**Whole Family Plan**

If you are not registered for the Early Help Module(EHM) of Liquid Logic please contact Strengthening Families 01743 253921 or ShropshireStrengtheningFamilies@shropshire.gov.uk

If you are not registered for EHM and intend to submit this form by e-mail to Shropshire Strengthening Families, please ensure the form is typed and not handwritten. The whole family plan should be sent with a recent consent form signed by all adults in the household and any young people 13 and above and a recent whole family assessment. Please do not PDF these forms.

The plan should be as detailed as possible. For guidance on completing a whole family plan please see <https://shropshire.gov.uk/media/24632/whole-family-plan-guidance.pdf>

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| **Family Surname/s** |  |
| **Forenames** |  |
| **Start Date** |  |
| **End Date** |  |
| **Name and designation of Professionals contributing to the plan** |  |

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| 1. **Getting a Good Education**
 |
| **Are you worried about children in the family getting a good education?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Good Early Years Development**
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| **Are you worried about the development of young children 0-5 in the family?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Improved Mental and Physical Health**
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| **Are there mental or physical health issues in the family that worry you or have an impact on other members of the family?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Promoting Recovery and Reducing Harm from Substance Use**
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| **Does anybody in your family have a drug or alcohol problem?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Improved Family Relationships**
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| **Does a parent/carer need parental support?****Are there harmful levels of conflict in the family?****Are any of the children unsupported young carers?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Children safe from Abuse and Exploitation**
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| **Are any of the children in the family at risk of abuse or exploitation?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Crime Prevention and Tackling Crime**
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| **Has anybody in the family been involved with crime or Anti-social Behaviour in the last 12 months?****Are any of the children/young people at risk of crime?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Families affected by Domestic Abuse**
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| **Has anybody in the household experienced domestic abuse?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Secure Housing**
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| **Are the family living in temporary or unsuitable housing?****Is anyone in the family at risk of homelessness?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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| 1. **Financial Stability**
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| **Is anyone in the household workless or NEET?****Do the family require support with their finances?** | **Yes** |[ ]
| **What needs to happen? (What needs to happen for our worries to be resolved?** **What is important for the family?** **What does success look like?** |
| **Date** | **Action** | **Person Responsible** | **By When** | **Progress** | **Date Action Achieved** |
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