Support Pathway

Early Identification



Decision Making

Actions

Early Support Co-ordinators are the single access point for referrals to Early Support. They support families and key working by coordinating arrangements for FSP meetings, disseminating plans and updates, providing information and resources together with gathering and coordinating feedback regarding service provision.

Jen Deacon, Cambridge City and South Cambs
Nadine Rider, East Cambs and Fenland
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Appendix 2 Early Support Referral Checklist

Early Support is for families with children who have complex additional needs and will require considerable on-going specialist support from across Education, Health and Care, including children who have great difficulty communicating, have sensory or physical difficulties and/or complex health needs. All of whom will need additional support with many aspects of daily life and it is probable that there will be a long term impact on development/learning.

To enable the Early Support Referral and Allocation panel to make timely decisions to requests by practitioners to support the needs of these children and families it is essential that referrers ensure the details in the table below are covered in referrals. Please consult the Early Support Pathway guidance to clarify referral routes.

Development Matters in the Early Years Foundation Stage (EYFS) is a core document to aid referrals. It can be downloaded from:

www.early-education.org.uk/development-matters

If you are completing a CAF, the section on the CAF to be completed for the required information is recommended on the table below.

	Information required	Section of CAF to complete
1.	<ul style="list-style-type: none"> • Pregnancy & birth details • General health & any serious illness • Child Health Action Plan, if available 	Sec 1 Health General health <ul style="list-style-type: none"> • Attach document
2.	Developmental history as well as recent assessments/observations to include the child's strengths and parent/carer views: <ul style="list-style-type: none"> • Physical skills • Communication, speech and language • Personal/Social & emotional development • Behaviour • Self care • Play skills 	Sec 1 Health <ul style="list-style-type: none"> • Physical development • Speech, language & communication • Emotional & social development/Family & social relationships • Behavioural development • Self-care skills & independence • Learning
2.	Information from setting, if child attends: <ul style="list-style-type: none"> • Name of setting and contact details • Early Years Foundation Stage(EYFS) summative profile, plus if available: • The Practitioners Developmental Journal(PDJ) • The Early Years graduated response for SEN (relevant highlighted descriptors) 	<ul style="list-style-type: none"> • Services working with this infant, child or young person Page 3 & 4 • Attach documents
3.	Any other significant information e.g. <ul style="list-style-type: none"> • parenting style • family history • housing • interpreter, which language • transport e.g. car, public transport 	<ul style="list-style-type: none"> • Sec 2. Parents & carers • Sec 3. Family & Environmental • Ethnicity – special requirements Page 1 & 2

4.	<ul style="list-style-type: none"> Family composition/network Impact on the parents/carers and wider family of child's complex needs 	Current family & home situation Page 2
5.	Needs identified together with what parent/carer and assessor would like to achieve and have help with	Sec 4. Summary of the Assessment Sec 5. Conclusions
6.	Any strategies or targets in place and evidence of effectiveness	CAF Support Plan
7.	Referrer/CAF initiator to support family's journey through referral process until first Family Service Plan meeting or identify a lead professional who will.	Details of person undertaking assessment (Name, contact number, email of person supporting family journey) Page 3
8.	Name and contact details of all workers already involved with the child and family	Services working with this infant, child or young person Page 3 & 4
9.	<p>Consent signed by parent/carer with parental responsibility to include the wording:</p> <p>"I understand that Early Support consists of different professionals from both the Health service and Cambridgeshire County Council Children, Families and Adults Services (Education, Early Years & Childcare Setting, Social Care and Children's Centres), who may need to share information about the needs of my child and family."</p>	Consent statement for information storage and information sharing

If you would like to discuss further please contact the Early Support Co-ordinator who covers the area the family live in.

Early Support Coordinators	
Jen Deacon, Cambridge City and South Cambs Jennifer.deacon@nhs.net	Tel: 01223 884491
Nadine Rider, East Cambs and Fenland Nadine.rider@nhs.net	Tel: 01945 488048
Linda Bedrikovs, Huntingdon Linda.bedrikovs@nhs.net	Tel: 01480 418646

Appendix 3

Updated Interface between Early Support and the Common Assessment Framework (CAF)

Sept 2014

To be sent separately once approved

Appendix 4

All About Me & My Family

The purpose of this is to provide information about me and my family, this is important in helping think about what my needs are and the priorities for our family. We need to complete this initially before our first Family Support Plan meeting with support if needed. My Child Health Action Plan can be kept with this so we will not repeat information.

