These drawings, kindly shared by a young person, provide a self-description and rating of how she felt before and after receiving help and support.
The following section provides a variety of scenarios describing how a graduated early help approach can be used to make positive and meaningful differences to children, young people and family lives.

They are presented as examples of how a graduated early help approach might be applied, the agencies that might be involved and work together to achieve the desired outcomes.

Quotes from parents and carers regarding services they have received:

“The (TAC) meeting went well and we felt that we were listened to. Also our child’s voice has been heard.”

“Very approachable, helpful and honest.”

“Never felt judged by anybody (and that counts).”

“The EHCP (Education, Health and Care Plan) has been a very positive experience. It has let our son really have a say and has included his goals and aspirations.”

“Great understanding and efforts have been made for our daughter. We appreciate the care and attention given to our concerns and the hard work that has gone into her plan.”

“I have always felt that if I needed help I could call on [name of worker] for advice and help. I can’t thank her enough for all the help and support that she has given [name of child] as well as myself.”

“Really happy with all the help and support that I’ve had from [our support worker]. I now feel I can cope and more importantly enjoy my family.”

“Never once have we felt patronised or belittled for the negative way that our family had become.”

Quotes from children and young people regarding services they have received:

“You made things better by listening to me.”

“Things are a lot better, I have better coping strategies [and] know where to go for help.”

“I feel everyone was very understanding and very supportive of the situation. I think people got to know our family and wanted us to do well.”

“Some people have sorted stuff out for me [and] helped with behaviour problems.”

“As I have been getting older, workers have taken into consideration my views more and more.”

“Considered my feelings well and listened well.”
Scenario 1 - Molly 15 months old

Brief outline of the scenario...

Molly is 15 months old. She was born at 33 weeks gestation and due to her prematurity suffered a small brain bleed just after birth. Molly was discharged from hospital when she was 5 months old. Due to having a poor sucking reflex and an unsafe swallow she had a Nasal Gastric tube. Molly has had several chest infections which have resulted in hospital admissions. Molly also has some partial hearing loss and a squint. She is now able to sit unsupported for about 5 minutes and has recently begun to pull herself up to a standing position on the sofa at home.

Molly’s mum feels isolated. Molly’s dad is in the army and can be away for long periods of time. There is a huge team around Molly and she has many appointments. Molly’s mum feels that she isn’t able to take her to the local stay and play due to the risk of infection and other mums asking how old Molly is and why she has a tube.

Who could be involved...

- Health Visitor
- Paediatrician
- Physiotherapist
- Occupational Therapist
- Speech and Language Therapist
- Audiologist
- Advisory Teaching Service – Hearing Impairment Team
- Ophthalmologist
- Children’s Community Nursing Team
- Carers Gloucestershire
What may happen...

Health Visitor follows the Health early notification process and writes a My Plan.

Health Visitor may also contact the SEND Early Years Team for advice about next steps for Molly and this may result in a referral.

The Children’s Community Nursing Team may be involved to undertake an assessment in relation to safe discharge from hospital and provision of service; this would be agreed at the joint funding panel.

An Initial visit to the family home from SEND Early Years Team could identify what support this family needs (e.g. Portage, Early Start Group, child development centre).

The Health Visitor could arrange a Team Around the Child (TAC) Meeting inviting all professionals involved with Molly and this meeting could update the My Plan and determine which professional would take on the role of Lead Professional. It may be decided at this meeting that completing a My Assessment would help to bring all of Molly’s assessed needs together into one document.

The Lead professional could coordinate completion of a My Assessment and My Plan+ to ensure holistic assessment of all her and her family’s needs.

What outcome might be expected...

Molly would have a holistic assessment of her needs and planned outcomes to be achieved by the Team Around the Child.

Molly might attend an Early Start Group where her learning could be supported within a targeted stay and play group. This would give Molly’s mum opportunity to meet other parents in a similar situation. This may help Molly’s mum feel less isolated.

Molly’s parents would have clear information about other support services such as Carers Gloucestershire and The James Hopkins Trust.

Expected review arrangements...

The My Plan+ would be reviewed at 6/8 weeks.
Scenarios of Early Help and Support

Scenario 2 – Luke attending Early Years setting

Brief outline of the scenario...

Luke is 2 years old; he has recently begun attending his local nursery which is funded through Achieving 2 Year Old funding (A2YO). Luke lives at home with his Mum, Dad and 4 siblings. At nursery Luke is a very busy little boy who likes to explore everything, staff have observed that he is still at the ‘cause and effect’ stage of play and although likes being with his peers isn’t yet able to play alongside them.

Luke is quite clumsy and frequently falls or trips over, staff have noticed that his attention is limited and he flits around the playroom and outside play area. Luke uses very little language and communicates through ‘uh’ sounds, eye contact and gesture.

A recent Early Years Foundation Stage (EYFS) summative assessment highlights that Luke’s development is significantly delayed (8-20mths) in all areas.

Luke’s key person has shared observations and assessments with the setting’s SENCO and Luke’s mum. As part of the integrated review the EYFS has also been shared with Luke’s Health Visitor who will be shortly completing an Ages and Stages Questionnaire (ASQ). Luke’s Health Visitor also shared that the family can be very chaotic and that previous attempts of trying to support with routine and boundaries with the Community Nursery Nurse have not been successful and appointments with other health professionals have been missed.

Who could be involved...

- Continued support from the key person and SENCO at the nursery
- Health Visitor
- Referral to a SEND Early Help Advisor
- Referral to Advisory Teaching Service
- Referral to Speech and Language therapist
- Referral to local children’s centre for family support
- Community Social Worker – support the Lead Professional to speak with the family about support required in the home and regarding missed appointment and to.
- Parent/carer groups
What may happen...

SEND Early Help Advisor may support the setting with the Graduated Pathway and to arrange a Team Around the Child (TAC) meeting for parents, current and referred professionals. During this meeting, the Lead Practitioner could be identified. Discussion at the meeting may also include talking to Luke’s parents about missing health appointments and the impact on Luke’s wellbeing and development. It may be agreed that a My Assessment is needed to fully understand Luke and his family’s strengths and needs.

A My Assessment would be coordinated by the Lead Practitioner with input from everyone involved. This would include findings from the Ages and Stages Questionnaire (ASQ), completed by the Health Visitor. This process may identify further health professionals that may need to be referred to.

A referral to the Advisory Teaching Service may also be necessary as may support from an Educational Psychologist. These referrals should take place after at least one review of progress.

What outcome might be expected...

