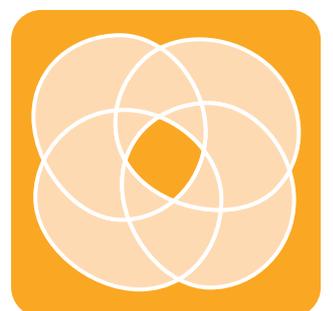


Early Support

Helping every child succeed

How to use the Family file



About this publication

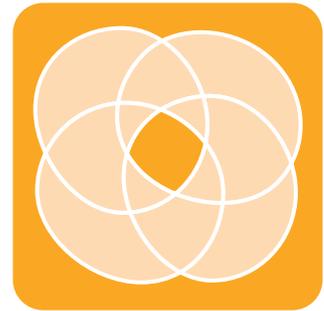
This booklet explains how to use the [Early Support Family file](#). The file is here to help you share information and co-ordinate activity – this will be important if you're in contact with a lot of different people because your child needs more help and support than other children of the same age.

The file was first published in 2004 and is now in general use. This revised edition incorporates suggestions for improvements received from families and practitioners who have used the file during the last few years.

The Family file can be used separately, or in combination with other [Early Support](#) publications.

Where a word or phrase appears in colour, [like this](#), it means that it is a technical term that is explained in the text around it.

To find out more about [Early Support](#) and to obtain copies of other Early Support materials, visit www.dcsf.gov.uk/everychildmatters/earllysupport



Contents

Introduction	1
Getting help to use the file	3
The Family file and key workers	3
The Personal Child Health Record and the Family file	4
The Common Assessment Framework and the Family file	4
Using different sections of the Family file	7
Introducing ourselves	7
Professional contacts	9
Questions to ask	10
Childminder/nursery/playgroup/children's centre/school	11
Family service plan	11
A divider to use for assessments etc.	14
A divider to use for local information	14
Using the file in different circumstances	15
Updating material and getting more sheets	16
Examples of sheets from the Family file	17

Introduction

This booklet is best used when you have the **Family file** in front of you and can look at the various sections of the file as they are mentioned.

Early Support provides a set of materials that can be used by you and by practitioners such as your **key worker**, if you have one. The things that a key worker does are explained in the next section. The materials have all been developed after close consultation with those in the know – families like you and practitioners working in both the statutory and voluntary sectors.

The materials include, amongst other things, a **Family File**. This is a family-held document, which brings together all relevant information about a child's needs and services supporting the family.

The **Family file** is for families with young children who need help and support. You carry it around with you as you attend appointments and meetings in different places as your child's situation and development is being discussed. It can also help you tell health practitioners, childminders or staff working in playgroups and early years settings about your child.

The file has been developed with children under five in mind, but there's no reason why it can't be used with older children. Fundamental good practice should involve applying the principles of partnership working with children, families and multiagency colleagues regardless of the child's age. The Family file concentrates on working together and finding positive ways forward. It contains a standard set of materials that can be used flexibly, in many different situations.

The file is designed to inform professionals about the support needs you and your child have and to keep any current paperwork about your child together in one place. You might want to ask somebody who is working with you to explain how the file is used and to go through this booklet with you.

The **Family file** is intended to help stop you having to repeat your story to every new person you meet. It can also help practitioners find a starting point in their work with you. It supports you through change and provides you with a way to keep a complete list of up-to-date contacts, helping you pass on accurate information to other people and giving practitioners a snapshot of all of those working with you and your child.

The **Family service plan**, which is included in the **Family file**, helps everyone working with you to review how things are going and to agree joint, shared priorities, keeping you and your child at the heart of decision-making and preventing practitioners from working in isolation.



The **Family file**:

- improves communication and helps professionals working with your child to work in partnership with you
- improves co-ordination when you're in contact with lots of different people working for a number of different services
- helps you give the right sort of information about your family and child to people who are working with you
- keeps everyone up to date with what's been happening
- encourages joint planning - particularly when lots of different people are involved.

