

Early Support Family Service Plan

(To be used when registering on CAF
database)

The Early Support Family Service Plan is to be used when a Team Around the Child has been discussed with the parents/carers of a child who has in place an Early Support package.

If parents refuse consent to the Family Service Plan being added to the CAF data base please document in own service case notes.

The information from this paperwork that should be sent to the CAF administrator for registration, are pages 1, 2, 3 and 4. Please ensure that the lead professional/ key worker is clearly identified.

The rest of the paperwork which includes "The Family Service Plan" should be given to the child's parents and with parental permission all practitioners who provide support to the child / family.

The completed registration paperwork (pages 1-4) should be sent to:

CAF Administrator
PO BOX 153
Stevenage
Hertfordshire
SG1 2HG

Fax 01438 737355

Every Child Matters
Change For Children

Hertfordshire Common Assessment
Framework for children and young people



Early Support Family Service Plan

IF THERE ARE CONCERNS THAT A CHILD OR YOUNG PERSON IS AT RISK OF HARM, PLEASE CONTACT CLIENT SERVICES WITHOUT DELAY ON 0300 1234043

Identifying details

Name of baby, child or young person

Parent/Carer Contact Number(s)

Forename
(s)

Surname

Home Address

Date of birth or
EDD

Gender

Parent(s) or
Carer(s) Names:

Other Household
members/Siblings
(Date of Birth
where known)

Parental
Responsibility?

Child's first language

Immigration status

Parent's first language

Is a Translator/signer
required?

YES/NO

White British

Caribbean

Indian

White & Black
Caribbean

Chinese

White Irish

African

Pakistani

White & Black
African

Any other
ethnic group

Any other
White
background

Any other
Black
background

Bangladeshi

White & Asian

Not given

Gypsy/Roma

Traveller of Irish
Heritage

Any other Asian
background

Any other mixed
background

Asylum Seeker

YES/ NO

Religion:

Reference No: (State how reference relates
e.g. NHS No., UPN etc):

Name of child:

Reference:

Form Update 05/01/10

Early Support

Helping every child succeed

Name of School/Early Years Setting & Contact person:	
Name and contact details of GP:	
Does the child/young person have a disability? If so, please detail:	YES/NO
Does the child/young person have any allergies? Is so, please detail:	YES/NO

--

Details of Person co-ordinating/arranging Team Around the Child meeting (Lead Professional/Key Worker)

Name	
Contact details	
Contact Tel. no.	
Role	
Organisation	

Services working with this infant, child, or family members

Health Professional	Details		Tel.	
Early Years or Education Setting	Details		Tel.	

Other Services Please State

	Details		Tel.	
	Details		Tel.	
	Details		Tel.	
	Details		Tel.	

Consent for information storage and information sharing

I understand the information that is recorded on this form will be uploaded onto ContactPoint from January 2010 and the **National e-caf system from September 2010**. Until then it will be stored on a local central database and used for the purpose of providing services to me and my family:

I have had the reasons for information sharing explained to me and I fully understand those reasons

I agree to the sharing of information, as agreed, between the services listed below: -

YES/NO/PARTIAL (please indicate)

If partial or no consent is given, outline the reasons and refer to the Information Sharing Guidance in the IP Practitioner Toolkit. For partial consent, list the names of agencies not permitted to have this information:

(Practitioner to detail what information may be seen by which agencies)

--

SIGNATURES:	Print name	Signature	Date
Parent/Carer			
Parent/Carer			
Young Person			
CAF / ES Episode initiator			

Family Service Plan For

.....

Plan written up by

.....

This is the family service plan for:

.....

Date of meeting

People attending the Meeting

Name	Role /Responsibility

The following people also contributed by writing and sending in a report

Where are we now

(What has been happening recently or since the last time of the last plan?)

.

Our priorities are now

We would like help and support with the following:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Our Lead Professional will be:

.....

.....

Early Support
 Helping every child succeed

Family service plan for.....

This page does not need to be sent to CAF Administrator

Issue to be addressed, e.g. health, communication, housing etc	Action	Who will do what and when?

Name of child:

Reference:

Form Update 05/01/10

Early Support
Helping every child succeed

Family service plan for

This page does not need to be sent to CAF Administrator

Issue to be addressed, e.g. health, communication, housing etc	Action	Who will do what and when?

Name of child:

Reference:

Form Update 05/01/10

We also discussed the following issues:

.....

.....

.....

.....

.....

.....

Any further questions or comments

.....

.....

.....

.....

.....

.....

.....

Today's Date

We will review this plan on (date)at (time)venue.....

Signed _____

Please report any unmet need (or difficulties you might have in convening a Team Around the Child) to your District Manager (Integrated Practice).

Broxbourne and East Herts – 01992 556372

Dacorum and St. Albans – 01442 453839

Stevenage and North Herts – 01438 843374

Watford and Three Rivers – 01422 453476

Welwyn Hatfield and Hertsmere – 01438 843030

Remember Send Completed **Signed Copy** of this Service Plan to:

CAF Administrator by Fax or postal service

FAX – 01438 737355

PO BOX 153

STEVENAGE

HERTS

SG1 2GH

Please note: You will need to advise and update the CAF administration team of any ongoing changes made to the plan.

Confidentiality

This assessment contains personal family information. Please ensure secure document storage and safe Information Sharing (See CAF Guidance)