If Luke’s education/development needs continue to evolve and outcomes are not met with current support in the setting, the SEND Early Help Advisor may suggest a referral to the Multi Agency Planning (MAP) group requesting for inclusion funding. This group would check for the active involvement of the Advisory Teaching Service and Educational Psychologist. MAP funding could be used to employ a member of staff that can provide a higher level of support to enable Luke to achieve his outcomes or other support and/or interventions agreed to be appropriate to address needs.

My Assessment and My Plan+ would enable everyone involved in supporting Luke to understand his needs holistically. This would help family and practitioners to ensure the right agencies are involved to meet his needs. It may also show that Luke’s family has needs that could be supported via the wider Early Help Partnership.

Request for support could be made to the local Early Help Partnership to identify any additional resources that may be required to support parents within the home.

Expected review arrangements...

This would be reviewed every 6-8 weeks in the first instance.
Scenario 3 - Rex attending Early Years setting

Scenarios of Early Help and Support

Brief outline of the scenario...

Rex is 3 years old. He is not currently meeting his developmental milestones and is regularly reviewed by a Paediatrician, who feels that Rex fits the profile for an autism diagnosis but due to his young age would like further assessments completed. The Paediatrician has recommended that Rex should access his full 15 hours of nursery education grant and if possible, more.

Rex began attending his local nursery but the nursery manager has become concerned about his attendance which has been minimal since Rex's parents have separated. The nursery manager reports that due to Rex’s lack of attendance they are considering offering his nursery place to another child.

Practitioners have become increasingly concerned about Mum’s lack of engagement. They are concerned that she presents with false compliance and also that she seems to have diagnosed Rex with lactose and gluten intolerance when no tests have ever been performed.

Mum presents as being anxious in the meetings and whenever the Health Visitor has visited unannounced she has never been dressed and Rex has been observed to be playing on his tablet and eating unhealthy food for breakfast. Mum says that she doesn’t send Rex to Nursery only when he is unwell or if he appears unwell. Mum says she has no contact with Rex’s dad but her own dad and sister live nearby. They have offered to help out with Rex but she worries they won’t know how to look after him properly. Rex is not toilet trained yet and shows no signs of being ready. Nursery feel that when Rex goes to school next year he will need an Education Health Care Plan but are not able to progress this matter further as he does not attend their setting frequently enough.

Who could be involved...

Community Social Worker
SEND Early Help Advisor
Early Help Coordinator
Health Visitor
Community Nursery Nurse
GP
Paediatrician
Nursery Setting
Advisory Teaching Service
Educational Psychology Service
Speech and Language Therapist

What may happen...

The Early Help Coordinator or SEND Early Help Advisor to arrange and chair a multi-agency Team Around the Child meeting in order to make sure that the Rex’s needs are known and that the professionals involved are not working in isolation - this would follow the graduated pathway approach with the completion of a My Plan.

If Rex’s Mum does not give consent to this or does not engage with the Health Visitor to discuss concerns, a Community Social Worker could arrange a joint visit to discuss these concerns with her and explain what everyone is trying to do to help Rex. Mum could be offered a parenting course or some short term family support to help her put routines in place.
What may happen... (continued)

Where there are concerns regarding Rex’s social communication and interaction, evidenced from little progress being made on outcomes in Rex’s My Plan, parental consent could be sought by the Health Visitor to place Rex on the Social Communication Pathway. The Health Visitor would then make a referral to the Speech and Language Therapy Service, Audiology, Advisory Teaching Service and the Educational Psychology Service.

Once the professionals have seen and assessed Rex, they would complete reports which would be gathered by the child’s Health Visitor and would be sent to the Social Communication Team Meeting who would then decide whether a specific assessment in clinic was appropriate.

If considered appropriate, Rex’s Mum would be invited to take Rex to a clinic for a specialist, play-based assessment. Following this, a multi-disciplinary group would meet and make a decision as to whether or not Rex meets the criteria for a diagnosis of an autism spectrum condition.

They would agree an action plan to support Rex and his family, which would be discussed with his Mum. This information would be shared and could be brought together into Rex’s My Assessment and My Plan+.

Specific autism support such as Early Bird Plus training could be offered to the family. The EPS and ATS could offer specialist training and support for the setting.

What outcome might be expected...

Rex would have a holistic assessment and plan that clearly identifies his needs and highlights the actions that should be in place to support him at home and within his early years setting. This may result in Rex’s development beginning to progress.

When the My Plan+ is reviewed, the TAC will be able to identify whether Rex is achieving the identified outcomes. If he is not, further resources may be requested through the ‘Multi-Agency Planning’ group (MAP). The nursery may be offered some funding to support Rex on a 1:1 basis for an agreed period of time.

Rex could be regularly attending nursery when his Mum understands his needs and feels more confident in following routines, providing healthy meals and working as part of the Team Around the Child to support Rex develop his skills in readiness for school. Rex would have a Lead Professional to coordinate support and liaise with professionals and Rex’s mum. Rex’s Mum would have one point of contact via the Lead Professional and know what is happening and who to contact if she has any questions or concerns.

The assessment would identify any risks and the support provided to Mum to minimise these risks.

A parenting course or Early Bird Plus training would help Mum and the wider family to better understand Rex’s needs and how to support him in and out of the home. This may encourage Mum to involve Rex’s grandad and aunt more in his daily life.

Rex would have a smooth transition into school with the appropriate support in place. This might include an Education Health and Care Plan setting out Rex’s special educational needs and the additional resources needed to support his learning and development.

Expected review arrangements...

Initially the plan may be reviewed every 6-8 weeks but sooner if further safeguarding concerns or risks arose.
Brief outline of the scenario...

Emily is 6 years old who attends a special school for children with complex needs. Emily has been diagnosed with a rare condition which is a life limiting condition. Emily has an Education, Health and Care Plan (EHC Plan) in place which identifies the support she needs to achieve her educational, health, social and emotional outcomes.

Emily has experienced deterioration in her mobility and vision as well as an increase in seizure activity all of which impact significantly on her, her family and education. Parents have reported to school, that they feel unable to continue to care at home, as their caring role and responsibilities have increased as Emily has got older and her condition has deteriorated. This is having an impact on their relationship and the family dynamics.

School have concerns that the family is at risk of breakdown and the parents’ relationship is suffering as a result of extensive caring roles and responsibilities. Whilst the deterioration in Emily’s condition has been expected, the school is finding it increasingly challenging to meet her needs. Emily has developed complex epilepsy and severe seizures, along with difficulties swallowing leading to a high risk of choking and the school considers that she requires a higher level of support than usually available because of her high health care needs.

