

# Early Support Plan Guidance for Universal Practitioners

Children's Services

**REVIEW LOG**

Date	Version	Comments	Approved by
10.9.2025	V1.0 New	New guidance	FFCP Service Manager

This system of recording review dates is designed to ensure staff at all times use the correct version of the up to date Policy. This system is used on all Wolverhampton City Council – Children & Young People Policies and Procedures.

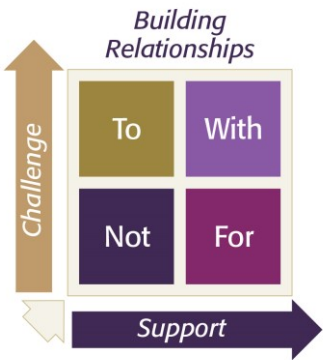
**CONSULTATION**

The following people have been consulted on this policy:  
-

**KEYWORDS**

**RESTORATIVE PRACTICE**

All contact and work received by families from the City of Wolverhampton Council within the City will be based around restorative practice principles. This is to ensure we improve the life outcomes for all children, young people and families we work with. In Wolverhampton we intend to use restorative principles and behaviours with colleagues as well as children and families, to help develop positive working relationships.



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## 1. Introduction

The purpose of this guidance is to explain what the Early Support Plan is, and how it should be used.

## 2. What is an Early Support Plan?

- 2.1 The Early Support Plan ensures that children and young people receive the right support at the right time, before their needs increase, and that services are delivered in a more co-ordinated way.
- 2.2 The Early Support Plan provides practitioners working with children, young people and families with a common assessment process.

The Early Support Plan will:

- Help practitioners to gather and understand information about the needs and strengths of a child, young person and their family, based on discussions with the child, their family and others involved.
- Support the team around the child to plan together what support is needed, so that the child's, young person and their family needs can be met quickly and effectively
- Provide a means of engaging other services for children with additional needs, so that the interface between universal and targeted services is more seamless
- Act as a referral tool into a range specialist services. These include referrals to, Housing Support, Debt Advice, Financial Assistance and Parenting Programmes. It is likely that it may be used as the referral tool into other targeted services over time

## 3. Benefits of completing an Early Support Plan:

- **Reduces** the number of different assessments that children and young people must undergo. This means that children and families don't have to keep repeating their story.
- **Encourages** practitioners to see a child's, young person and family's needs in a more holistic way and to recognise strengths as well as needs.
- **Supports** better shared understanding and communication between different practitioners, by encouraging a common language of assessment, need and response across agencies.
- **Empowers** the child, young person and family as it should be completed in partnership with the child and family, wherever possible enabling them to take the lead.
- **Supports** earlier intervention, as helps practitioners to identify and meet a child or young person's identified needs at an earlier stage, before problems reach crisis point.

- **Based on research** and best practice in working with families, providing an evidence base which is trusted by other services.
- **Can help** identify unmet need and reduce escalation to the Family Help service ensuring the right support at the right time.

The Early Support Plan is voluntary, so the child and parent/carer must consent for the plan to take place and decide who else they wish to be involved. They should also be fully involved and consulted throughout the process.

#### 4. Early Support Champions:

Early Support Champions will offer guidance and support to Early Support Lead Practitioners across partner agencies in completing the Early Support Plan.

They will also offer training around the use of the Eclipse systems and assist with quality assurance.

They will be aligned to organisations across the city and will support partner agencies in offering:

- **Consultation:** about individual children and families supporting the Lead Practitioner to analyse evidence when children’s needs have not been met through the plan.
- **Co-working:** supporting Lead Practitioners with information sharing to enable a good quality plan to be completed, co-chairing meetings, or supporting a family meeting if required (for example where there are disagreements, or where progress is not being made).
- **Collaborating:** to co- design bespoke packages of support, guidance and practical tools to support practitioners when working with families.

#### 5. Who can complete Early Support Plans:

- 5.1 All practitioners working in universal services (such as health care settings, schools, youth support and community agencies) should consider completing an Early Support Plan at the earliest opportunity where needs are identified.
- 5.2 All lead practitioners completing an Early Support Plan are required to attend an Integrated Working training session. This course is part of a multi-Agency training programme schedule which is delivered free to practitioners through Wolverhampton Safeguarding Together. In addition, there is specific training available for example on Restorative Practice, Trauma Informed Practice etc.
- 5.3 Partner agencies will be required to identify a “lead” who will be called an “Early Support Lead Practitioner” who will complete the Early Support Plan on Eclipse

## 6. When should an Early Support Plan be initiated?

Before you begin an Early Support Plan you should check the Eclipse System to see who else is working with the child or young person and whether an Early Support Plan already exists. If someone has already started an Early Support Plan contact the Lead Practitioner and ask about joining the relationship with consent from the young person/family.