My (child's) Full Name	dob
NHS Number	

My Parent or Carer/s	Parental responsibility
Address	Telephone/Email
Our Lead Professional	Telephone/Email

My pre school setting/school	Name/s of main contact
------------------------------	------------------------

How we prefer you to contact our family. e.g. phone, email, text		
Language used at home		
We need interpretation support for appointments/meetings	Yes	No

Any other information which is important to know about me and our family including family make-up, barriers, or times which make it difficult to attend appointments or meetings

Some of the important people in my (child's) life

Name	Relationship

Why I and our family need a Family Support Plan

(A brief description of my strengths and where additional help is needed.)

This section should involve me as soon as possible and should be read with my Child Health Action Plan.

This is me This is how I let you know what I need, what makes me happy, sad	What I enjoy
What I am good at	
What I need more help with	
How I prefer to be helped	
What we as a family would like to achieve next	

Views of our Family

What's important for us as a family now
What my family would like for me by the time I am 5 years old

To be completed by the Early Support Coordinator	
UPN (if appropriate)	
ONE/ICS (if appropriate)	
Other	

Appendix 5

Our Family Support Plan

The purpose of this is to allow my family and professionals to plan together how best to meet the short term and long term priorities identified to address my needs and those of my family.

(We will need to think about this and discuss with the referrer/CAF initiator/lead professional before our Family Support Plan meeting)

Child's Name:		DoB:		
Date and venue of meeting:		Does the family have a Family File	Yes	No
Who completed the paperwork:	Name	Email/Phone number		
People who contributed to Our Family Support Plan (present/apologies)				
Full name, email/phone number	Role	Present	Written/verbal feedback	
Who else our plan should be shared with				
Name	Role & contact details			

Lead Professional:

Name:	Email/Phone number:

Child's Name.....

Our Family Support Plan

Date.....

<p>Background <i>(Very briefly describe the background history of the child and family; what their needs are, if the child has a diagnosis or not, if the child attends a setting, family circumstances-who they live with, ages of siblings.</i></p>			
<p>The needs of me and my family <i>(Needs identified using all available information e.g. CAF, Child Health Action Plan, All About Me & My Family)</i></p>	<p>How we are going to meet the needs and who will do what and when <i>(Including resources needed e.g. funding, staff, time/access to mainstream activities)</i></p>	<p>The outcomes we would like <i>(What it will look/feel like if we are successful)</i></p> <p><i>Making sure they are 'Specific, Measurable, Achievable, Realistic and have a Timeframe'</i></p>	<p>Our Family Support Plan Review <i>Has the outcome been achieved?-Describe</i></p> <p><i>If no copy the 'Needs of me and my family' with new/amended 'How we are going to meet the needs' into 'New/On-going needs' section.</i></p>
Child's Needs			

New and On-going Child's Needs Date:	How we are going to meet the needs and who will do what and when	The outcomes we would like	Our Family Support Plan Review <i>Has the outcome been achieved? - Describe</i> <i>If no copy the 'Needs of me and my family' with new/amended 'How we are going to meet the needs' into 'New/On-going needs' section.</i>

Parent/carer's Needs	How we are going to meet the needs and who will do what and when	The outcomes we would like	Our Family Support Plan Review <i>Has the outcome been achieved?-Describe</i> <i>If no copy the 'Needs of me and my family' with new/amended 'How we are going to meet the needs' into 'New/On-going needs' section.</i>
New and On-going Parent/carer's Needs Date:	How we are going to meet the needs and who will do what and when	The outcomes we would like <i>(What it will look/feel like if we are successful)</i>	Our Family Support Plan Review

Wider Family/Environmental Needs	How we are going to meet the needs and who will do what and when	The outcomes we would like	Our Family Support Plan Review <i>Has the outcome been achieved?-Describe</i> <i>If no copy the 'Needs of me and my family' with new/amended 'How we are going to meet the needs' into 'New/On-going needs' section.</i>
New and On-going Family/Environmental Needs Date:	How we are going to meet the needs and who will do what and when	The outcomes we would like	Our Family Support Plan Review
Any further questions, comments or discussion			
The date, time and venue of when we review these outcomes? <i>(Normally the plan should be reviewed every six months)</i>			

Send to Early Support Coordinator for saving and circulating within 15 working days of the meeting.