Who could be involved...

School
School Nursing Service
Disabled Children and Young People’s Team
Advisory Teaching Service
Educational Psychology Service
Occupational Therapy
Community Paediatrician
Carers Gloucestershire
GP
Support Groups for Parents
Community Organisations offering activities for children with complex needs
What may happen...

In order to consider support to the parents, the school could contact the Children and Families helpdesk. If deemed a safeguarding concern, this would be passed to the Referral and Assessment team to assess any areas of risk to the child. If the need is longer term support, the case may be transferred to the Disabled Children and Young People’s team to work with the family and other professionals involved to identify the needs and outcomes and plan how best to support Emily and her parents which would work alongside the EHC Plan.

The Disabled Children and Young People’s service could support the family by: finding short break opportunities for Emily; discussing if there are other family members who could support with the care of Emily; accessing support groups for the parents; encouraging either/both parents to access their G.P. if it was felt that their physical or mental health was being affected by their caring responsibilities; making a referral to Carers Gloucestershire for additional support for the parents and acting as the Lead Professional to co-ordinate the package of support.

The School Nursing Service could refer/discuss the concerns with Occupational Therapy, Physiotherapy, Ophthalmology, Speech and Language Therapy, Paediatric Epilepsy Nurse and the Community Paediatrician to get advice and support in relation to the specific health needs outlined. The school nurse would support school and parents through the process and could act as a link between health, education and home.

A Team Around the Child meeting could be arranged to ensure everyone is working together to meet the identified needs. At this meeting other agencies might be identified that haven’t already been involved.

What outcome might be expected...

A joint approach to carrying out a review of the Education, Health and Care Plan would help the family feel listened to and help to ensure that all needs have been identified and understood.

Support from the Disabled Children and Young People’s Service could provide access to short breaks and other support to help the situation at home.

Medical and therapeutic support should help the school feel more able to meet Emily's learning and developmental needs at school.

Accessing support for Emily’s parents could help them feel more able to sustain their caring role and prevent the breakdown of the family unit.

Expected review arrangements...

As the EHC Plan is a statutory document and is usually only reviewed annually, a Team Around the Child meeting could be called after 3 months to ensure the correct support is now in place. The EHC Plan would then be formally reviewed once a year as per statutory regulations. In exceptional circumstances an emergency or interim review of the EHC Plan could be called by the parents, the setting or by the local authority.
Scenario 5 – Sally attending primary school

Brief outline of the scenario...

Sally is 7 years old and attends her local primary school. She lives with her Mum and is an only child. She doesn’t see Dad on a regular basis.

Sally was born prematurely and Mum says the birth was traumatic. Sally spent her first year in the care of her maternal grandmother as Mum found it very hard to take care of Sally while also getting over a traumatic split from Sally’s Dad. Sally didn’t attend pre-school as Mum felt she needed to keep her at home and make up for her first year without her.

Starting school was difficult and Sally found it hard to leave her mum. Sally would cry and get very upset with other children and staff within the classroom. Attendance at school averaged 76% in Year 1 and so far this year, her attendance is 72%. Reasons given for missing school are due to ill-health; coughs, flu, colds, stomach bugs etc. Sally has also had a high number of ear infections. Sally’s Mum says that there are times when she finds it hard to get Sally to come to school so she lets her stay at home instead.

Sally finds the routine of school life difficult at times. In class, Sally can become quite disruptive e.g. calling out, distracting other children and sometimes pinching, hitting or calling other children names.

Sally has communication and interaction difficulties. Sally doesn’t have a wide vocabulary and finds it hard to communicate how she is feeling and what is on her mind.

Sally struggles with most of her lessons and finds writing particularly difficult. Sally’s progress is behind that of her peers in numeracy, reading and writing.

Sally’s Class Teacher thinks that Sally’s hearing may have been affected by the number of ear infections she gets. Sometimes, Sally doesn’t always respond when someone is talking to her and she has also noticed that Sally can get very upset when there is lots of activity and noise around her.

Mum has said that she notices that Sally puts the sound up on the T.V. and doesn’t always respond to her when asked to do something at home.

At playtime, Sally struggles with maintaining friendships and is often found on her own. Sally is most at ease, happy and productive when she is drawing, colouring or making something.

Who could be involved...

Class teacher
SENCO
Pastoral/Family Support Worker within the school setting
Advisory Teaching Service
Educational Psychologist
Speech and Language Therapy Service
School Nurse
G.P.
Hospital Audiology Dept.
What may happen...

School could arrange a Team Around the Child (TAC) meeting to discuss the difficulties that Sally is experiencing. From this TAC it may be decided that a **My Plan** could be written to meet Sally’s needs and work on her areas of strength.

The **My Plan** could identify that the school ask for support from the Advisory Teaching Service or the Educational Psychology service to help identify strategies to support Sally’s learning.

The Family Support Worker in school could support Sally to develop her social skills and help her to make and maintain friendships.

The School Nursing service could provide advice and support around Sally’s physical well-being as well as encouraging Sally’s Mum to take Sally to her G.P. with respect to her ear infections and apparent hearing difficulties. This could result in a referral to the Audiology Department in her local hospital.

Discussion with Sally’s Mum could result in an offer of parenting support from the Family Support Worker within school or through a parenting course to offer her strategies to help her when Sally doesn’t want to come to school etc.

Speech and Language Therapy could provide a programme to help Sally develop her communication skills with activities suggested for both home and school.

What outcome might be expected...

The **My Plan** would set out all the needs and outcomes for Sally and her Mum and ensure that there is a co-ordinated package of support in place for them.

Review of the plan would show whether progress on the outcomes agreed are being met and that everything that was agreed is happening. Progress in this way should help Sally to move on to achieving her next set of outcomes.

If there is no progress in some or all areas of the **My Plan**, it might be because Sally’s needs are more severe and are not fully understood. This may result in the need for a **My Assessment and My Plan+** to be completed to ensure professionals understand all of the issues for the family and ensure the correct support is being offered.

Expected review arrangements...

**My Plan** to be reviewed every 6 weeks as part of a Team Around the Child. Practitioners unable to attend may provide updates via email or phone to the lead practitioner in advance of the meeting.
Scenarios of Early Help and Support

Scenario 6 – George attending primary school and sister Elsie

Brief outline of the scenario...

George is 8 years old. He lives at home with his mum and younger sister, Elsie (3). George's Dad left the family home when George was 4 years old and George does not have any contact with him.