In some parts of England, families have key workers. The **Family file** also helps **key workers** keep everyone who is involved with your child up to date on developments and to co-ordinate discussion and planning.

The **Family file** is useful if:

- you're meeting lots of different people because of concern about your child's health or development
- you already know that your child has a particular condition, disability or difficulty, but you're still finding out about how best to use any help or support that's available
- you're receiving help, but sometimes it's difficult for everyone involved to agree what needs to happen next
- you could do with some help co-ordinating everything that's going on.

The file provides a simple set of paper sheets to help with some of these things and you can use it in whatever way you find most helpful. Some people like to use all the sections, some find some sections more useful than others and some families find different bits of the file useful at different stages of their child's development, because the services they use change as time goes by. However you choose to use the file, the idea is to keep you at the centre of discussion and decision-making about your child.

If you don't want to use the file, that's fine, but keep it somewhere safe so that you can find it again later if you want to - it sometimes takes a bit of time to work out whether it can help you and if so, how.

Getting help to use the file

If there's someone you see regularly who helps you co-ordinate what's going on, ask them to help you use the file. This could be a health visitor, a member of the team at your local Child Development Centre or Children's centre, a physiotherapist, a teacher who visits you regularly at home, or a Portage worker. If you have a key worker or link worker, ask them to introduce the file to you and explain how you might use it together.

The Family file and key workers

Removing the burden from families of a large number of contacts in different services is one of the main advantages of [Early Support](#). Key workers are central to this, providing a single point of contact for families and practitioners alike.

The main things a key worker does, from an Early Support point of view, are:-

- Work across agencies to coordinate services, to improve the care and support that disabled children and their families receive
- Help families to access and understand accurate and reliable information that is provided when the family wants it
- Support the whole family to identify their strengths and their needs and to work out the ways those needs could be met
- Provide emotional and practical support within a supportive relationship, conducted in the spirit of partnership.

Key workers who work with families of very young disabled children are likely to use the [Early Support](#) materials and are likely to have undertaken some [Early Support](#) training.

There is more than one type of key worker:-

- Some key workers' only job is to key work with a number of families – these are sometimes called designated or dedicated key workers.
- Other key workers have a main job that is not key working – they might be education workers, health workers, social care workers or workers for voluntary sector organisations. These are sometimes called non-designated or non-dedicated key workers. Like designated key workers, they provide a single point of contact, emotional support and coordination of services for one or two families, but will do other things for other families they are working with.

Key workers will work with you, using whatever materials you find most useful. Therefore, they could support you to use the Early Support [Family file](#) if you choose to do so.



The Personal Child Health Record and the Family file

You may already have a copy of the **Personal Child Health Record** (sometimes referred to as the 'Red book' or the 'Yellow book') and may be using it. The **Personal Child Health Record (PCHR)** is intended to improve and support communication between parents/carers and health professionals. It is a record of a child's growth, development and use of health services. For example, your health visitor might have put your child's weights and immunisation records in there. The **PCHR** is the main health record for a child that is produced and completed in partnership with parents.

The **Family file** does not take the place of the **PCHR** – in fact, the **PCHR** can hold valuable information that is not put into the **Family file** as a matter of course. For example, it is unlikely that you will record your child's weight or immunisation record in the **Family file** but you would have this information available in the **PCHR**.

The **Family file** is likely to have more detailed information about the child and family than the **PCHR**, but they are complementary documents and it would be useful for you to keep them together in the same place. In fact, there is a pocket at the front of the **Family file** for you to put your **PCHR**.

The Common Assessment Framework and the Family file

The Common Assessment Framework (CAF) is a process used by professionals working with babies, children, young people and their families when assessing need.

CAF and **Early Support** are part of the same aim: to ensure that children and families receive family-focused services, where everyone working with the child and family work together seamlessly and communicate effectively. Therefore, CAF and **Early Support**, especially the information in the **Early Support Family file**, should be seen as being mutually supportive.