Please refer to: -



FFCP ESP Eclipse  
User Guidance.docx

6.1 An Early Support Plan should be considered for any unborn baby, child or young person up to the age of 18 yrs, (or just beyond if the young person needs help regarding transition to adult services) that a practitioner considers may require extra support -

- the child or young person has additional needs which cannot be met by the family alone.
- the child or young person's needs are unclear.
- an Early Support Plan would help identify unmet needs.
- a child or young person or their parent/carer raises a concern with you.

## 7. Review process

7.1 The Early Support plan should be reviewed every 6 weeks along with the family and any other professionals who may be supporting them. This is to monitor progress towards the agreed outcomes, identify any unmet or additional needs as well as celebrating successes.

7.2 It may be necessary to review the case more frequently, depending on the complexity of the child's needs or if things are not going to plan. It is important that the plan is not allowed to drift and that the case is reviewed every 6 weeks.

The review process should focus on:

- any changes in circumstances or emerging issues
- what support is currently being provided
- distance travelled since Early Support Plan and subsequent reviews
- what measurable progress has been made regarding each of the goals (referring to the Early Support Plan form and previous action plan)

If it is identified that sufficient progress has not been made following the 3<sup>rd</sup> review, or there are unmet/increasing needs, with consent from the young person and family aE-MARF should be completed detailing the issues. If you are unsure whether this is needed, contact can be made with the Early Support Champion.

## **8. Escalation:**

- 8.1 Practitioners from universal services will continue to hold the plan and act as the Lead Practitioner. However, there may be some cases where this may not be possible if needs and risks escalate such as:
- multiple needs in the family are identified.
  - family is reluctant to engage with service.
  - little or no progress being made; or
  - there is a need for a specialist intervention service, such as repeated Domestic Abuse

In these instances, it may be necessary to use the Early Support Plan as a referral tool into the Multi-Agency Safeguarding Hub (MASH).

- 8.2 These referrals will need to be made by submitting an electronic Multi-Agency Referral Form (E-MARF) to the Multi Agency Safeguarding Hub (MASH). If the family require a Family Help response you will be informed of the outcome. Your agency will remain involved and be part of the Family Help Plan and, in some circumstances, you may remain as the Lead Practitioner.
- 8.3 The Family Help Delivery Manager based within the Multi-Agency Safeguarding Hub (MASH) will complete further checks to determine what level of response the family require. The referrer will be notified of the decision within 72 hours of receipt via email.
- 8.4 The Multi Agency Safeguarding Hub may recommend that the Early Support Plan should continue or may require further support and interventions from the Family Help team. If the request is not accepted, it may be necessary to seek advice about next steps from either the Family Hub within your locality, the linked Early Support Champion or the Lead Nurse for Early Support and Family Help, who will discuss this in detail with you. This will enable us to ensure that we continue to meet the needs of those children, young people and their families.

## **9. Management Oversight:**

- 9.1 It is vital that practitioners carrying out the Lead Practitioner role can access management support and supervision from their Dedicated Safeguarding lead or line manager within their organisation.

- 9.2 The practitioner may wish to discuss in their supervision – issues such as the impact on their workload in relation to taking on the Lead Practitioner role; Practitioner development and training needs in relation to the role; help in reflecting upon their intervention and support in tackling any problems that may arise in the receiving services in more than one Local Authority Area.
- 9.3 All management decisions should be recorded within the case notes section within the Eclipse system.

## **10. Closure process**

- 10.1 Following completion of the Early Support Plan and at each Review, a decision should be reached as to whether the Early Support Plan may be closed. This could be because:
- the child's needs are now well understood, and the appropriate intervention has taken place to enable the child's needs to be met
  - the child/young person/parent/carer has withdrawn their consent to the Early Help process continuing
  - the child and family's situation has significantly changed and needs to be escalated
  - The child has reached adulthood
  - The child and family have left the City (if moving to another local authority, the Early Support Plan can be transferred with consent)
- 10.2 An Early Support Plan should end when the actions in the action plan have all been addressed or if needs are increasing and it is decided that a specialist assessment is required. In most cases this should be within 6-12 weeks however, this may be extended for a further review cycle dependant on progress and engagement for Single Agencies.
- 10.3 To close the Early Support Plan, the Lead Practitioner should record the decision to close the plan. The completed plan should then be distributed to the child/family. Finally, they must update Eclipse System and ensure the plan is closed and and their manager has completed the closure authorisation.
- 10.4. At the end of the interventions, children and their families will be provided with the opportunity to share their views on what they think has made a difference to their lives and whether there is anything that they would change about the process.

## **11. Information Sharing**

- 11.1 You should remember that the Data Protection Act/General Data Protection Regulations (GDPR) are not barriers to sharing information but a framework to ensure that personal information about living persons is shared appropriately.

- 11.2 Be open and honest with the young person/family where appropriate from the outset about what, why, how and with whom information will, or could be shared with and seek their agreement to do so, unless it is inappropriate or unsafe.
- 11.3 You should also explain that a copy of the Early Support Plan will be held centrally on Eclipse System and details will be available to anyone else to whom consent to share information has been given.
- 11.4 It should also be remembered that the Early Support Plan is a voluntary process; therefore, if a young person or their parent does not wish to engage in the process then you cannot proceed with the assessment. It is however important that you record that you have discussed the possibility of an Early Support Plan and that they have declined.
- 11.5 Consider safety and wellbeing, base your decision to share information on the safety and wellbeing of the person and others who may be affected by their actions. If in doubt seek advice, without disclosing the identity of the person where possible.
- 11.6 Share information with consent where appropriate and where possible respect the wishes of those who do not consent to share confidential information. You may still share information without consent if in your judgement the lack of consent can be overridden in the public interest. Judgement must be based on the facts of the case:
- It is necessary, relevant, and accurate, timely proportionate and secure - ensure that: -
- the information you share is necessary for the purpose for which you are sharing it.
  - it is shared only with those people who need to have it.
  - it is accurate and up to date.
  - it is shared in a timely fashion and
  - it is shared securely.
- 11.7 Keep a record of your decision and the reason for it, whether you decide to share or not.
- 11.8 If you decide to share then record what you have shared, with whom and for what purpose.
- 11.9 Individuals have the right to withdraw consent after they have given it.
- 11.10 You must explain to the young person and their family that there are times when confidentiality cannot be maintained, i.e., safeguarding.

## Appendix A - Good Example of ESP

**Example ESP**

**Child or family need additional support**

Document type edit

Date of document

Do you want the guidance to show?

Does anyone require help with communication?

Please update the person demographics screen with this information.

edit

Consent edit

**For the practitioner**

We need to make sure that family members are clear what will be done with their information. Please make sure that they are comfortable with what is said about them in this form. Where we need to share personal information to deliver services to individuals and families, please make sure that their consent (where given and necessary) is recorded below.

**Consent**

**For the family child, young person**

As the person helping you to complete this form has explained, we want to be able to provide services to you and your family. In order to do this your needs will be discussed/reviewed. To do this efficiently, we would like to share some of the personal information you have supplied with services already working with you or that you may benefit from. The person helping you with this form will explain which information needs to go where.

We are obliged to share information if there are clear reasons for doing so which are in the best interests of a child or for the purposes of reducing and / or preventing anti-social behaviour, crime and disorder.

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.

**Full consent** - I agree to the sharing of the information with all members of the family and agencies involved.

Has consent been obtained?

**Consent obtained (Group)**

The assumption is that if you are giving consent for all group members, if however, you do not have consent for one of the group members, please take this person out of the group from by using manage permissions, group settings in the top left.

Signature image can be uploaded separately against the form before completing.

edit

## Those involved

### ^ Professionals involved

[edit](#)

Professional relationships will pull through from the relationships within the record. They need to be updated/amended in the relationships screen, not in the form itself.

#### Lead professional

Both Price

#### Organisation

Strengthening Families Team 3 Graiseley

	Relationship	Attribute	Organisation	Contact details
Both Price	Lead Practitioner	Allocated worker		
Donna Hammond	Education Professional			

### ^ Relationships: (children, parents, carers & significant others)

[edit](#)

Relationships will pull through from the relationships within the record. They need to be updated/amended in the relationships screen, not in the form itself.

ID	Name	Relationship	Start date	End date
PER2379	Nessa Jenkins	Mother	02-Jun-2010	
PER2779	Harry Shipman	Father	02-Jun-2010	
PER2780	Pam Shipman	Sister	31-Oct-2019	

^ Anyone missing?

edit

Father's absence can hinder a child's development from early infancy through their childhood and into adulthood. The psychological impact of father absence experienced during childhood can persist throughout their life course. The quality of the father-child relationship matters more than the specific number of hours spent together. Where a father is not living in the home, the potential impact of this needs to be considered. This should also consider father figures who have been in the household for a significant period of time, who are now absent.

If there was anyone who should have been involved, but were not, what efforts were made to involve them?

Billy does not have any contact with his father.

Harry's details were shared and contact was made through phone calls and home visits but he has chosen not to be part of the plan.

Please ensure that the details below are added to the relationship page so they can pull through to subsequent reviews

edit

^ Details of other children not listed above or other people in the household

edit

Name	DOB/EDO	Relationship	Contact details

edit

^ Other people involved with family

edit

Name	Relationship	Attribute	Contact details
No records found			

edit

^ Family history and previous agency involvement

edit

This should be a summary of the family's background/history which needs to describe themes and events, this is not a chronology, but an overview of the family's journey.

Please provide details:

Nessa has received support previously through Early Help. This was with a different authority and they have recently moved to Wolverhampton.

The support they received was around managing the behaviours of Billy. Advice on appropriate boundaries were shared which the family believe helped.

Please give outline of interventions that have already been tried (e.g. Early Support, Family Help, Carers, Universal) or any other agencies that have been supporting

One to one parenting support.

edit

Reasons for the discussions and planning

^ Primary need

edit

What is the main worry for this family?

Family in acute stress

edit

^ Disability

edit

Does the child/young person have a diagnosed disability?

No

Please select all disabilities from below:

No disability

Are they on the disability register

No

Would you like to request an information pack?

Yes

Please email DCYP Business Support: [DCYP.businesssupport@wolverhampton.gov.uk](mailto:DCYP.businesssupport@wolverhampton.gov.uk)

edit

A young carer is someone aged 25 and under who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Older young carers are also known as young adult carers and they may have different support needs to younger carers. **What might a young carer do?** practical tasks, like cooking, housework and shopping physical care, such as helping someone out of bed emotional support, including talking to someone who is distressed personal care, such as helping someone dress managing the family budget and collecting prescriptions helping to give medicine helping someone to communicate, looking after brothers and sisters.

Who is completing this form?

Does the child/young person have a caring responsibility?

Who do they have a caring responsibility for?

What do you do for the person you care for?

How does this impact you?

Are they aware of the Young Carer's Service?

**Young Carers Support** We are offering a young carers conversation (a young carers assessment) this looks at the caring role considering impact and if other universal services need to be involved. If identified 6 to 8 weeks of 1:1 therapeutic support will be offered, from other agencies post young carers conversation we are creating a mailing list and developing a young carers bulletin which we will be sending/ emailing out, so young carers know what is happening, events etc. monthly support groups happening at Central Library (young age group) and The Way (older age group) events happening in school holidays such as bowling, Wolf Mountain, Grand Theatre. We are asking professionals such as strengthening families' workers, SW and schools who have access to Eclipse to complete an early help assessment. Other organisations we are asking to email details of the young carer plus consent from family [wolverhamptonyoungcarers@wolverhampton.gov.uk](mailto:wolverhamptonyoungcarers@wolverhampton.gov.uk) at the end of Jan 2024 we are planning coproduction events with young people to develop the service in line with young carers needs.

Would they agree to a referral being made to the Young Carer's Service?

For additional support  
 If yes is selected a notification will be sent to the young carers service  
[wolverhamptonyoungcarers@wolverhampton.gov.uk](mailto:wolverhamptonyoungcarers@wolverhampton.gov.uk)

^ Pre birth edit

Is there anyone pregnant in the family?

If yes, is this their first child?

Do they require any support?

For additional support

**Partnering Families Team** support first time mothers aged 25 and under with vulnerabilities and mothers of all ages who have had a previous child removed and are now pregnant again.

The **Health Inclusion Team** support gypsies, travellers, refugees and migrants, havens, homeless and asylum seekers in the hotels - providing they are pregnant or have children 0-19

awaiting central health email

Working with Young Parents: [link to SharePoint](#)

edit

**Child's views** To understand what life is really like for the child, you need to spend time with them, talking to and observing them. Where possible you should use their actual words or phrases and any direct work undertaken should be kept and saved to the child's record. If a child has a disability you should use the communication tools/aids that the child is familiar with and this should be recorded. A child should be seen on their own at least once within the discussion process – this is to ensure their views are not being conflicted by what they think or feel their parents/carers may want them to say. If there is any conflict identified in the discussion process, decisions should always be made in the child's best interests.

**Unborn and Pre-verbal** Stress in the womb can affect a baby's temperament and neurobehavioral development. Infants whose mothers experienced high levels of stress while pregnant, particularly in the first trimester, show signs of more depression and irritability. Babies can sense touch and they can also sense when touch (and voice) is familiar. Babies are very aware of any friction between the people around them. Arguments and upsets are not good for baby's brain development, both before and after they are born. It makes it harder for them to feel safe and secure and build strong bonds. Babies as young as one month-old sense when a parent is depressed or angry and are affected by the parent's mood. Understanding that even infants are affected by adult emotions can help parents do their best in supporting their child's healthy development.

Pre-verbal communication skills are all the ways a child communicates with others without using words. A child usually starts to learn preverbal skill from birth until three years old. This skill is very important for further speech and language development. This communication can take the form of conventional gestures such as showing, giving, open-handed reaching, pointing, nodding or shaking the head, and waving. Eye contact with care givers can demonstrate a number of different emotions. You can obtain a child's view by observing what makes them happy or sad; when do they smile or cry. What noises and sounds do they respond to and in what way? Infants can discriminate between positive (happy) and negative (angry or fearful) facial expressions and can respond accordingly. This is all a way of them communicating their feelings and relationships within their families. By being able to describe this, it will assist parents to understand the impact of their positive and negative behaviours on their child.

What do you think is working well for you?

Billy we spent some time together at school today where we talked about what life was like for you. We played a game of cards which you said you enjoyed and will sometimes play at home.

You told me you liked living in Wolverhampton and you liked your new school. You said you have one friend but would like to make more new friends by where you live.

What are you worried about?

Billy you told me that you don't like your new home. You said it wasn't big enough for your family and that this making things horrible at home. You argue with your mom and hate sharing a room with your sister. You told me that this makes you angry and you lash out your mom at home.

How will this affect you if the worries don't go away?

Billy you told me that you needed to move into a bigger home and that you were not sure how long you could continue to live in your flat. You said you often thought about running away or asking to live with your grandparents or dad.

You don't want to keep arguing with your mom but feel like things are getting worse.

You told me you were worried about school. You said that you find school hard and sometimes don't understand what the teacher is asking you to do.

Who is important to you in your life?

You told me that your mom is important to you and your grandparents.

Parent/Carer views

^ Parents' support needs

edit

If there is more than one parent, please click the plus button at the top to collect the other parents views.

Do you have additional needs?

No

Please specify

n/a

If a parent or carer has additional needs, establish their preferred form of communication. Make time and space to talk and go over what has already been said. Make sure language is accessible and take it slowly. Use facial expressions and hand gestures and consider your body language and tone of voice.

Is there anybody in your support network that you would be happy to have act as advocate?

No

Please provide their contact details:

Name	Relationship	Contact details

edit

Parent/Carer view

edit

Whose giving their views:

Nessa Jenkins

What do you think is working well for you? What are the best things about you as a parent/carer and the care of your children? Who supports/helps you and your children?

Nessa you told me that you like living in Wolverhampton and things are easier now because you have family around you for support.

You love your children and would do anything for them, you enjoy taking them for days out as a family.

What is happening right now that is causing you to worry? What are you or your family worried about?

Nessa you told me that you are worried about the flat and how cramped you all are. You told me that you need to be rehoused in a bigger home.

You feel better within yourself but are still suffering with your own health needs. You worry how this will impact on the children as they grow up.

You are worried about Billy's behaviour. You told me that it is getting worse each week and feel that you will have no control over him soon. You are worried he will begin to mix with the wrong crowd.

How will this affect you if the worries don't go away?

You told me that if you don't receive the correct support for your family it may lead to Billy's behaviour becoming uncontrollable and for the family to break down.

What needs to happen to make things better for you and how can we help you?

Nessa you feel that you need to be rehoused in a bigger property so that Billy and Pam can have their own room. You have asked for support with Billy's behaviour at home.

Professional views

Agency views

edit

What strengths and positive factors are there that can impact the current situation? What are the best things about the parents/carers and the care of the children? Who supports/helps the parents/carers and children?

Nessa has recently moved to Wolverhampton. She loves the children and enjoys spending time together as a family. Nessa always has time to address any issues that arise in school or any worries around the children's welfare.

The family have the support of Nessa's parents now they are living in Wolverhampton. They are beginning to build friendships in the local area

What is happening right now for the family that is causing you to worry?

The family have been housed in a two bedroom flat in Wolverhampton. They family are overcrowded and Billy and Pam need to have their own bedroom and space.

Billy is becoming frustrated by their living situation and it is impacting on his behaviour. He is now beginning to lash out at home and his behaviour is becoming very difficult to manage.

Nessa has her own health needs, and is unable to work. This is causing a financial strain on the family.

Billy's behaviour is declining in school and will often be disruptive in class. He has shared that he is struggling with his school work.

What is likely to happen if the presenting situation isn't addressed? What is the impact of the worry?

Billy's behaviour is escalating at home and in school. If this continues it may lead to the family relationships breaking down and Billy being at risk of exclusion.

The family is overcrowded at home which is causing tension within the home. The home environment may no longer feel safe for the children.

What needs to happen to make life better? What have we learnt about the situation?

For Nessa to receive support for Billy's behaviour at home and the same strategies to be applied in school.

The family need support to explore their housing situation and to find a bigger property.

Support to be offered to the family to explore their finances.

[edit](#)

## What has led to this family discussion?

^ What worries have been identified?

[edit](#)

Please select all that apply

Early Years Support  
Improve Emotional, Mental and Physical Health of the Child  
Improve Emotional, Mental and Physical Health of the Adult  
Reduce Harm from Substances being used by Child  
Reduce Harm from Substances (Adult)  
Improve Family Relationship  
Children Safe from Abuse and Exploitation  
Preventing and Tackling Crime (Child)  
Preventing and Tackling Crime (Adult)  
Safe from Domestic Abuse  
Secure Housing  
Financial Stability  
Education

[edit](#)

^ Education

[edit](#)

Things to include:

Is the child not able to participate and engage with education – due to lack of motivation, emotional regulation and/or behaviour difficulties. Are there worries around the suitability of Elective Home Education, or is the child off-roll and not receiving an education otherwise, risk of Not in Education, Employment/Training.

Please indicate any worries around education:

Billy is a year 9 student. His attendance is slowly deteriorating as we move through the school year.

Billy has shared that he struggles with the work that is being set and pace of the work in school. We are unsure at this point if this is because of an unidentified learning need or an environmental factor. But are exploring different ways in which we as a school can support him.

When Billy started with us in September he was a happy, sociable young boy but throughout the year are noticing a change in his mood and he is becoming withdrawn.

He is displaying different behaviours in class such as shouting out, disrupting the class, walks out of class during lessons, wanders around school, reluctant to go to lessons. Most recently Billy has been given a one day exclusion for attacking another pupil.

What is the child's attendance?

78%

^ Early Years Support

edit

Please indicate any worries around early year's support - i.e. child's 0-5 physical health or development needs not met (e.g. concerning accidental injuries, dental hygiene)

Pam is 4 years old and appears to fit and healthy. It has been identified through this discussion that Pam may have missed some of her development checks. This is difficult to identify with a change in authority.

Pam is yet to be registered with a nursery so is missing out on socialising with children of her own age. This may be impacting on her development.

Is the child up to date with their development checks?

Unknown

For additional support

If "no" the central health visiting team will need to be notified: Awaiting central health email address

Are they attending any eligible free childcare?

No

Are they attending any other childcare provision?

No

Terrific for Twos offers eligible families up to 15 funded hours per week (term time), from the term after their second birthday. This entitlement offers young children to opportunity to participate in early experiences, socialise with peers and gain the skills needed to be ready for school. Once the family have been approved for the entitlement, it can be accessed up until the end of the term in which the child turns three, leading them then until the universal entitlement for all 3- and 4-year-olds. The apply families can either submit an online application via check terrific for twos eligibility - Early Help Support ([wolverhampton.gov.uk](http://wolverhampton.gov.uk)) or take proof of eligibility to the chosen childcare provider, who can do a manual check. The entitlement can be accessed through Ofsted registered provision, such as childminders, day nurseries, pre-school groups, maintained nursery schools and schools with 2 year old provision (please contact the Early Years Team for provider information).

Referral info

If a Referral is required then please contact [Early.Years@wolverhampton.gov.uk](mailto:Early.Years@wolverhampton.gov.uk)

edit

^ Improve Emotional, Mental and Physical Health (Child) edit

Please indicate any worries around the child's emotional, mental and physical health:

Billy moved to Wolverhampton during last Summer. This has been a difficult move for him. He has started a new school with no familiar friends around him for support.

Billy has shared with us that he is unhappy in his home environment and moving to Wolverhampton has been the worst thing for him.

There has been a deterioration in his mood since September and we are noticing he is becoming more and more withdrawn. Alongside this we are seeing an increase of dysregulated behaviour during class and at lunch. Billy is reluctant to talk to any staff members about how he is feeling.

For additional support

School Nurses - see children between the ages of 5-19 in education settings including pupil referral units and home educated. Referrals can be made via: Awaiting central health referrals email

Child and Adolescent Mental Health Service - advice, useful links and how to refer: [Click for link](#)

^ Improve Emotional, Mental and Physical Health (Adult) edit

Please indicate any worries around the adult's emotional, mental and physical health including the impact on the child:

Nessa has shared with us that although she knows moving to Wolverhampton is the best decision for the family she has found it difficult. And no longer able to work has put a financial strain on the family. Nessa enjoyed her previous job and is now feeling very isolated being at home everyday. She is seeing a gradual decline in her motivation and finds herself snapping at the children more often.

Nessa is finding Billy's behaviour extremely difficult to manage at home and this is causing tension within the home this is impacting on the emotional well being of all of the family.

For additional support

**Partnering Families Team** support first time mothers aged 25 and under with vulnerabilities and mothers of all ages who have had a previous child removed and are now pregnant again.

The **Health Inclusion Team** support gypsies, travellers, refugees and migrants, havens, homeless and asylum seekers in the hotels - providing they are pregnant or have children 0-19 Awaiting central email link

**Wolverhampton Talking Therapies** - Wolverhampton Talking Therapies for anxiety and depression offers brief psychological therapy for people experiencing common mental health problems such as low mood, depression, anxiety and stress. This is not an emergency service. [Click here for link](#)

edit

^ Reduce Harm from Substances being used by Child

edit

Please indicate any worries around the child's use of harmful substances:

Billy has been identified several times by other pupils within school being with a small group that are smoking cannabis. Billy has not admitted to this and states he has never tried it and has never spoken with the group.

As this has been reported by different pupils this is becoming quite a concern we are unsure at this point if this is something that Billy is doing when he is in school or if he is mixing with the group in the community also.

For additional Support

Wolverhampton 360.bsmhft:recoverynearyou@nhs.net

edit

^ Reduce Harm from Substances (Adult)

edit

Please indicate any worries around the adult's use of harmful substances including the impact on the child:

During discussions with Nessa she has disclosed that she has previous struggles with substance misuse. She shared that 6 years ago she used cannabis to help with pain in her back. She used to smoke this at home of an evening. Nessa believes that Billy is unaware of this and she only smoked when he was in bed.

Nessa disclosed that she has started thinking about smoking cannabis again because of the stress she is under.

For additional support

[Link to Recovery Near You](#) Email: [bsmhft.recoverynearyou@nhs.net](mailto:bsmhft.recoverynearyou@nhs.net)

edit

^ Improve Family Relationship

edit

Include in this section any harmful levels of parental/carerer conflict or if the child is violent or abusive to parents/carers or siblings.

Please indicate any worries around relationships:

Nessa is feeling the strain on her relationship with the children because of all the stresses they are currently going through. She feels that the behaviour from Billy, home environment and financial strain is having an impact. She have shared that they often will end up arguing of an evening and due to the lack of space in the home there is no where to escape.

For advice and support contact: For parenting webpage with universal information and parenting modules [Click here](#)

For Reducing Parental Conflict for relationships [Click here](#)

#### ^ Children Safe From Neglect, Abuse And Exploitation

edit

Have you got any worries about a child/young person being at risk of abuse/neglect?

Yes

Please indicate any worries about abuse and/or neglect

If there are any worries around abuse or neglect then the worklist will automatically open the WE CAN Toolkit

Do you have any worries about contextual safeguarding(exploitation)?

Yes

Please indicate any worries about contextual safeguarding(exploitation):

Billy is new into the area and feels unhappy at home. He will often leave the home to avoid the conflict. He has recently started hanging around with a group of older males, they are from a known gang in the area. The gang are K7 and are known to exploit younger children through drugs. Billy is denying any knowledge of being with any of the males.

Has the exploitation tool kit been completed?

Yes

If there are any worries around abuse or neglect then the worklist will automatically open the exploitation toolkit.

edit

#### ^ Preventing And Tackling Crime (Child)

edit

Please indicate any worries around criminal activity involving the child:

Billy is reasonably new to the local area. He is slowly developing friendships in school and community but these are not always positive.

We have been informed that Billy has been witnessed hanging around the local shops with an older group of boys. This group are a known gang within the area. They go by the name K7 and are known to exploit younger children through drugs.

Turnaround For crime contact: [wv\\_early\\_help\\_triage@westmidlands.police.uk](mailto:wv_early_help_triage@westmidlands.police.uk)

edit

#### ^ Preventing And Tackling Crime (Adult)

edit

Please indicate any worries around criminal activity involving the adult:

The family are currently living in a two bedroom flat in Wolverhampton. There is not enough living space in the home which results in a lot of conflict within the home. The conflict is causing issues between them and their neighbours. The neighbours have started to bang the wall of an evening and in retaliation are playing music extremely loud of an evening when Pam is in bed.

For additional support

Preventing and tackling crime for adults this website will give you more information to what constitutes as ASB behaviour. [Click on link](#)

Email: [asbu@wolverhamptonhomes.org.uk](mailto:asbu@wolverhamptonhomes.org.uk) For crime contact: [wv\\_early\\_help\\_triage@westmidlands.police.uk](mailto:wv_early_help_triage@westmidlands.police.uk)

^ Safe From Domestic Abuse

edit

Whose behaviour is domestically abusive? Do they reside in the family home or are they a regular visitor such as a partner, family member or friend?

Please indicate any worries around domestic abuse:

Nessa and Billy are experiencing lots of conflict. They are seeing an increase in the amount of arguments they are having at home and they are becoming more and more heated.

Nessa is concerned that as Billy gets older and stronger he will become the perpetrator of domestic abuse towards her as this is something he witnessed between Nessa and his Dad.

To assess if a referral is needed please complete:

Dash Risk Assessment [Link](#) A score of 14 or more will require a referral to MASH

Available support IDVA email: [WDVF@wolverhampton.gov.uk](mailto:WDVF@wolverhampton.gov.uk)

For Wolverhampton Homes residents email: [DA@wolverhamptonhomes.org.uk](mailto:DA@wolverhamptonhomes.org.uk)

The Health Inclusion Team support gypsies, travellers, refugees and migrants, havens, homeless and asylum seekers in the hotels - providing they are pregnant or have children 0-19

edit

^ Secure Housing

edit

Include here families in temporary accommodation or in unsuitable housing or threatened with eviction or at risk of homelessness

Is the child threatened with homelessness within 56 days?

Yes

If yes – make a referral to homeless services via [Link](#) or by sending an email to: [DutytoRefer@wolverhampton.gov.uk](mailto:DutytoRefer@wolverhampton.gov.uk)

Please indicate any concerns around housing:

Nessa and her family are living in a two bedroom flat which they rent from Wolverhampton Homes. This means Billy and Pam have to share a bedroom.

The home is no longer suitable for the family. Billy is of an age where he needs his own space and sharing a bedroom with his younger sister is causing conflict. Billy has no where he can escape within the home to help him regulate his emotions when he is feeling heightened. He has told school staff that he has no privacy and will often lock himself in the bathroom.

For additional support: 16/17 year old pathway -

Is the child threatened with homelessness within 56 days – if yes – mandatory to make a referral to homeless services via [Link](#) or by sending an email to: [DutytoRefer@wolverhampton.gov.uk](mailto:DutytoRefer@wolverhampton.gov.uk)

Link for general housing advice: [Click here](#)

The front door for Wolverhampton Homes is via Homes Direct – 01902 556789  
[Homes.Direct@wolverhamptonhomes.org.uk](mailto:Homes.Direct@wolverhamptonhomes.org.uk)

How to solve problems affecting your housing situation, what to do if you have been asked to leave your property, how you can find somewhere else to live. [Click here for link](#)

For advice/information in terms of Wolverhampton Homes managed tenancies (rent issues, home conditions etc) –  
[WHFamily@wolverhamptonhomes.org.uk](mailto:WHFamily@wolverhamptonhomes.org.uk)

edit

## ^ Financial Stability

edit

Include here if anyone in the family is on benefits especially if those benefits have been capped . Any other debt issues or if the family is just struggling to make ends meet.