Mum has some mental ill health issues, mainly around social anxiety and rarely comes out of the home. As a result, George is often late for school as he has to get himself up and also walk to school. George does not get to play with his friends outside of school time and he doesn't belong to any clubs or do any activities. George says he spends a lot of time at home looking after his mum (when she has her bad days) and his younger sister. Mum explained that George does not sleep well and that he does tend to go to bed when she does (approx. 11pm). School say that George is tired in class and does not interact well with his peers. He has started to fall behind with his school work.

George has a My Plan in place which is held by the Family Support worker at school. The My Plan is focussed on supporting George with his punctuality, emotional well-being and learning. The Family Support Worker is providing 1:1 sessions to help George make friendships and talk about his role as a young carer at home. The SENCO and Class Teacher have included two learning outcomes regarding writing and numeracy into the My Plan which George is working towards.

The Family Support Worker has a positive relationship with George and his mum and is the Lead Practitioner. George has been offered a place in the breakfast club. With consent from Mum, the Family Support worker has contacted an Early Help Coordinator to see if there is further support available.

Who could be involved...

Extended family
Family Information Service (FIS) – access 3 year old funding
Family Support Worker (FSW) in school
Early Help Coordinator within Families First Plus
Health Visitor
GP
Community Psychiatric Nurse
School
Children’s Centre
Mum
Young Carers
Community Social Worker based within Families First Plus Team
Community resources – volunteers through the local Church
What may happen...

The Family Support Worker as the Lead Practitioner on the My Plan could coordinate a Team Around the Child meeting to review progress and gain more information about the family. The Early Help Coordinator could help to do this, should it be needed. During this meeting, Mum could share that she is struggling with routines at home and that she would like Elsie (3 years) to go to nursery as she is not currently attending any pre-school setting and not accessing the 3 year old funding that she is entitled to.

As a result of this meeting the My Plan may continue with Elsie’s and Mum’s needs being added to it to make it a family My Plan. This would involve contacting Elsie’s Health Visitor to include any outcomes for Elsie within the plan.

Should additional support be required to meet identified needs after the Team Around the Family (TAF) then a Request for Support could be sent to the Early Help Partnership. Following an allocations meeting there could be a number of avenues to pursue to ensure the family receive the support they need.

What outcome might be expected...

During this process, family and friends could be identified to support mum in her care of George and Elsie and assist her in accessing support for herself. Community resources may also be identified that could help.

Family Information Service (FIS) would be able to identify activities that George could attend. FIS could also support with finding a suitable placement for Elsie so that she can access her pre-school education.

The Lead Practitioner could contact Young Carers about the support they could offer George.

The Health Visitor could make regular visits to see Elsie and monitor her progress. The Health Visitor could discuss help and support for Mum’s social anxiety to enable her to feel able to take the children to school and do more with the children out of school. A visit to her G.P. may help her to access support from the Community Psychiatric Team if further support with this was needed.

The Family Support Worker could work with Mum to put routines in place at home that help her and the children to sleep better so they get to school and pre-school on time.

School would continue to provide any additional support in class to ensure George is making his expected progress. School could encourage Mum to enable George to join into after school activities that he is interested in. This would help him to make friends with shared interests.

Young Carers could support George to join into activities out of school where he could meet other young carers.

Following review of the Family My Plan, should it be felt that the outcomes are not being achieved, consideration may be given to undertaking a My Assessment for the family in order to understand more fully the strengths and difficulties of the family. The Early Help Co-ordinator could support with this if necessary.

Expected review arrangements...

Review meeting to take place every three months at least.
Held at the best place for family to meet – could be home, school, meeting room in council building, etc.
Each person has responsibility for their piece of work and by the review would have achieved or be working towards the actions that they agreed to.
Scenarios of Early Help and Support

Scenario 7 - Imran attending primary school and siblings

Brief outline of the scenario...

Imran is 9 years old. He lives at home with his Mum, older sister, Fatima and his younger brother, Jamal. Imran and his siblings have witnessed years of domestic abuse in their household. Imran’s father left the family home 9 months ago after Imran witnessed a very serious incident where his Mum was injured. Imran and his siblings are deemed to be Children in Need under Section 17 of the Children Act 1989 following this incident. At a review of the Child in Need Plan it has been decided that the family’s ongoing needs can be supported within the community with a Lead Professional to coordinate the ongoing support.

Fatima, Imran and Jamal can now only see their father in a supervised contact centre once a week, however their father rarely shows up. Imran in particular finds this very difficult and is often angry afterwards especially when his father has not attended. Imran has begun to hit his siblings and his Mum. Fatima and Jamal have become withdrawn and anxious due to Imran’s aggressive behaviour and their Mum is struggling to manage the children at home.

Imran can also be aggressive towards his peers at school and school have noticed an increase in the amount of incidents that are happening. School are concerned about the impact of Imran’s behaviour on Jamal as Jamal has become withdrawn within the classroom.

Imran and his family are living in poor housing conditions and are now struggling with rent arrears. Imran’s Mum would like to find employment.

Who could be involved...

Gloucester Domestic Abuse Support Service – advice and support regarding domestic abuse

Local Housing Support e.g. Green Square – support with debts and housing

School – Pastoral Support or SENCO along with Advisory Teacher or Educational Psychologist – to support progress in school and build emotional resilience

Early Help Coordinator within Families First Plus – to support Lead Professional if needed

Employment Advisors within Families First Plus – to support with path to employment

Community Social Worker within Families First Plus – to support Lead Professional with any concerns around low level risk management
What may happen...

The Social Worker has called a Child in Need review meeting for this family and will work with the relevant agencies involved and the family to identify who would be best placed to take on the Lead Professional role. If required, an Early Help Coordinator could also be engaged from the local Families First Plus Team to assist with the identification of a Lead Professional and provide support to them with the graduated pathway if needed.

The Social Worker would notify the Early Help Partnership (via the Families First Plus Team) of the identified Lead Professional and closure to Social Care.

The Lead Professional would continue to coordinate the Child in Need Plan and Single Assessment until the next review. At the Team around the Family meeting any ongoing or additional needs identified would be transferred to the My Plan+ with the My Assessment being updated using the Single Assessment completed by Social Care if required.

If additional needs are identified that cannot be met through the Team Around the Family/community resources, a request for service form may be completed and sent to the local Early Help Partnership for consideration at their fortnightly allocation meeting.

If any short term educational needs are identified that cannot be met through the school’s resources then a request to Gloucestershire’s Individual Pupil Resource Allocation (GIPRA) panel for additional funding to support the children’s needs in school could be considered.