The table below shows the key aims of both the Early Support family file and CAF.

The family file aims to:	The CAF aims to:
<ul style="list-style-type: none"> • Keep the needs of the child central at all times. 	<ul style="list-style-type: none"> • Support earlier intervention.
<ul style="list-style-type: none"> • Improve communication between professionals and families. • Make sure parents receive some basic information that may help them support their child. 	<ul style="list-style-type: none"> • Improve joint working and communication
<ul style="list-style-type: none"> • Improve coordination between professionals and families. • Introduce a standard set of materials across the country so that families in different places receive the same sort of support. 	<ul style="list-style-type: none"> • Improve coordination and consistency.
<ul style="list-style-type: none"> • Be flexible, so parents can use it in the way that helps them and their family best. 	<ul style="list-style-type: none"> • Indicate whether further specialist assessment and support might be necessary. • Provide better, more evidence-based referrals.
<ul style="list-style-type: none"> • Make sure that relevant information is available when it is needed, so that families don't have to say the same thing over and over again to different people. 	<ul style="list-style-type: none"> • Enable a picture to be built up over time and, with appropriate consent, shared among professionals.

It is clear that both the CAF and the [Early Support Family file](#):

- Facilitate better exchange of information about a child and family
- Support better coordination of services where more than one agency is involved
- Advocate a child-centred approach to assessment and intervention.

“The relationship between the CAF and the Early Support programme will...be flexible and interactive, developing in different ways in different circumstances”
(Common Assessment Framework for children and young people: A guide for managers)



If one of the people working with you mention a common assessment, it might be worth you knowing the information that follows in the boxes below.

The CAF process can be seen as an important starting point for Early Support. The CAF may feed in to the Early Support Family file. For example:

- If antenatal tests identify a possible issue, a common assessment may be undertaken prior to birth, enabling services to be put in place quicker.
- Once the child is born, and the services required to support that child are in place, the information contained in the common assessment could be placed in the divider intended for Assessments, reports and letters in the Family file.
- In addition, the information gathered during common assessment and recorded on the CAF form could be used to inform discussions about the Early Support family service plan.

Equally, the Early Support Family file may feed into CAF. It is important for those working with families with young disabled children to recognise that where a child's known additional support needs are already being met, CAF may not be needed. For example:-

- A child with multiple needs is discharged from hospital with a range of known specialist support needs in the first weeks or months of life.
- A coordinated approach using the Early Support family service plan results in a range of additional services being provided.
- However, at a future date a CAF may be helpful to clarify and address additional issues, such as housing and equipment needs associated with caring for the child at home.
- At this stage, important information from the Early Support Family file about the child and family informs the CAF.

It is important to note that a CAF is never intended to replace specialist assessments.

Using different sections of the Family file

The file has a number of different sections which are explained here.

Introducing ourselves

A place to write down anything you'd like someone meeting your child and family for the first time to know so, you don't have to keep repeating yourself.

This is used by families in many different situations. It can be helpful when:

- you attend appointments at your local hospital or clinic
- someone new starts working with your child
- you need to make sure that other people who are looking after your child have all the information they need - for example, if you use a childminder.

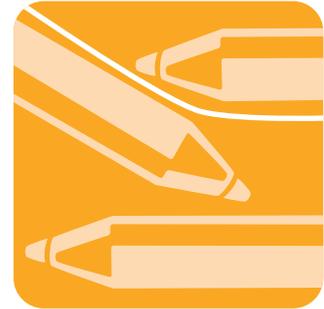
As children get older, this section can also be used to introduce your child to staff at playgroups, nurseries, children's centres and schools. It provides an easy way to open up discussion about what kind of extra help and support your child might need to participate, learn and be safe.

Because information changes over time, it's a good idea to date the sheets in this section. There are a number of different sheets in this section and though you may want to write this section yourself, if you'd like some help, ask the people who are working with you - they can explain what sorts of thing it might be helpful to include. If you'd find it easier to just talk about what you want to say, with someone else doing the writing, that's fine.

