**Information Sharing and Consent:**

As the person helping you to complete this form has explained, we want to be able to provide services to you and your family. To do this efficiently, we will need to share some of the personal information you have supplied with services already working with you or that you may benefit from.  Please agree to this by signing below.

I agree to the sharing of information between the relevant agencies and all family members including young people as appropriate. I understand that the information gathered regarding my family is recorded and will be securely stored and used for the purpose of providing services to my family and may also be used for monitoring and auditing.

**Name: Signature: Date:**

Is there anyone you do NOT want us to share information with?

*If this form is being used to carry out a statutory duty and no consent is needed, please state the relevant statutory duty……………………………………………*

**Family Details** *(Please include all family member details and as much information as possible to enable quick access to support)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname, Forename/s** | **Address** | **Phone No** | **DoB** | **Gender** | **Relationship to Child 1** | **Current Educational setting** | **Attendance%** | **Exclusions** | **Ethnicity** |
|  |  |  |  |  | N/A Child 1 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Intended recipient of this form?** | | | **The purpose of this form is:** | | | | | |  |
|  | | |  | | | | | |  |

|  |  |
| --- | --- |
| **People with parental responsibility** |  |
| **Contact details** (include phone numbers) |  |
| **Significant others living or visiting the family home** |  |
| **Risks:** *anything that may be a risk to the family or professionals including dogs, substance misuse, any history of aggression or violence.* |  |
| **Communication needs/preferences:** |  |

***Please complete all sections with coloured headings. Complete the grey sections if there are school-aged children.***

**Details of all known agencies/professionals involved, the impact of their involvement and any referrals made for additional support:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Named professional** | **Role & Organisation** | **Work undertaken & impact so far** | **Email & Phone Number** |
| **Name of assessor:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **If for Alternative Provision, 0-5 SEND, Managed Move, Reduced timetables, Internal Inclusion Provision or Exclusion please give details of the curriculum that has been accessed and learning levels:** | | | |
| **Special Educational Needs & Disabilities (SEND) / Sheffield Support Grid Information:** *(format with grid levels & state if moderated)* | | | |
| **Important/significant life events that professionals need to be aware of:** *(e.g. bereavement, parental separation, big family changes)* | | | |
| **Are there any young carers in this family?** *(give details)* | | | |
| **Have the family received additional Early Help support before?** *If so please give some brief details.* | | | |

**Family’s view: how are things going?** 1 2 3 4 5 6 7 8 9 10

☹ ☹ ☹ 😐 😐 ☺ ☺ ☺ ☺ ☺

*Please discuss and agree with the family whether this form is going to be used to request additional support from other Early Help services.*

|  |  |  |  |
| --- | --- | --- | --- |
| **What I need help with or worry about** | **What is good in my life and I enjoy** | **My hopes and wishes for the future** | **What support do I need?** |
|  |  |  |  |

**Child(ren) Voice: (***add lines as needed)* **Captured by** *………………………….* **When & where***………………………………………..*

***Person-centred discussion***

***This should summarise the discussion and views of all involved. Please detail who has evidence and inputted what.***

***Information / evidence will have been gathered outside the review meeting as part of the support plan process, where appropriate please use this as part of this review process. (Information about Annual Health Checks for people with a learning disability age 14+ to be included in health)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Who?** | **What’s working well?** | **What areas need development?** | **What needs to happen next?** |
| **Child/Young Person/advocate**  **(If not directly from the young person, please describe how their feedback was gathered and include their report as evidence)**  **Date** | **Education, training, employment** | **Education, training, employment** | **Education, training, employment** |
|  |  |  |
| **Independence skills** | **Independence skills** | **Independence skills** |
|  |  |  |
| **Community / Friendships** | **Community / Friendships** | **Community / Friendships** |
|  |  |  |
| **Health** | **Health** | **Health** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Parents & Professionals Voice:**  **Date:** | (*state any differences in opinion)* |  |
| **WHAT ARE WE WORRIED ABOUT?** | **WHAT’S GOING WELL?** | **PLANNED NEXT STEPS** |
| **Education/Training & Employment** | **Education/Training & Employment** | **Education/Training & Employment** |
|  |  |  |
| **Health** | **Health** | **Health** |
|  |  |  |
| **Independence skills** | **Independence skills** | **Independence skills** |
|  |  |  |
| **Care, Family & Community Factors (including housing issues)** | **Care, Family & Community Factors** | **Care, Family & Community Factors** |
|  |  |  |