What outcome might be expected...

The Lead Professional would work with the Team around the Family to continue to support the family with the needs identified in the Child in Need Plan so that the family and professionals involved would have a clear understanding of who is supporting the family with each identified need.

GDASS could support Imran, his siblings and his Mum to all come to terms with what they have experienced/witnessed and work with them to move forward from this. ISIS Women’s Centre could also support Imran’s Mum with building back up trusted networks.

As Imran and his family are in poor housing conditions with rent arrears, Green Square could become involved to support them to find more suitable accommodation and set up payment plan.

A desired outcome would be that the children all fully understand why their Father has moved out of the property and have come to terms with what they have experienced/witnessed. This could result in Imran becoming less aggressive and anxious in his home and at school, and his sibling feeling safe and emotionally well.

Imran’s Mum, with the correct support, could become more confident and financially stable; this could be achieved by working with an employment advisor to successfully enter into employment.

The children progress in school, enjoy being there and settle down. A parenting course could be offered with an outcome here.

Expected review arrangements...

The Plan could be reviewed in 6 weeks following closure to Social Care to ensure that the support put in place through the Child in Need Plan is progressing and the family are actively engaging with the plan.

The Plan or assessment could then be reviewed 3 monthly through a multi-agency response. Review to be held in an environment in which the family feel safe and confident.

The school reviews progress on a regular basis through TAC meetings.
Scenario 8 – Adar attending special school

Brief outline of the scenario...

Adar (10) is a young person with Autism and associated learning difficulties and severe anxieties. He attends a special school and has an Education, Health and Care plan to support his identified outcomes.

Adar’s behaviour is challenging at home and his sleep is limited, he is doubly incontinent and non verbal. Family find it difficult to support Adar out of school, during weekends, holidays and in community activities due to the support he needs outside of the family home.

School are able to manage Adar’s behaviour that can challenge with consistent routines, boundaries and engaging activities. School report that Adar is tactile, defensive and becomes easily overstimulated by his environment such that his sensory needs could be contributing to his challenging behaviour.

Adar’s parents have told school that they don’t know what to do at home, sleep is limited and they are exhausted and need some support.

Who could be involved...

Advisory Teaching Service
School
School Nursing Service
Occupational Therapist
Families First Plus
Disabled Children and Young People’s Service
Family Information Service & The Key
G.P.

What may happen...

School could provide advice and guidance to parents and use the Local Offer, The Family Information Service or The Key, which can provide advice and guidance on services and resources that may meet Adar’s needs and their needs as parent carers.

School could discuss the strategies in place at school with Adar’s parents to see if these could be used helpfully at home. These could be set out within Adar’s My Plan, which is used alongside his EHC Plan to monitor the shorter term milestones towards meeting the outcomes in his EHC Plan.

Support could be offered by the School Nurse and the option of onwards referrals to continence services and Children and Young People’s Learning Disability Service and Occupational Therapy for a sensory assessment. Adar’s G.P could discuss options that could improve Adar’s sleep pattern.

School could also contact the Families First Plus team, in the child’s local area for advice and support. Families First Plus (FFP) could work with the school to carry out a My Assessment to identify the needs of the child and family.
What may happen... (continued)

Families First Plus (FFP) would work with the local Early Help Partnership to meet the needs of the child through community based support and possible onwards referrals to other professionals. This would be set out in Adar’s **My Plan+**.

Adar would meet the criteria for the Disabled Children and Young People’s service and this service would look for Adar’s needs to be met within his own local community and through the Local Offer.

Adar may also access short breaks. Short breaks provide disabled children and young people with an opportunity to spend time away from their parents or primary carers, relax, have fun with their friends and experience the same range of activities and environments as non-disabled peers.

Adar’s parents would be offered a carers assessment.

What outcome might be expected...

Adar would experience more consistent approaches to support his needs and challenging behaviour in all environments. This would enable him to access more opportunities within his local community which he is unable to do at present.

A sensory assessment might provide important strategies and interventions to help Adar to cope better in different environments. The longer term benefit of all of this would be to enhance Adar’s independence and provide him with greater choice and control over his life.

Adar’s parents would feel more supported and better able to support him out of school and during holidays.

Expected review arrangements...

The **My Plan+** would be reviewed initially 6 weekly, then annually, or sooner if needs changed significantly. It may also include regular (6 weekly) Team Around the Child meetings to pull all agencies together to ensure the best possible outcomes for the child. These reviews would work alongside Adar’s Education, Health and Care Plan by helping to inform Adar’s annual review and ensure he is on track to meet his outcomes.
C**hantelle is 14 years old and lives with her Uncle Chris following the death of her Mum two years ago. Since Chantelle lost her Mum she has been very angry and struggles to regulate her emotions. Chantelle has had 6 sessions of counselling but she felt that this was not beneficial at the time and so stopped attending the sessions. Chantelle has a good relationship with her uncle; however he is finding it difficult to manage her behaviours.

Chantelle has begun to socialise with other young people who are 2-3 years older than her. Chris is very unhappy about these friendships, however the more he challenges this, the less she tells him. Chantelle has been committing low level crimes; e.g. smoking cannabis and petty theft. Chantelle has received a police warning but has not been charged with any offences.

Chantelle’s attendance at school is currently 88%. School staff are concerned about what Chantelle is doing when she is not at school and would like to support Chantelle with her emotional well-being and increase her attendance but Chantelle is not currently wishing to engage with school staff.

Who could be involved...

- Any other identified family/friends
- Winston’s Wish
- Aston Project/Great Expectations
- School
- Parenting Support for Uncle
- Police Community Support Officer (PCSO)
- Youth Support Team

**Scenario 9 – Chantelle attending secondary school**

Brief outline of the scenario...

Chantelle is 14 years old and lives with her Uncle Chris following the death of her Mum two years ago. Since Chantelle lost her Mum she has been very angry and struggles to regulate her emotions. Chantelle has had 6 sessions of counselling but she felt that this was not beneficial at the time and so stopped attending the sessions. Chantelle has a good relationship with her uncle; however he is finding it difficult to manage her behaviours.

Chantelle has begun to socialise with other young people who are 2-3 years older than her. Chris is very unhappy about these friendships, however the more he challenges this, the less she tells him. Chantelle has been committing low level crimes; e.g. smoking cannabis and petty theft. Chantelle has received a police warning but has not been charged with any offences.