Appendix 6

Family Support Plan Meeting Agenda

Where possible Family Support Plan (FSP) meetings should be incorporated with other meetings the family are required to attend to prevent overlap and duplication such as: Post Statement Review, Annual Review, Child in Need Meeting.

1. Introductions
2. Is there representation/information from all the people that are required at the meeting?
3. **Child's Needs**
 - ❖ What would the family like to achieve from the meeting/what are their priorities?
 - ❖ What are the child's individual needs, using all available information from e.g.
 - CAF
 - Child Health Action Plan
 - All About Me & My Family
 - Summative Assessment from setting
 - ❖ Who will do what and when to meet the needs; include input from family, friends, statutory and voluntary/community organisations?
 - ❖ How will strategies be shared to ensure the child and family do not have mixed messages
 - ❖ Do the family want coordination of appointments/joint visits/direct access to paediatric wards?
 - ❖ What will it look/feel like for the child if the plan for that outcome has been successful?
 - ❖ When will you review this outcome?
4. **Parent/Carer Needs**
 - ❖ What are the parent/carers individual needs? Consider:
 - Emotional Support
 - Peer support from other parents
 - Relationships with partner, extended family, friends
 - Information e.g. Early Support resources, financial e.g. DLA
 - Parents rights
 - Employment
5. **Wider Family/Environmental Needs**
 - ❖ What are the sibling's individual needs? Consider:
 - Information
 - Young Carers (8 year olds+)
 - New baby being born
 - ❖ What are the environmental Needs? Consider:
 - Housing
 - Finances
6. **Who is the Lead Professional?**
7. **Date for review meeting-** normally every six months. Decide a date, time, suitable venue and additional professionals who should attend/provide feedback.

NB: Have you thought of:

- Short Breaks
- Transitions e.g. home from hospital, to groups, nursery or school
- Local universal & specialist groups/activities
- Statutory Assessment (timing of application/possibility of needing one)

Appendix 7 Review Family Support Plan Meeting Agenda

The purpose of the meeting is to review Our Family Support Plan including my Child Health Action Plan. Measure the success of what we planned, review the appropriateness of the support and resources in place and identify any positive changes or challenges which may require changes to be made together. It is an opportunity to discuss support and resources for newly identified needs.

Where possible Review Family Support Plan (FSP) meetings should be incorporated with other meetings the family are required to attend to prevent overlap and duplication such as: Post Statement Review, Annual Review, Child in Need Meeting.

1. Introductions
2. Is there representation/information from all the people that are required at the meeting?
3. What would the family like to achieve from the meeting, what are their priorities?
4. For each identified need on the Family Support Plan
 - Has the outcome being achieved?
 - Should the needs & outcomes be amended?
5. What **new needs** have been identified, what outcome are you expecting and how will it be achieved, by who and when will it be reviewed? Consider thinking of:
 - ❖ **Child's Needs**
 - Statutory Assessment
 - Short Breaks
 - Planning transitions e.g. home from hospital, to groups, nursery or school
 - ❖ **Parent/Carer Needs**
 - Emotional Support
 - Peer support from other parents
 - Relationships with partner, extended family, friends
 - Information e.g. Early Support resources, financial
 - Parents rights
 - Returning to employment/training
 - ❖ **Wider Family/Environmental Needs**
 - Sibling's needs? Consider:
 - Information
 - Young Carers (8 year olds+)
 - New baby being born
 - Environmental Needs? Consider:
 - Housing
 - Finances e.g. DLA and support to complete
6. **Lead Professional** who is the lead professional, do they need to be changed?
7. **Date for review meeting-** normally every six months. Decide a date, time, suitable venue and additional professionals who should attend/provide feedback.

NB: Have you thought of:

- Transitions e.g. going to a group, moving home attending nursery
- Local universal & specialist groups/activities e.g. Children's Centres
- Voluntary organisations e.g. pinpoint, contact a family, Home-Start etc
- How will strategies be shared to ensure the child and family do not have mixed messages?
- Do the family want coordination of appointments/joint visits/direct access to paediatric wards?