Brothers and sisters often enjoy helping to put this section together and the page can be livened up with pictures and photographs, if you like. You can also add more sheets if you want.

Write as much or as little as you like. Some of the things other people have found it useful to include are:

- the names of important people in your child's life - the people who may come to appointments or be around when people call at home
- what you have agreed should happen in an emergency - who should be contacted, what are their contact details, what procedures should be used



- information about your family that you would like other people to be aware of - for example, that you speak a language other than English at home or that there's an elderly relative living in the house who also needs care
- other things that are going on in your life that make it difficult for you to attend appointments at particular times
- the easiest way to make contact if someone needs to get hold of you quickly
- key information about your child, how they communicate and what they like and don't like
- background information about your child's history, what is known about their condition and any important facts about medication, equipment or allergies.

You can write anything about your child's history that you'd like people to know. You might need more space - particularly if you want to include more about your child's medical history or about current medical treatment. Add more sheets if you need to.

Families in different situations use this whole section in very different ways. For some children, the **Medical and Health Needs**, the **Therapy and play activities** and the **Equipment** sections are really important, but other families don't use these pages at all, because they're less relevant for their child.

If you use the **Therapy and play activities** section you might want to separate the different therapies your child is undergoing. You could put a box around each different therapy or perhaps use different colours for the different therapies - it is up to you.

If your child uses **Equipment**, one of the things you might consider is taking a photograph of them using that equipment to show the most appropriate and effective way to use it. For example, how should your child be sat? If there's a tray, how high should the tray be?

The **Travel checklist** is very useful to some families - particularly those whose children need a number of things with them every time they go out or go away on holiday. It can also be useful to provide this section to childcare settings so that they know what they need to take with them if they are planning to take your child out. It helps you to make sure that you and/or others don't forget things when you go out!

The sections about how your child likes to **communicate** and shows how they're **feeling** can be very useful for childcare settings and for those who are working closely with your child. For example, you might want to say that your child shows they are happy by kicking their feet or that they show they are unhappy by closing their eyes. It gives you the opportunity to help others communicate with your child better and helps to improve understanding of what your child is trying to communicate.

Some children need a lot of medical care and are in and out of hospital a lot. If you're in this situation, you might like to photocopy **Introducing ourselves** so that you can give a copy to the nurses and doctors who are caring for your child. Some people prefer to put together a single sheet summarising key information about medication, allergies and about how their child communicates, to give to any hospital staff who have not met their child before.

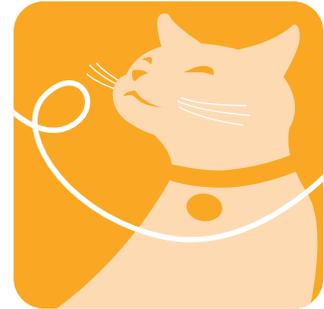
There's an example of some pages from **Introducing ourselves**, filled in for a child, at the back of this booklet.

Professional contacts

This section is to help you keep track of the people you meet – it is a place to keep track of the names and contact details of people you meet and the meetings and appointments you go to.

Ask everyone you meet for the first time to 'sign in' on the **List of people working with us**. It builds up into a list of all the people you have consulted about your child, with their contact details – including that of your key worker, if you have one.

This is helpful if you need to go back to check up on something you didn't understand or when someone else asks you who you saw at an appointment and what happened. Sometimes professionals meeting your child for the first time ask to have a look at this sheet to get a quick idea of what has already happened, who you have already met and what might already have been discussed.



As things settle down and a pattern of support begins to fall into place, the **Meetings and appointments** sheets helps you keep track of:

- meetings and appointments arranged about your child
- visits to clinics for therapy or treatment sessions
- visits from health visitors, therapists, teachers or Portage workers
- appointments where additional tests or assessments are carried out
- questions you want to ask at appointments and meetings
- outcomes of the meetings you have
- actions that need to be followed up .