Chantelle’s attendance at school is currently 88%. School staff are concerned about what Chantelle is doing when she is not at school and would like to support Chantelle with her emotional well-being and increase her attendance but Chantelle is not currently wishing to engage with school staff.

Who could be involved...

- Any other identified family/friends
- Winston’s Wish
- Aston Project/Great Expectations
- School
- Parenting Support for Uncle
- Police Community Support Officer (PCSO)
- Youth Support Team
What may happen...

A Team Around the Child meeting should be held as multiple needs are presented. This meeting would work together with the family to complete a **My Plan** and identify a Lead Professional to coordinate the support Chantelle and her Uncle.

Through this process, it could be identified that Chantelle could benefit from some support around her Mum’s death (Winston’s Wish) as this appears to be having an impact on her behaviour and vulnerability.

Chantelle may benefit from some support to tackle her low level criminal activity and help her to understand what is right and wrong; this need could possibly be met through the Aston Project (Gloucester/ Cheltenham). In other areas where the Aston Project is not available, the local PCSO or someone from the Youth Support Team could support with this.

It may be appropriate for a Child Sexual Exploitation screening tool to be completed for Chantelle as she is socialising with older young people and has low school attendance.

It may be identified that Uncle Chris could benefit from some parenting support – possibly a parenting course.

What outcome might be expected...

As a result of Chantelle working with someone to understand her emotions around her Mum’s death; her behaviour might improve and she could become less vulnerable.

The Aston Project or similar youth project would provide opportunities to get involved with activities to build self esteem. It would be hoped that this involvement would result in Chantelle feeling more positive about herself and her future.

The PCSO or the Youth Support Team could offer support to Chantelle and Uncle Chris by monitoring Chantelle’s behaviour and working with the family on strategies to help Chantelle to stay safe.

A parenting course could result in Uncle Chris having a better understanding of age appropriate boundaries and routines to put in place for Chantelle. This could result in Chantelle feeling safer and more secure in her home.

With improved understanding of Chantelle’s situation and interventions to address her needs, she may engage better at school and her attendance improve.

Expected review arrangements...

**My Plan** to be reviewed 3 monthly through a multi-agency response. Review to be held in an environment in which the family feel safe and confident. If outcomes are not being met, a **My Assessment** could be completed.
Scenarios of Early Help and Support

**Scenario 10 – Louise attending an alternative provision setting**

**Brief outline of the scenario...**

Louise aged 14 years has a history of low moods, risky behaviours and anger problems. Louise lives with her Mum, step father, brother and step brother. Louise has a good relationship with her step father and describes him as supportive and someone she can always go to. Louise has a difficult relationship with her Mum and they argue frequently with neither prepared to give in during an argument. Louise has no contact with her birth father; she describes him as a violent alcoholic of whom she is afraid.

Louise was very close to her grandmother who died recently; Louise will not talk about this and becomes visibly upset and/or angry when her grandmother is mentioned. Louise is in good health and has no ongoing physical concerns.

Louise’s parents worry about the amount of time she spends out of the home and the levels of anger she displays. Louise’s parents would like her to come home from school each day before going out and to come home by an agreed time each evening but this is not currently happening and Louise will often arrive home later than expected.

Louise has been permanently excluded from school and currently attends an Alternative Provision Setting (APS) due to sustained aggressive behaviours towards pupils and staff. After Louise was excluded, she was enrolled on a pre-16 course at the local college but was excluded after a few months due to disruptive behaviour in lessons and a generally poor attitude towards her teachers. Louise spent a short time out of education before commencing at APS and her attendance is of concern at present.

Louise feels that she is treated differently to her brother, whom she feels her Mum always gives in to or sides with. Louise’s Mum says this is not true and that Louise just erupts into anger at the slightest provocation whereas her brother will accept if he has done something wrong. Louise also argues frequently with her brother who she says winds her up and blames her for everything. She gets on better with her step brother although they tend not to have much to do with each other.

Louise has low self-esteem and finds it very difficult to talk about herself in a positive way; she struggles with any compliment and will often disagree or laugh it off.

Louise currently attends a pre-school setting two days a week as part of a work placement and her career plan is to work with young children. She would like to go to college to study Child Care. Louise is not confident that she will get the grades she needs at GCSE because she has missed so much time at school and she says she finds learning difficult.

The family live in a 2-bedroomed flat which is rented through a Housing Association. Lack of bedrooms means that Louise has a bedroom created by curtaining off the dining room. The family has historic debts which mean they cannot bid for bigger properties until the debt is cleared. Neither parent works; Mum is a full time student and step father is unable to work and claiming DLA. The family have used the Food Bank recently.

**Who could be involved...**

- Alternative Provision Setting
- Family Support Worker within the Families First Plus Team
- Advisory Teaching Service
- Education Performance and Inclusion Team
- Educational Psychology Service
- Housing and debt management support e.g. Green Square, Citizen’s Advice Bureau
- Counselling Service
- Winston’s Wish
**What may happen...**

A **My Assessment** may be completed with Louise and her family so that all areas of her life can be explored and understood. During the completion of this it may be identified that there are emerging needs for other members of the family which would then be added into the assessment making it a family focussed assessment and plan.

The Lead Professional could arrange a Team Around the Family meeting, where all identified needs and desired outcomes could be agreed and actions and resources identified to meet them.

The **My Plan+** could include identifying a designated member of staff within the APS team to meet with Louise regularly and support her both emotionally and with her educational needs. The Advisory Teaching Service or Educational Psychology Service may be involved to provide support for Louise to access her education and build her emotional resilience. There could also be support from the Education Performance and Inclusion Team to support with finding a mainstream school placement.

Support requested via the Early Help Partnership could result in a number of options such as: a voluntary organisation providing a mentor for Louise to help her understand her anger and to find strategies to cope with it; a Family Support Worker could be allocated to provide whole family support which may include working with parents on their aspirations and accessing support to get back into work; routines and boundaries; some counselling sessions when Louise felt ready to access them. The Educational Psychologist may provide therapeutic support through solution focused group or individual sessions. The Advisory Teacher and Educational Psychologist may help with the transition into a mainstream school.

Citizens Advice Bureau and Housing advice could help Louise’s Mum and step father address the debts issue so that the family can look for more appropriate accommodation.

**Expected review arrangements...**

**My Plan+** to be reviewed every 6 weeks as part of a Team Around the Child/Family meeting. Practitioners unable to attend may provide updates via email or phone to the Lead Professional in advance of the meeting.