Please indicate any concerns around finances:

Nessa has recently moved to Wolverhampton. She claims Universal Credit and is eligible for support for her disabilities.

Since she is no longer working she are struggling to manage her finances.

Nessa has shared that they do not have enough money to buy food and essentials for the month once she has paid all of her bills. She has been offered local food bank parcels but is worried what will happen once she is no longer eligible for this.

Would you be prepared to give your National Insurance number or benefit number?

Yes

If yes, please provide details:

JS929475A

Would you agree to an eligibility check and / training or employment support?

Yes

### Financial Support Resources

City of Wolverhampton have a dedicated cost of living section on their web site where help and advice is available through things like the Household Support Fund ; the network of community shops and much more: [Click here](#)

Wolverhampton City Councils Food Bank list is found using the following [Link](#)

### For additional Support

People can get a missing benefits assessment by emailing: [wrs.benefitshelpline@wolverhampton.gov.uk](mailto:wrs.benefitshelpline@wolverhampton.gov.uk) or via: [SupportingFamiliesEmploymentAdvisors@wolverhampton.gov.uk](mailto:SupportingFamiliesEmploymentAdvisors@wolverhampton.gov.uk)

## Plan

### ^ Next steps

edit

Please ensure this date is not before the start date of the form.

Completion date of early support discussion

24-Jun-2024

edit

### ^ Community support

edit

Consider here what other forms of support the family has or can draw on for support with the local community, neighbours, community groups, other opportunities for positive experiences by the family e.g. going to the park, library, spending time together etc.

Wolverhampton Young Opportunities website: [Click here](#)

Are you receiving or could you ask for support from your community?

Nessa has received support from the local food banks.

She has moved to Wolverhampton to be closer to family. They live close to Nessa's family who are of support when needed.

Is a plan required?

Yes

If yes, please state start date of plan

24-Jun-2024

### ^ Early Support Plan

edit

Need

Action

Behaviour support

For Nessa to attend parenting programme

How will this improve things for you (the child/young person)?

This will help improve Billy's relationship with Nessa.

By whom?

By when

Progress to date

Nessa

29-Jul-  
2024

Going well

#### ^ Child's/Young person(s) Comments

edit

'Pre-verbal communication skills are all the ways a child communicates with others without using words. A child usually starts to learn preverbal skill from birth until three years old. This skill is very important for further speech and language development. This communication can take the form of conventional gestures such as showing, giving, open-handed reaching, pointing, nodding or shaking the head, and waving. Eye contact with care givers can demonstrate a number of different emotions. You can obtain a child's view by observing what makes them happy or sad; when do they smile or cry. What noises and sounds do they respond to and in what way? Infants can discriminate between positive (happy) and negative (angry or fearful) facial expressions and can respond accordingly. This is all a way of them communicating their feelings and relationships within their families. By being able to describe this, it will assist parents to understand the impact of their positive and negative behaviours on their child.'

#### Child's/Young person's comments on the discussion/plan

Billy you told me you understand why your family need help but you are finding difficult to tell anyone how you are feeling. You want things to change at home and at school and you don't want to feel angry all of the time like you do now.

#### Do they agree with the plan?

Billy you told me that you don't agree with our concerns about who you are hanging around with and they wouldn't do anything to get you in to trouble and they are the only friends that you have.

edit

#### ^ Parents/Carers Comments

edit

#### Parents/Carers comments on the discussion/plan

Nessa agrees with what is written on their plan and is eager for support.

#### Do they agree with the plan?

Nessa agrees with all that is written in their plan.

edit

### Conclusions

#### ^ Conclusion

edit

Please give an overview or analysis of what worries have been addressed and what solutions have been achieved?

Billy and his family have recently moved to Wolverhampton. He lives at home with his mother and younger sibling Pam. The family are currently living in a two bedroom flat which means Billy and Pam are having to share a bedroom. Nessa, Billy's mother, has her own health needs which means Billy has to care for his mother at times..

The home is overcrowded which is causing tension. There are arguments between family members on a daily basis. The family need to explore bigger properties which will give them more space and the children their own bedroom.

Billy will often leave the home after an argument for space. He has been witnessed hanging around with older males that are a known gang. Billy is extremely vulnerable and does not believe he is at risk of being exploited.

The unsettlement and conflict at home is impacting on Billy's behaviour, which is seen at home and in school. Billy and his family are reaching out for support with housing, Billy's behaviour and financial support.

Are you happy about the support being offered to you and your family?

Yes

Do you need to review this plan?

Yes

Date of review

29-Jul-2024

On completion of this form you need to go back up to the top of the page and use the dark blue box to submit. The form will then go to your manager to be authorised.

[edit](#)