Sometimes professionals meeting you for the first time also find it helpful to have a look at this sheet, to get an idea of who's already in contact with your family and whether the number of appointments involved is manageable.

Ask the people working with you for new sheets when it's time to update this section, or download them from www.dcsf.gov.uk/everychildmatters/earlysupport

Questions to ask

This section is simply somewhere to write down anything you want to ask - either ahead of an appointment or when you think of it later, so that you don't forget to ask next time you have the opportunity. You might want to give a copy of the questions to your consultant or other professional you are meeting – it can help them too if they have a record of the things you want to know.

Childminder/nursery/playgroup/ children's centre/school

A place to write down anything you want someone to know at the childminder's, nursery, playgroup, children's centre and/or school and for you to write down the questions you want to ask and the information you need. It also provides space for you to write about the changes your child and family are going through and the things that would help you to manage those changes.

The section **We would like the following from childminder/nursery/playgroup/children's centre/school** gives you the chance to inform your childminder, nursery workers, playgroup workers, children's centre practitioners and/or school staff about the things that are important to you and why they are important.

There is also the opportunity to list the questions you would like to ask and to set out what your child likes and finds difficult about the childminder, nursery, playgroup, children's centre and/or school.

The section about **changes and transitions** could be used in whichever way you wish, but parents have used it to inform those working with their child, particularly in childcare settings, about the things that are affecting the child and family because of changes and transitions that are taking place. You might want to include elements of this section in the **Introducing ourselves** section at the beginning of the **Family file**.

Family service plan

This has templates to help you discuss priorities and agree what will happen next with the people in contact with your family or working with your child. **Family service plans** encourage discussion and joint planning. They can be updated as time goes by and you get to know your child and the things they require better.

If your child is receiving help or therapy from many different people, making a **Family service plan** together provides an occasion for everyone involved to discuss and agree with you what will happen next.

This section of the file contains a simple set of pages to record discussions and decisions about services and support that will be provided over the next few months, so that everyone knows what's happening. As with other **Early Support** publications, the talk that goes on as you fill out the sheets together is more important than exactly what you write or exactly how the plan is completed.



Making a **Family service plan** usually involves a special meeting that provides an opportunity to:

- review how things are going
- think again about your child's needs and whether they have changed
- discuss the services you are already using or that might be provided - including any problems you're experiencing with the way that support is being given
- reassess priorities and identify next steps
- ensure everyone working with your child understands what you think is most important and knows what support is currently being provided.

You could ask the people working with you to explain how other families have used this section. There's an example of part of a **Family service plan** filled in for a child, at the back of the booklet.

A **Family service plan** helps to co-ordinate discussion and service provision. It is **not** a formal, statutory agreement and does **not** bring a guarantee that services will be provided or an entitlement to certain services. Some services may not be available in your area and you might need to talk to those working with you to identify what is available in your area for your child and family.

The sections **Where we are now**, **Our priorities are now** and **We would like help and support with the following**, give you an opportunity to say clearly what you think the most important things are to concentrate on at the moment. You could discuss these with your key worker or another practitioner with whom you work closely before you take part in a multiagency meeting.

It may be useful to ask your key worker or another practitioner to ensure that information from some of the other sections, such as the **Questions to ask** and **Meetings and appointments** sections are included in **Family service plan** and as discussion areas in the multiagency meeting.

All the other pages of the **Family service plan** should be written with other people who are discussing your child - families often prefer one of the professionals taking part in the discussion to do the writing.

The chart with **Agreed priorities and next steps** and **Actions** is filled in when you have talked about how things are going and have agreed what to do next. It sets out a joint plan of action for the next few months until the next time you discuss it. You write down what you've agreed to do next, any particular actions that will be taken as a result of making the plan and (where appropriate) who has agreed to do what and when they have agreed to do it by.

Write down the things that everyone agrees should be done next in the **Agreed priorities or next steps** column. Sometimes this involves different professionals working with your child agreeing a limited number of shared targets or objectives (rather than having a lot of different targets that have been identified by different therapists or teachers). Shared targets are sometimes called 'integrated goals'.

Actions relate to the priorities or targets you have agreed. They might be to:

- arrange another assessment or clinical test to find out something about your child's situation that is not yet known
- set up a meeting or appointment for you to talk with someone you have not consulted before
- try out a different pattern of visits and support
- put you in contact with other families in your area who are in a similar situation
- sort out something that everyone is confused about.

The **By who?** and **By when?** columns make sure that everyone knows who has agreed to do things and by when they have agreed to do them.

The final page encourages you to note down anything you talked about and don't want to forget but that isn't written on the plan. If you'd like to keep a more detailed record of the meeting where your **Family service plan** was discussed, you might want to add some sheets here.

Family service plans need to be updated as time goes by because:

- family circumstances change
- children change
- understanding of what helps your child changes over time
- children need different things at different stages of development.

Ask the people working with you for new sheets when it's time to write a new plan, or download them from www.dcsf.gov.uk/everychildmatters/earllysupport



A divider to use for assessments etc.

A place to keep any current papers, reports and assessments. This could include a Common Assessment (see section on The Common Assessment Framework and Early Support above) as well as an initial or core assessment from the Local Authority. You might put an educational assessment in this section too. It could also include other information about how your child is doing that you want to take with you to appointments. Examples might be:

- results of blood tests or any other clinical assessments and procedures that have been carried out
- results of any recent assessments - for example, of hearing or sight
- copies of current reports written about your child by an educational psychologist, a speech and language therapist or physiotherapist
- letters about services or equipment that your family receives or has asked for.

Families who are using an [Early Support Developmental journal](#) or [Monitoring protocol](#) to track their child's progress, sometimes like to insert the pages they're currently using into their [Family file](#) here so they can carry them around easily.

A divider to use for local information

A place to keep information about services for families and children in your area. You can get some of this information from those working with you, from other parents and carers, from anyone you know who has information that you think could help, or from your local Family information service (FIS). To find out about your local FIS look at the following website - www.familyinformationservices.org.uk .

Using the file in different circumstances

Some parts of the **Family file** may be more useful to your family than others and different sections may be more useful at some times than others.

The **Professional contacts** section is really helpful when you're meeting lots of new people - for example during the initial phase of assessment and finding out about your child, which can be very confusing. **Introducing ourselves** can also be useful at this stage, but you may need it less when things have settled down and there are fewer new faces around.

The **Family service plan** is most useful when you have already established a few key relationships with services and people. You may find that it's less helpful when nothing much needs to change - but then find you can use it later to discuss what's going to happen next with staff in the nursery or playgroup your child attends.

If your family moves house to another area, things may change again -everything in the **Family file** will help you introduce your child to services in a new place and you may find it particularly useful at this time. In particular the **Childminder/nursery/playgroup/children's centre/school** section might be useful in times of change and if your child is starting in a new setting.

The file can be used with families who do not speak English, mediated by an interpreter or community-based link worker who shares the language and culture of the home. The **Family service plan** still provides a useful framework to guide discussion about what will happen next, but entries may need to be written in the home language as well as in English, so that both the family and English-speaking professionals can refer to it.



Updating material and getting more sheets

Information about young children quickly goes out of date. That's why so many of the pages in the [Family file](#) ask you to put a date on them.

The people who work regularly with you and your child should be able to provide you with fresh sheets when you need to update material or you will be able to download new sheets for yourself from www.dcsf.gov.uk/everychildmatters/earllysupport

If you would like to type the information you put in your [Family file](#), templates for the different sections will also be available as downloadable Word files on the website.

Examples of sheets from the Family file

The three examples of sheets from the Family file that have been used are:

Introducing ourselves

Meetings and appointments

Family service plan

They are from the files of three different children, living in different places.

Add any photos or other information that you would like to this section.

Sheets can be downloaded from www.dcsf.gov.uk/everychildmatters/earllysupport

Introducing ourselves



Mum, Dad, brother Lewis and sister Ellie



Evie's foot



Our dog Fred

Child's full name: *Evelyn Evans*

Name our child likes to be called: *Evie*

Date of birth: *20th May 2008*

NHS and/or NI number and hospital number (where relevant): *LL123LL123*

085 222222

Family contact address: *1 New Town Street,*

New Town,

Newtownshire NT1 1NT

Parent or carer names: *Edwin and Beverley Evans*

Telephone: *123456*

Mobile: *07123456*

Email: *theevans@ourhouse.here*

Need more sheets? Add as many as you want

Meetings and appointments

Person/people we are meeting:	<i>Mrs Monroe (optometrist)</i>
Date of meeting:	<i>26/9/09</i>
Why we are meeting:	<i>For Jake to be tested. Worried that he has a slight squint developing</i>
Things we want to ask/ information we need:	<i>Are Jake's eyes ok - can he see properly? Is this is sign of anything else that might be a problem? How often should he have his eyes tested? Is there anything we can do to help?</i>

Follow up actions

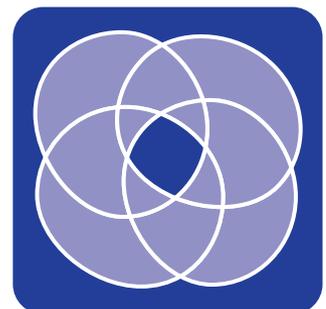
Action	By when	By whom
<i>Nothing. Mrs Monroe said Jake's fine and there's nothing to worry about. But she will check his eyes again next year.</i>	<i>2010</i>	<i>Mrs Monroe</i>

People we have met recently

Date: ...*Sept 2009*.....

Family service plan for Bobby Bell.....

Date: 26th July 2009.....



This plan should not be shared with anyone other than the people listed without asking the family first

This is the family service plan for *Bobby Bell*.....

The following people discussed and wrote it and we all agree to work to the next steps and to provide the support outlined in this plan:

Name	Signature
Sally Smith (key worker)	
Betty Bell (Granny)	
Janice Bell (Mum)	
Frank Jones (Physiotherapist)	
Jen Davis (Speech & language therapist)	
Dr Khan (Paediatrician)	

The following people also contributed by writing a report:

Julie Jones (Specialist Health Visitor)
.....
.....
.....
.....

The family consents to this plan being shared with the following people:

All of those mentioned above and anyone else who might help Bobby
.....
.....
.....

Today's date is: *26th July 2009*.....

We expect to review the plan about *3*..... months from now.

Example Sheet

Discuss these sections with the people working with you **before** the Family Service Plan meeting and bring them with you to the meeting

Where we are now

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

Bobby has now started to attend nursery school regularly.
She likes it but her teachers are asking about how to
communicate with her and how to help her learn to talk

.....

.....

.....

.....

.....

.....

.....

Our priorities are now

To check whether Bobby can hear or not – we don't know if her
difficulties learning to speak are the result of cerebral palsy or
deafness.

.....

To find out more about schools in our area and what the options
are for Bobby

.....

Help Bobby learn to point at things she wants

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Discuss these sections with the people working with you **before** the Family Service Plan meeting and bring them with you to the meeting

We would like help and support with the following:

Physiotherapy – Bobby is now using a standing frame at home and at nursery school, but needs help with seating and fine motor control

Speech and language therapy – we need help with Bobby’s communication so she can tell us what she wants or is interested in by pointing her finger

Continued regular support from Sally, our key worker

Continued support from a specialist health visitor when Julie leaves her job next month

Need to know whether a wheelchair would help Bobby or not

Example Sheet

Family service plan for Bobby Bell.....