**What outcome might be expected...**

Louise may feel listened to and that her situation and experiences are understood. Having a mentor in the community or someone at the APS or a FSW who she can meet with regularly to keep her on track with her educational outcomes could boost her self esteem and provide her with the motivation she needs to achieve and make the positive differences she wants in her life.

Louise may achieve well and improve her attendance at the APS. She may report interest and engagement with learning activities.

Louise may feel motived and able to manage a transition into a mainstream school.

Opportunity to talk safely with someone she doesn’t know about her grandmother and the impact of her death would help Louise to get these feelings out and allow her to go through her grieving process.

Wider support to Louise’s family and living situation would further help Louise to feel that people care about her and what happens to her.
Scenario 11 – Milo attending special school

Brief outline of the scenario...

Milo (age 14) is a Child in Care and attends a special school for children with social, emotional and behavioural difficulties and has an Education, Health and Care Plan with a primary area of need identified as social, emotional and mental health (SEMH).

His educational needs are being well met and the school feel well placed to meet his challenging behaviour. However, the school has become increasingly concerned about the pupil.

Concerns have arisen about Milo’s behaviour and his foster parents are struggling to manage. Milo is increasingly out late at night and his attendance at school in reducing from previously 95% to around 45%.

As a consequence academic progress is beginning to slow. He often refuses to get out of bed in the morning. When he is in school they have limited success supporting him to engage with learning and to reflect on his behaviour.

Who could be involved...

Designated Teacher for Children in Care
Social Worker
The Virtual School
Independent Reviewing Team
Education Performance and Inclusion Team
Educational Psychologist
SEND 0-25 years Service
Early Help Partnership

As a first step, the Designated Teacher, Social Worker and Independent Reviewing Officer arrange a Team Around the Child meeting/review.
What may happen...

Prior to the meeting, someone with a good working relationship with Milo (perhaps a Learning Mentor from the Virtual School, the Social Worker, a Tutor from the school or an Advocate) could meet with Milo to discuss what is going on for him, explore the reasons for staying out late and not going to school and check what he wants to be able to do in the future. A Child Sexual Exploitation assessment could be used to assess if Milo is at risk.

The Team Around the Child meeting would discuss the needs that have emerged and with Milo, agree the outcomes that he wants to achieve. This would update the current Personal Education Plan (PEP). If there is progress within the educational placement, the EHC Plan would not need to be updated. If there are difficulties with the placement and the outcomes within the EHC Plan need to be changed, an interim annual review could be arranged by the SEND 0-25 Years Service.

Regular meetings with a Learning Mentor could happen to help Milo improve his attendance get back into his learning. Activities to help Milo divert from staying out late could be put in place.

The Early Help Partnership, Local Offer and Family Information Service could be used to meet identified needs.

What outcome might be expected...

Responding quickly to the change in Milo’s behaviour and having a review of his PEP within the Team Around the Child approach should help to intervene early and help improve his attendance at school.

Working with Milo to understand why he is staying out late may identify different ways that he can be diverted by more positive activities. This might also identify any problems Milo may be experiencing at school or in the community, which could be addressed.

An early response involving the agencies involved would hopefully address the difficulties being experienced in school and at home so that Milo can return to a more stable and safe routine.

Expected review arrangements...

Personal Education Plans and Education, Health & Care Plans have statutory review timescales but a review can be called at any time when a need arises.

This flexibility allows for any changes in circumstances to be addressed promptly and effectively by the Team Around the Child.

This case should be reviewed regularly in between the EHC Plan reviews to ensure everyone is doing what they need to help Milo achieve his outcomes.
The family comprises three children; Ayla aged 15, Coby aged 12 and Kai aged 10 who live with their Dad, who is currently unemployed. The children’s Mum has had mental health issues throughout their lives and they have intermittent contact with her.

Ayla is an A* student with high aspirations for the future, however at present her attendance is very low and her Dad is at risk of receiving a penalty notice. She complains of constant tiredness, anxiety and low mood. Ayla is not involved in any activities and has no social life outside of school due to lack of energy. Ayla’s health issues are having a negative impact on her education, and her attendance is currently 82%.

At present there are no identified needs for Kai, as he is progressing well at school and has a good group of friends he spends time with.

Coby is currently receiving support from the SENCO at school to help improve his reading comprehension and written work. Coby is positively engaged with school life and has a close group of friends who he spends time with.

School are considering a My Plan for Coby and Ayla so that they can support the family as a whole and address the individual needs of each child.

Who could be involved...

• School Pastoral support worker and SENCO
• GP
• Children & Young People’s Service (CYPS) Professional Advice Line
• Inclusion Adviser
• School Nurse
• Counselling service
• Family Information Service (FIS)
• Advisory Teaching Service
• Educational Psychologist
• Early Help Co-ordinator based in Families First Plus Team
• Community Social Worker based in the Families First Plus Team
• Employment Advisor based in the Families First Plus Team
What may happen...

G.P. may make further investigations and referrals in regards to any underlying health condition that may be causing Ayla’s tiredness.

School to arrange a Team around the Family (TAF) meeting to include all relevant family members and professionals. Early Help Coordinator to support TAF process and professionals if required.

CYPS may attend TAF in an advisory role.

Seek support from the Advisory Teaching Service for Coby’s learning needs and the Educational Psychologist for Ayla’s possible emotional needs or mental health needs.

School may provide a Pastoral Support mentor to meet regularly with Ayla.

An Inclusion Adviser may be approached to offer advice and guidance around attendance issues so that Ayla’s attendance improves.

If any safeguarding concerns are raised, advice can be sought through a Community Social Worker in the Families First Plus Team.

If additional needs are identified that require a wider multi-agency response, a request for support from the Early Help Partnership may be considered.

Employment Advisor may be contacted should the children’s father want support to return to work.

What outcome might be expected...

It may be that following the TAF meeting, a My Plan is completed for Ayla and Coby if it is felt that the needs are clear. If at this stage needs are highlighted for Kai then these could also be included in the family focussed My Plan. If following the TAF needs are not clear then it may be that this family need a My Assessment in order to write an appropriate My Plan+ to address their needs.

Upon advice from the G.P., CYPS or Educational Psychologist further exploration would be needed as to whether the issues Ayla is facing are due to an organic condition or mental health or a combination of both.

School may offer a reduced or modified timetable with additional support to enable Ayla to keep on top of school and homework.

Educational Psychologist may provide therapeutic support or coaching for Ayla for an agreed period of time.

