

## How to use the Family file



## About this publication

This booklet explains how to use the [Early Support Family file](#). The file is to help you share information and co-ordinate activity 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 because of disability.

The file was first published in 2004 and is now in general use. It was the product of a two-year period of development that involved 150 families alongside people who work regularly with young children. This revised edition incorporates suggestions for improvements received from families and professionals who used the file from 2004–2006.

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

To find out more about [Early Support](#) turn to the back of this booklet, or visit [www.earlysupport.org.uk](http://www.earlysupport.org.uk)



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# Introduction

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 childminders or staff working in playgroups and early years settings about your child.

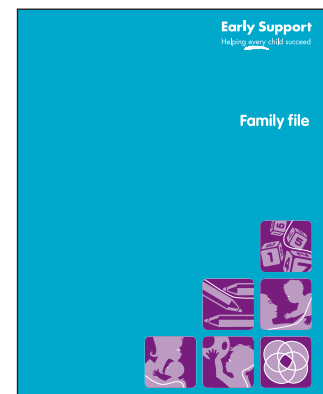
The file has been developed with children under five in mind, but there's no reason why it can't be used with older children. It concentrates on working together and finding positive ways forward and contains a standard set of materials that can be used in many different situations.

The file is designed to inform professionals about the support needs you 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**:

- 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 the country, 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 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, 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.

# Using different sections of the file

The file has a number of different sections:

## Introducing ourselves

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

## Professional contacts

A place to keep track of the names and contact details of people you meet.

## Questions to ask

Somewhere to write down any questions you want to ask.

## Local information

A place to keep information about services for families and children in your area.

## Family service plan

Papers to help you discuss priorities and agree what will happen next with the people in contact with your family or working with your child.

## Common assessment framework (CAF) form

A place to keep your CAF form – if you have one.

## Letters and assessments

A place to keep any current papers or information about how your child is doing that you want to take with you to appointments.

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**Contents**

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Papers to help you discuss priorities and agree what will happen next with the people in contact with your family or working with your child
- Common assessment framework (CAF) form**  
A place to keep your CAF form – if you have one
- Letters and assessments**  
A place to keep any current papers or information about how your child is doing that you want to take with you to appointments



The transparent pocket on the front cover is a place to keep your child's Public Health Child Record (their red or yellow book). Sometimes doctors and other health professionals ask to see this when you go for appointments, so it can be helpful to keep it in the file so you always have it with you.

The file contains standard material that can be used in any part of the country. Insert any information you have about services and support for families with young children in your area in the **Local information** section.

Many families start using the **Family file** after a Common Assessment Framework (or CAF) assessment has been carried out. If you have a CAF form, insert it into this section if you think it would be useful to have it to hand to refer to. If you haven't heard about CAF before, ask the people who work with your family to explain it to you.

## Introducing ourselves

Add any photos or other information that you want to go to the section. Sheets can be downloaded from [www.nhs.uk/earlysupport](http://www.nhs.uk/earlysupport)

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helping you and your child to thrive

**Introducing ourselves**

Child's name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 NHS number: \_\_\_\_\_  
 Family contact address: \_\_\_\_\_  
 \_\_\_\_\_  
 Parent or carer names: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

Introducing ourselves      Date

The **Introducing ourselves** section is for you to write down anything you would like people meeting you for the first time to know about your child and about your family. It helps you to think about the information you want professionals to have before they start working with you and stops you having to say the same thing over and over again to different people. You may want to personalise this section, using photographs of your child and family.

Families who use **Introducing ourselves** say it helps them keep some control when they're meeting a lot of different people, particularly at difficult times, or when a lot is happening in their family's life. It takes away the pressure of trying to remember everything – you just write it down once and then update the sheets whenever you need to.

Introducing ourselves 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 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.

You may want to write this section yourself but 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.

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
- 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

[illegible][illegible]





- 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.

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.

Add more sheets if you want.

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[Find out more](#)

This is where you 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 **Equipment** and **Medication** sections are really important but other families don't use these pages at all, because they're less relevant for their child.

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 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 **Introducing ourselves**, filled in for a child, at the back of the booklet.

### Professional contacts

This section is to help you keep track of the people you meet.

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. 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 [People we have met recently](#) sheet helps you keep track of:

- discussions 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.

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.earllysupport.org.uk](http://www.earllysupport.org.uk)

### 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.

Ask new people you meet to write their names here  
Print more sheets? Add as many as you want

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List of people working with us

Name: .....  
Professional role: .....  
Address: .....  
Telephone or mobile: .....  
Email: .....  
Date of first contact: .....

