**Family Name**: Cullen **Identifying No**: PFL0112 **Session No**: 15

**Date:** 1 **Time**: **Session Duration**: 60

**Who Attended**:

**Location:**

**Tip sheets:**

**Topics Discussed**:

**Issues addressed:**

* Mam’s concern over PFL child not being secure enough in High chair – strategies discussed to keep baby safe
* Mam’s concern over other people overfeeding baby – strategies explored for building mam’s confidence within her parenting role
* