**Family Network Plan Review Meeting**

Please refer to the Early Help Assessment guidance if required for additional support

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| **Family Name:**  **Family Group Number:** | |  | | | | |
| **Family Network Meeting Number:**  **Date and Time of Meeting:**  **Venue:** | |  | | | | |
| **Family Network Lead Practitioner:** | |  | | | | |
| **Family members, services and practitioners attending the family network plan review: (insert more rows if needed)** | | | | | | | |
| **Full Name** | **Role** | | **Organisation** | **Email address** | **Contact Number** | **In attendance (Y/N)**  **If no, please indicate if update has been sent to Lead Practitioner?** | |
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**Family Worry and Wellbeing Statements**

Please refer to the Early Help Assessment to copy and paste the worry and wellbeing statements identified, insert more rows if required.

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| What are we worried will happen to the child or young person if nothing changes?  Write a statement for each worry or theme (1 minimum 4 maximum) | What do we need to see to know that the child or young person is safe and well enough for us to not be worried anymore?  Write a goal for each worry statement (1 minimum, 4 maximum) |
| **Worry Statement 1:** | **Wellbeing Goal 1:** |
| **Worry Statement 2:** | **Wellbeing Goal 2:** |

**Review Plan Family Need and Outcome Areas**

If more statements have been identified copy and paste the tables below to ensure all the statements are reflected

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| **Worry Statement 1:** | | | | | |
| **What needs to be achieved?** | **When this need is met, how will we know and what difference will this make?** | **What specific actions professionals need to do and who will do it?** | **What the family network members will do and who will do it?** | **When will this happen by?** | **Update on Progress (against the action)** |
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| **Scaling Question in relation to Worry Statement 1** | | | |
| On a scale of 0-10 where 10 is that there is evidence that the worry is been managed and practitioners do not need to remain involved and 0 means we are very worried, and we need some additional professional support to deal with this, where do people currently rate the situation?  Please remember everyone in your family network plan should complete including all attendees at the meeting (Insert more rows as appropriate) | | | |
| **Family network members** | **Scale** | **Reason for scale chosen** | **What would need to happen to make things better? (e.g. improve scaling by 1)** |
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| **Worry Statement 2:** | | | | | |
| **What needs to be achieved?** | **When this need is met, how will we know and what difference will this make?** | **What specific actions professionals need to do and who will do it?** | **What the family network members will do and who will do it?** | **When will this happen by?** | **Update on Progress (against the action)** |
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| **Scaling Question in relation to Worry Statement 2** | | | |
| On a scale of 0-10 where 10 is that there is evidence that the worry is been managed and practitioners do not need to remain involved and 0 means we are very worried, and we need some additional professional support to deal with this, where do people currently rate the situation?  Please remember everyone in your family network plan should complete including all attendees at the meeting ( Insert more rows as appropriate ) | | | |
| **Family network members** | **Scale** | **Reason for scale chosen** | **What would need to happen to make things better? (e.g. improve scaling by 1)** |
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| **Have any of the wellbeing goals been achieved?**  **If yes please state below:** | **Yes  No** |

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| **Have any new worry statements been identified?**  **If yes, please write the worry statement and wellbeing goal below** | **Yes  No** |

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| **Next Family Network Meeting**  **Date, Time and Venue:** |  |

**Family Need and Outcome Areas**

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| **Getting a good education** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** | **Improved Family Relationships** | **Identified at Assessment/Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** |
| Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms |  |  |  | Parent / carers require parenting support |  |  |  |
| Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms |  |  |  | Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved |  |  |  |
| Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET |  |  |  | Child / young person violent or abusive in the home (to parents/carers or siblings) |  |  |  |
| Child’s special educational needs not being met |  |  |  | Unsupported young carer or caring circumstances changed requiring additional support |  |  |  |
| **Good early years development** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** | **Children safe from abuse and exploitation** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** |
| Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs) |  |  |  | Emotional, physical, sexual abuse or neglect, historic or current, within the household |  |  |  |
| Child’s (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) |  |  |  | Child going missing from home |  |  |  |
| Child’s (0-5 yrs) developmental needs not being met (e.g. communication skills/speech and language, problem-solving, school readiness, personal social and emotional development) |  |  |  | Child identified as at risk of, or experiencing, sexual exploitation |  |  |  |
| **Improved mental and physical health** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** | Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines) |  |  |  |
| Child needs support with their mental health |  |  |  | Child identified as at risk of, or being affected by, radicalisation |  |  |  |
| Adult needs support with their mental health |  |  |  | Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences) |  |  |  |
| Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations) |  |  |  |  |  |  |  |
| **Crime prevention and tackling crime** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** | **Promoting recovery and reducing harm from substance misuse** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** |
|  |  |  |  | An adult has a drug and/or alcohol problem |  |  |  |
| Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months |  |  |  | A child or young person has a drug and/or alcohol problem |  |  |  |
| Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour |  |  |  | **Financial stability** |  |  |  |
| Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months |  |  |  | Adult in the family is workless |  |  |  |
|  |  |  |  | Family require support with their finances and / or have unmanageable debt (e.g., rent arrears) |  |  |  |
|  |  |  |  | Young person is NEET |  |  |  |
| **Safe from domestic abuse** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** | **Secure housing** | **Identified at Assessment/**  **Review** | **Outcome met in FNPR** | **Please provide the names of the family members this applies to** |
| Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim) |  |  |  | Families who are in local authority temporary accommodation and are at risk of losing this |  |  |  |
| Adult in the family is a perpetrator of domestic abuse |  |  |  | Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness |  |  |  |
| Child currently or historically affected by domestic abuse |  |  |  | Young people aged 16/17 at risk of, or who have been, excluded from the family home |  |  |  |

After completion of each Family Network Plan Review meeting, please share the completed review plan with the family network and involved practitioners and services. Also, please ensure that you send each review plan to [earlyhelp@barnsley.gov.uk](mailto:earlyhelp@barnsley.gov.uk)