Agreed priorities or next steps	Actions	By who?	By when?
Help nursery school understand how to communicate with Bobby	Joint visit to share experiences/ ideas for what works best	Key worker and SALT with Janice	Start straight away and keep up the support
Have Bobby's hearing tested	Have Bobby's hearing tested	Dr Khan will refer Bobby	27th July
Develop Bobby's communication	Develop Bobby's communication	Sally will give support to Janice, with advice from Jen	Start next week & keep up support as needed
Potty training	Potty training	Sally to advise	Within the next few weeks
Find out about local schools	Find out about local schools	Sally will set up meeting and go with Janice to discuss options	Beginning of next term (September)
Work on mobility and find out about wheelchairs	Work on mobility and find out about wheelchairs	Frank (physio) will visit to discuss	Appointment to be made next week

We also discussed the following:

Family has some housing problems that might end up needing
sorting - Janice will make sure that Sally is kept informed of
developments - It might be worth thinking about a referral to
social services for a home assessment

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Any further questions or comments?

It's important for the family to know who their new specialist HV
will be - Sally needs to check

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About Early Support

Early Support is the Government's programme to improve the quality, consistency and coordination of services for young disabled children and their families across England. **Early Support** is funded and managed by the Department for Children Schools and Families (DCSF) and is an integral part of the wider Aiming High for Disabled Children (AHDC) programme, jointly delivered by DCSF and the Department of Health. The AHDC programme is seeking to transform the services that disabled children and their families receive.

Early Support is targeted at families with babies or children under five with additional support needs associated with disability or emerging special educational needs, although the principles of partnership working with families can be applied across the age range. This partnership working between families and professionals means that families remain at the heart of any discussions or decisions about their child - their views are listened to and respected and their expertise is valued by the professionals working with them.

Other Early Support information about services is available separately, or as part of the **Early Support Family pack** (ES1). The **Family pack** helps families who come into contact with many different professionals to co-ordinate activity and share information about their child through the first few years of life, using a Family file. The **Early Support Family pack** contains a full set of **Background information booklets** and a copy of the Early Support **Family file**.

The Background information booklets currently available are:

Introduction to the Background information booklets (ES21)

People you may meet (ES20)

Childcare (ES22)

Financial help (ES23)

Education (ES24)

Health services (ES25)

Social services (ES25A)

Statutory assessment – Education (ES26)

Useful contacts and organisations (ES19)

A further series of booklets have been produced in response to requests from families, professional agencies and voluntary organisations for better standard information about particular conditions or disabilities.

These booklets are:

Autistic spectrum disorders (ASDs) and related conditions (ES12)

Deafness (ES11)

Down syndrome (ES13)

Multi-sensory impairment (ES9)

Speech and language difficulties (ES14)

Learning disabilities (ES15)

Visual impairment (ES8)

When your child has no diagnosis (ES16)

If your child has a rare condition (ES18)

Behaviour (ES81)

Sleep (ES82)

Neurological disorders (ES83)

If you think any of these materials might be useful to you, ask the people who are in contact with your family or who work with your child about them. To find out more about Early Support and to find out how to obtain copies of any of the Early Support materials visit www.dcsf.gov.uk/everychildmatters/earllysupport

All the **Early Support** materials are available free of charge. To order any of the materials, ring 0845 602 2260, using the reference numbers above.

Acknowledgements

Early Support would like to thank the many people that have been involved in the development of these resources, individuals and organisations, but in particular, families and the practitioners who work with them.

We would like to acknowledge the contribution of the following organisations to the development of the **Family pack** and **Background information booklets** and more recently for their help in revising and updating these resources:

Advisory Centre for Education (ACE)

Care Coordination Network UK

Contact a Family

Council for Disabled Children

Down's Syndrome Association

ICAN

Mencap

National Autistic Society

National Children's Bureau (NCB)

National Deaf Children's Society (NDCS)

Royal National Institute of the Blind (RNIB)

Royal National Institute for Deaf people (RNID)

Scope

Sense

TreeHouse

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