Name: .....  
Professional role: .....  
Address: .....  
Telephone or mobile: .....  
Email: .....  
Date of first contact: .....

Name: .....  
Professional role: .....  
Address: .....  
Telephone or mobile: .....  
Email: .....  
Date of first contact: .....

List of people working with us Date:

Need more sheets? Add as many as you want

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People we have met recently

Name: .....  
Date of meeting: .....  
Why we met: .....  
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Follow up action: .....  
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Name: .....  
Date of meeting: .....  
Why we met: .....  
.....  
.....  
Follow up action: .....  
.....  
.....

People we have met recently Date:



## Family service plan

**Family service plans** encourage discussion and joint planning. They can be updated as time goes by and you get to know your child 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 discussion 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 a **Family service plan** filled in for a child, at the back of the booklet.

A **Family service plan** co-ordinates 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.

Don't worry about making a plan until you feel ready. Talk to the professionals who meet you most regularly about when they think it would be useful to make a plan. The time to start is when **you** think it would add value to have a discussion with everyone who's involved. Don't forget that you can use other sections of the [Family file](#), whether or not you use a [Family service plan](#).

### Family service plans page by page

The plan begins with a page that records basic information about:

- who the plan is for
- who took part in the discussion when the plan was made
- when the plan was written
- when the plan will be reviewed.

This information is important if the plan is photocopied and shared with other people or if you take it out of the file and want to keep it as a record when another one has been made a few months down the line.

It's important that you fill out the section giving consent for the plan to be shared with people working with your child on this page.

The page beginning [Where we are now](#) is for you to use to think about how things are going, ahead of the meeting where a [Family service plan](#) is written. You may want to use this page to talk through things with your key worker (if you have one) or you may prefer to think about it with your family before you meet anyone else.

This page helps you think about:

- the issues that are currently facing your child
- the services and support that are already in place – do they help, and if so, how?
- how the help you receive could be improved
- whether there are other services you do not currently receive that you think might help.

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

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This is the family service plan for

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

The following people also contributed by writing a report:

.....

.....

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

.....

.....

.....

.....

.....

Today's date is: .....

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

Family service plan

Discuss these sections with the people writing with you ahead of writing the family service plan together.

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Where we are now  
(What has been happening recently or since the time of the last plan)

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Our priorities are now

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Family service plan

Date: .....



The section on **priorities** gives you an opportunity to say clearly what you think the most important things are to concentrate on at the moment.

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.

This chart 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.

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 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.earlysupport.org.uk](http://www.earlysupport.org.uk)

## Letters and assessments

This section of the file is to keep any current paperwork that you think it would be useful to take along to appointments where your child is going to be discussed so that you have them to hand. 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.

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We also discussed the following:

Any further questions or comments?

Family service plan      Date:

To find out more  
about these, visit  
[www.earlysupport.org.uk](http://www.earlysupport.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.

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. Families need the names and contact details for professionals in English and value [Introducing ourselves](#) in English, saying that this section can sometimes act as an advocate for them and for their child with English-speaking professionals.

## 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 can download new sheets for yourself from [www.earlysupport.org.uk](http://www.earlysupport.org.uk)

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





## Examples of the Family file in use

The three examples given are of:

List of people working with us

Introducing ourselves

Family service plan

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

## People we have met recently

**Name:** Misako Mori (Optometrist)

**Date of meeting:** 22/6/06

**Why we met:** For Ravi's eyes to be tested. Slight signs of a squint developing - may be due to poor muscle tone? No obvious problems with vision at the moment.

**Follow up action:** To be seen again 1 year from now, unless Mother is worried about R's eyes.

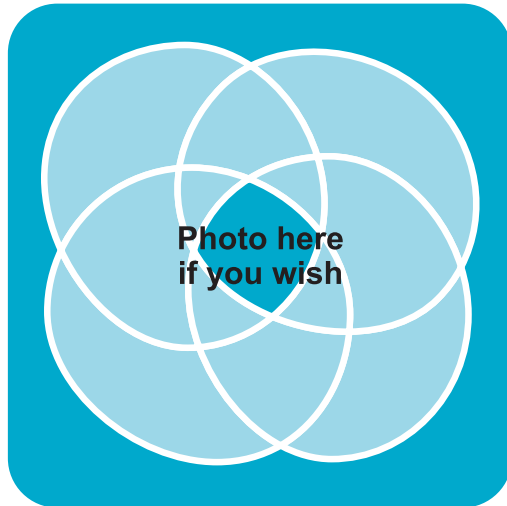
**Name:** Wasfi (Keyworker) and Wendy (OT)

**Date of meeting:** 29/6/06

**Why we met:** Regular support and joint visit to home with OT to discuss bathing and potty training. Wrote up Family Service Plan together.

