



## Agenda/Actions: Early Help and Family Support Panel

Area Panel	Date	Time
Venue	Chair	EHO

All notes should be specific and individualised to support better conversations with families following the Early Help & Family Support Panel.  
Clearly confirm the rationale behind the decisions and how this links to the individual's/family's strengths and outcomes.

**Panel members must bear in mind that these notes could be requested by a member of the family.**

Agenda Item	Detail				
<b>Attendance:</b>	<b>Name</b>		<b>Agency</b>		
<b>Apologies:</b>	<b>Name</b>		<b>Agency</b>		
<b>1.</b>	<b>Family Discussions:</b>				
	<b>Family</b>	<b>Name</b>	<b>DOB</b>	<b>Address</b>	<b>Time</b>
<b>Presented by:</b>	<b>Name</b>		<b>Agency</b>		<b>Contact details</b>
<b>Referral details</b>	<b>Embed only the referral paperwork below:</b>				
<b>Additional information from discussion – not on referral</b>					
<b>Services declined</b>			<b>Reason</b>		

<b>For whom</b>	<b>Action</b>				
<b>2.</b>	<b>Family Discussions:</b>				
	<b>Family</b>	<b>Name</b>	<b>DOB</b>	<b>Address</b>	<b>Time</b>
<b>Presented by:</b>	<b>Name</b>		<b>Agency</b>		<b>Contact details</b>
<b>Referral details</b>	<b>Embed only the referral paperwork below:</b>				
<b>Additional information from discussion – not on referral</b>					
<b>Services declined</b>			<b>Reason</b>		
<b>For whom</b>	<b>Action</b>				
<b>3.</b>	<b>Family Discussions:</b>				
	<b>Family</b>	<b>Name</b>	<b>DOB</b>	<b>Address</b>	<b>Time</b>
<b>Presented by:</b>	<b>Name</b>		<b>Agency</b>		<b>Contact details</b>
<b>Referral details</b>	<b>Embed only the referral paperwork below:</b>				
<b>Additional information from discussion – not on referral</b>					
<b>Services declined</b>			<b>Reason</b>		
<b>For whom</b>	<b>Action</b>				
<b>4.</b>	<b>Family Discussions:</b>				

	<b>Family</b>	<b>Name</b>	<b>DOB</b>	<b>Address</b>	<b>Time</b>
<b>Presented by:</b>	<b>Name</b>		<b>Agency</b>		<b>Contact details</b>
<b>Referral details</b>	<b>Embed only the referral paperwork below:</b>				
<b>Additional information from discussion – not on referral</b>					
<b>Services declined</b>			<b>Reason</b>		
<b>For whom</b>	<b>Action</b>				

5.	<b>Family Reviews:</b>				
	<b>Family</b>	<b>Name</b>	<b>DOB</b>	<b>Address</b>	<b>Time</b>
	<b>For whom</b>	<b>Action</b>			
6.	<b>Business i.e., review of TOR, identification of gaps, trends (to be recorded)</b>				
7.	<b>Good News:</b>				
8.	<b>AOB:</b>				
9.	<b>Date of next Meeting:</b>				
10.	<b>Documentation for use during the meeting:</b> <a href="#">Understanding Level of Need and the Practice Response (cumbria.gov.uk)</a> <b>Other supporting documents:</b> <a href="#">(b) Early Help and Family Support Panel - Leaflet</a> <a href="#">(c) Early Help and Family Support Panel - Flowchart</a> <a href="#">Practitioners Guide to Cumbria Early Help &amp; Family Support Panels</a>				