The long term outcome would hopefully be that the Ayla’s attendance improves, that she attains the qualifications that she is capable of achieving, and that she engages with social activities and has a friendship network around her. For Coby the long term outcomes would be around his educational needs and supporting him to achieve the best he can as well as helping him maintain his social relationships.

Dad may feel able to access employment.

Expected review arrangements...

Regular 3 monthly reviews to feedback on progress made and to ensure that outcomes are being met for the family. The review could be brought forward if at any time there are concerns about outcomes being met or engagement with the plan.
Scenario 13 – Lola attending college and thinking about doing a Supported Internship

Brief outline of the scenario...

Lola is 18 years and moving towards the end of her College course.

Prior to this, Lola has been in a local authority special school for young people with moderate learning difficulties and has had some history of periods of challenging behaviour.

Lola transitioned to a post-16 college with an EHC Plan.

Lola joined a Foundation Level learning cohort and was progressing educationally although there were still some periods of challenging behaviour that increased in frequency.

Her Mum has never felt very confident at putting down boundaries and consequences at home and Lola’s behaviour at home can be very challenging.

Lola has said that she is bored and has nothing to do.

As Lola approaches the end of her college course, there is a meeting to review her EHC Plan and look at Lola’s options moving forward.

During this meeting, Lola says she wants a job and to earn money. College discuss the option of a supported internship.

Who could be involved...

College
SEND Casework Team
Adult Services
The Enablement Services
Behaviour Support
Forwards Gloucestershire
What may happen...

College may offer Lola the option of starting a Supported Internship. A supported internship would enable Lola to gain work experience in an employment setting, whilst also receiving the support of trained Job Coach who will ensure that she receives the training she requires to be successful in her role. Alongside her three days with an employer, Lola would also continue to attend college for one day a week where she would continue to work with her peer group, and develop her English and Maths skills.

If this option was of interest to Lola, College and the SEND Casework Team would put her forward as a candidate for the Supported Internship. Lola would then be considered by the Quality Assurance panel who would make the decision as to whether Lola is suited to the course. If so, she would be offered a place on an internship through her college.

A request for service could be made to the Enablement Service to help Lola build her independence skills.

The Enablement Service might suggest that some specialist behavioural work is done with Lola in order to help her manage her behaviour at home and to work with Lola’s mum to help establish boundaries at home.

The specific work that Enablement might help with could be travel training the bus journey from home to the town centre, helping her make links with peer groups and social activities, and developing her money management skills on the bus and buying food in town. This could enable Lola to feel less frustrated and more able to join into community activities.

What outcome might be expected...

If she was successful in being accepted onto a Supported Internship, Lola would complete nine months in a supported employment setting, gaining valuable work experience and developing her skills. Towards the end of the internship, Lola’s job coach would help her to apply for paid roles, either within the company she’s been working in, or in a similar position elsewhere. By the end of the summer Lola would ideally have paid employment in a role she is confident in.

Building Lola’s independence skills would help to make Lola feel more in control of her life and also support her in gaining paid employment.

Expected review arrangements...

EHCP is reviewed annually.

Ad hoc reviews of a young person / young adult’s support plan (My Plan) can happen at any time in order to review progress and ensure appropriate support is in place.
Scenario 14 – Emma attending Post-16 college

Brief outline of the scenario...

Emma is a 19 year old young woman in her final year of a Skills for Work programme. She enjoys learning and being with people. She would like to work in the hotel or restaurant industry. Emma has Down’s syndrome and accesses college with the support of a learning support assistant who she has a good relationship with. This is funded through an EHC Plan. Emma lives with her mum and older sister who is 20 years and living away at university. Emma is very close to her sister, Jane, and misses her terribly.

Emma is doing well at college and is expected to achieve her level 1 in Food Preparation and Food Hygiene, however her attendance has dropped over the last term and college are concerned. Emma’s Mum has told college that Emma has been diagnosed with depression by her G.P. Emma’s Mum is struggling to cope with her behaviour at home. Mum says that Emma will shout at her until she is left alone to do what she wants, which is to stay in bed. Mum is worried that she is putting on weight which affects her mobility.

At college, Emma has made some friends with whom she spends time during the college day. Transport home at the end of the day limits her ability to get more involved with college life and developing her social life.

Emma likes swimming, singing and drama but she hasn’t had a lot of opportunity to do these activities recently due to her depression.

Emma’s Mum would like Emma to have opportunities to slowly prepare towards more independent/supported living as she worries about how Emma will manage to be more independent in the future.

Who could be involved...

G.P. and Practice Nurse (monitor weight and exercise programme)
FE College and Learning Support Assistant – support in college
SEN Casework Team
Enablement Team
Community Learning Disability Team – support with emotional wellbeing and behaviour
Advisory Teaching Service
Community and Voluntary groups offering social activities and opportunities
What may happen...

College could arrange a meeting with Emma to discuss her attendance and any support needs she may have. Emma could be supported to lead this meeting and decide who should attend it. As Emma has an Education, Health and Care Plan (EHC Plan), this could be reviewed to include the new needs, or a My Plan could be coordinated to set out the needs and outcomes to be achieved in the shorter term which could be fed into her next EHC Plan annual review.

Emma may receive support from her G.P. and from a practitioner from the Community Learning Disability team. This support could help Emma to get back to a regular routine and provide support to Emma’s Mum to be able to deal with difficult behaviours in positive ways.

The G.P.’s Practice Nurse could meet with Emma to agree a healthy diet and exercise schedule. The School Nursing Service may be able to help also.

College and the Enablement Team could help Emma to become an independent traveller which would allow Emma more freedom to do things outside college time.

Mum could help Emma be more independent at home as part of preparation towards living more independently in the future.

Advisory Teaching Service can help with general advice with regard to learning and signposting to social community groups. The Key and FIS may be suggested as sources of information.

What outcome might be expected...

Emma may start to feel more in control of what happens and this would help her to feel more positive about her life as everyone is working together to help her meet her outcomes in her EHC Plan or My Plan.

Attendance at college might return to previous good levels and Emma would be on track again to gain her qualification.

Emma might be catching a bus from home and able to travel to college and town independently. She might be joining into more activities outside of college and have more friends to spend time with which would make her happy.

Emma may have found a short term work placement at a local restaurant or café which might help her to get a paid job when she finishes college.

Emma and her Mum might be getting along much better and feel that they have moved into a more adult relationship.

Expected review arrangements...

My Plan should be reviewed every 3 months as part of a Team Around the Child meeting. Practitioners unable to attend may provide updates via email or phone to the lead practitioner in advance of the meeting.

Annual review of EHC Plan as arranged by the College.