**Follow up action:** Bath board to be delivered. Mum to buy potty.  
Parents to visit Cherry Tree Nursery next week with Ravi.  
Wasfi to send round copies of Family service plan to other professionals, as discussed.

## Introducing ourselves



**Child's name:** Darren Jack Smith

**Date of birth:** 10/01/02

**NHS number:**

**Family contact address:** 12, Palmerston Road  
New Town  
Any County AB1 2CD

**Parent or carer names:** Caitlin (Mum)  
Scott (Dad)

**Telephone number:** 01234 56789

**Mobile:** 07710 123456 (Caitlin)

**Email:** We don't have one

Add as many names and photos as you want –  
some people like to use a family tree and sometimes  
brothers and sisters like to help filling in this sheet, too

## These are some of the important people in .....Darren.....'s life

Mummy and Daddy

Auntie Tracy and Uncle Mike

Auntie Sue

Our neighbour Mandy

Nan and Grandad

Grandma Eileen and Grandad David

Auntie Kerry and Uncle Steven

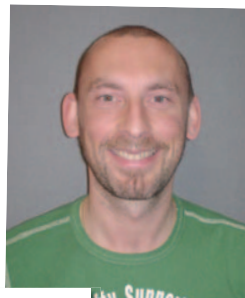
Cousins - Nicole, Jessica, Michael and Conor

Everyone lives close by.

Mum  
Caitlin



Dad  
Scott



Nan



## Other things we would like you to know about our family

Dad (Scott) works away from home a lot and so can't always give Mummy the extra help she needs.

We use Makaton sign language with Darren, but also use face to face communication and spoken language with him.

The following times are difficult for us to attend appointments or meet professionals:

No particular times

The language we use at home is: English

We need language interpretation support:

☐

Yes

☒

No

## Things we would like you to know about our child so we don't have to repeat it every time we meet someone new

Darren was born at 36 weeks. He was resuscitated at birth and was rushed into special care, where he was put on a ventilator. Later that day he was taken to another hospital, where he was diagnosed with CMV. When Darren was born, he had a rash all over his body which was due to low platelets. He had an enlarged liver and spleen and bleeding and calcification on the brain. His liver functions were very low, so he was very jaundiced. He was on a ventilator for 10 days and then he was kept on oxygen for 6½ weeks. He came off oxygen just a few days before he was discharged. Darren had a hearing test about a week before he was discharged from hospital. We were told that he had failed the hearing test and that he is profoundly deaf.

Darren is doing really well at the moment. We're waiting for him to have a cochlear implant. The operation is due in a few weeks.

He has really come along - he has special boots and his walking is coming on. He wears a splint on his left hand, which is helping and he uses this hand a lot more now.

# Equipment

Darren has a Heathfield Chair, which we use at mealtimes  
and activity times.

Darren has peidro boots and a splint for his left hand.

Darren has hearing aids, but is refusing to wear them.

# Medication and allergies

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## Things Darren likes

Lots of cuddles

Chocolate

Tom and Jerry on the TV

Touchy/feely toys

Music played very loud.

Putting things in his mouth

Cats

Water

## Things Darren doesn't like

Being pulled about or moved suddenly

Injectons

Being ignored and left on his own

## When you are with us, please ...

Talk to Darren and look at him when you are speaking to him.

We use face to face communication when we can, as well as Makaton.

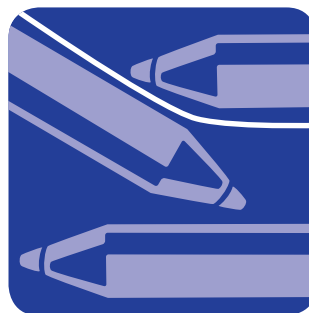
Give us a copy of any paperwork - Mum (Caitlin) sometimes has to come to appointments alone and finds it difficult to remember all the information she wants to tell Dad (Scott) when he comes home.

## When you are with us, please do not ...

Ignore Darren when you are speaking to us.

# Family service plan for Lucy Smith

**Date:** 25 February 2004



## This is the family service plan for Lucy Smith

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
Kylie Smith (Mother)	Kylie Smith
Mary Smith (Gran)	MARY Smith
Dr Kahn (Paediatrician)	Dr. Kahn
Jo Fairbairn (Speech and language therapist)	Jo Fairbairn
Barbara Osibo (Physiotherapist)	Barbara Osibo
Mandy Keene (Special Needs Health Visitor)	Mandy Keene

The following people also contributed by writing a report:

Judy O'Connor (Speech and language therapist)  
Dr. Ford (GP)  
Ranila Kani (Social Worker)

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

Anyone who works with us to help Lucy

Today's date is: 25 February 2004

We expect to review the plan about 6 months from now.

## Where we are now

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

Lucy has now started to attend pre-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 Lucy can hear or not - we don't know if Lucy's 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 for Lucy are

Help Lucy learn to point at things she wants.

## We would like help and support with the following:

Physiotherapy - Lucy is now using a standing frame at home and at pre-school, but needs help with seating and fine motor control.

Speech and language therapy - We need help with Lucy's communication so she can tell us what she wants or is interested in by pointing her finger.

Continued regular support from Barbara, our Portage Worker.

Continued support from a specialist Special Needs health visitor when Mandy leaves her job next month.

Physiotherapy - we need to know whether a wheelchair would help Lucy or not.

# Family service plan for

Lucy Smith

Agreed priorities or next steps	Actions	Who will do what?
Help pre-school understand how to communicate with Lucy	Joint visit to share experience/ideas for what works best	Barbara and Jo to visit, with Kylie.
Have Lucy's hearing tested	Arrange a hearing test - it usually takes a month for an appointment to come through	Dr Kahn will refer Lucy for a test at the Children's Development Centre (CDC).
Develop Lucy's communication	Barbara (Portage) and Jo (SALT) will help	Barbara will continue weekly visits to home until end March and Jo will advise her on how to help. Fortnightly visits from April.
Potty training	Help Lucy be more aware of when she needs the potty and to be dry more often	Barbara to advise
Find out about local schools	Set up meeting for Kylie with Sane Dunne (Head of the Child Development Centre)	Barbara will set up meeting and go with Kylie to talk about options.
Work on mobility and find out about wheelchairs	Arrange for another series of 6 visits for physio to assess and work with Lucy.	Mandy Keene will arrange for the physiotherapist to visit Lucy at home.

# Family service plan for

Lucy Smith.....

Agreed priorities or next steps	Actions	Who will do what?



## We also discussed the following:

.....

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## Any further questions or comments?

.....

Family was referred to Social Services for a home assessment  
3 months ago, but haven't heard anything yet.

.....

Barbara will contact Ranila to find out what is happening.

.....

.....

.....

# Other Early Support publications

The [Family file](#) is sometimes used by itself and sometimes it's distributed as part of the [Early Support Family pack](#).

The [Family pack](#) also contains a series of information booklets for families about how services work. The titles of the [Background information booklets](#) 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)

If you would like a copy of any of these booklets, ring 0845 602 2260, using the reference numbers above. They are available free of charge.

Other [Early Support](#) information booklets for families are:

- Autistic spectrum disorders (ASDs) and related conditions (ES12)
- Cerebral palsy (ES10)
- Deafness (ES11)
- Down syndrome (ES13)
- If your child has a rare condition (ES18)
- Learning disabilities (ES15)
- Multi-sensory impairment (ES9)
- Speech and language difficulties (ES14)
- Visual impairment (ES8)
- When your child has no diagnosis (ES16)

This is the 2nd edition of this publication. It incorporates suggestions from people who used the [Family file](#) from 2004 – 2006 for how it might be improved.



## Early Support

**Early Support** is the central Government mechanism for achieving better co-ordinated, family focused services for young children with disabilities and their families. It operates across England and is based in the voluntary sector to promote partnership working with a range of agencies to improve services.

To find out more about **Early Support** visit [www.earlysupport.org.uk](http://www.earlysupport.org.uk)

Copies of this booklet can be obtained from:

DfES Publications

PO Box 5050

Sherwood Park

Annesley

Nottingham NG15 0DJ

Tel: 0845 602 2260

Fax: 0845 603 3360

Textphone: 0845 605 5560

Email: [dfes@prolog.uk.com](mailto:dfes@prolog.uk.com)

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