**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](mailto: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>

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Good Early Years Development** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Improved Mental and Physical Health** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Promoting Recovery and Reducing Harm from Substance Use** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Improved Family Relationships** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Children safe from Abuse and Exploitation** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
| 1. **Crime Prevention and Tackling Crime** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Families affected by Domestic Abuse** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Secure Housing** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Financial Stability** | | | | | | | |
| **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** |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  |  | | |  |