|  |
| --- |
| **Extended SUPPORT PLAN** |

|  |  |  |
| --- | --- | --- |
| **Child’s history and background** | | |
| **Child’s history - up to beginning in an educational setting (pre-natal, developmental)** | | |
|  | | |
| **Date** | **Event/professional involvement/advice/intervention** | **Next steps/action taken by school** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Aspirations**  **What would make the biggest difference to you as a family?** |
|  |
| **Aspirations, Hopes, Wishes and Dreams for the future** |
|  |

|  |  |  |
| --- | --- | --- |
| **Locality SEND support** | Has the child been discussed at a Stage 1 locality meeting? | Yes/No  Outcomes and actions |
| Dates: |  |
| Has the child been in receipt of high needs funding (element 3 top up funding)? |  |
| Dates i.e. academic year/ date of application for additional funding. | 22-23 |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | SSG need levels | 1a | 1b | 2 | 3 | 4a | 4b | 4c | 4d | 4e | |  |  |  |  |  |  |  |  |  | | | |

|  |
| --- |
| Year dates: 2023 - 2024  Academic Year: Y  **Support Plan to be re-set each year and reviewed termly with annual outcomes.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 1 for this year:** |  | | |
| Steps to meet the outcome: |  | | |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 2 for this year:** |  | | |
| Steps to meet the outcome: |  | | |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 3 for this year:** |  | | |
| Steps to meet the outcome: |  | | |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  | | |

|  |  |  |
| --- | --- | --- |
| **Agreed Actions following Review**  You should record any actions that people supporting the child / young person and their family need to undertake following the meeting. These should address issues identified in the ‘Person Centred discussion – what needs to change’ part of this report. It should be used as a starting point to assess progress in future meetings | | |
| **Who?** | **What will they do?**  Highlighted text = completed action | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Information about Annual Health Checks for people with a learning disability age 14+ and why they are so important has been shared to:**  [Annual Health Checks for Young People with Learning Disabilities | Sheffield (sheffielddirectory.org.uk)](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sheffielddirectory.org.uk%2Flocaloffer%2Fannual-health-checks-for-young-people-with-learning-disabilities%2F&data=05%7C01%7CNatasha.Raj%40sheffield.gov.uk%7Cf7b0a2d5883c471c49d408dad9cdcc5c%7Ca1ba59b9720448d8a3607770245ad4a9%7C0%7C0%7C638061775169613195%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=HSHwv32cyxySLzdc%2B5R%2FDnCnRz%2F34L2dd0UTvxzauW0%3D&reserved=0)  www.sheffielddirectory.org.uk | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress Review Term 1** | | | | | |
| **Date:** | | **What’s working** | | **What’s not working / Barriers to achievement** | **Next Steps:** |
| Child View | |  | |  |  |
| Parent View | |  | |  |  |
| School View | |  | |  |  |
| Practitioners Views (include who) | |  | |  |  |
| **What support do we need to include towards the next transition?** | | | | | |
| **Outcome no.** | **What has been achieved in the past term?** | | **Barriers to progress** | **What do we need to do to achieve the next step/outcome** | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress Review Term 2** | | | | | |
| **Date:** | | **What’s working** | | **What’s not working / Barriers to achievement** | **Next Steps:** |
| Child View | |  | |  |  |
| Parent View | |  | |  |  |
| School View | |  | |  |  |
| Practitioners Views (include who) | |  | |  |  |
| **What support do we need to include towards the next transition?** | | | | | |
| **Outcome no.** | **What has been achieved in the past term?** | | **Barriers to progress** | **What do we need to do to achieve the next step/outcome** | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress Review Term 3** | | | | | |
| **Date:** | | **What’s working** | | **What’s not working / Barriers to achievement** | **Next Steps:** |
| Child View | |  | |  |  |
| Parent View | |  | |  |  |
| School View | |  | |  |  |
| Practitioners Views (include who) | |  | |  |  |
| **What support do we need to include towards the next transition?** | | | | | |
| **Outcome no.** | **What has been achieved in the past term?** | | **Barriers to progress** | **What do we need to do to achieve the next step/outcome** | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |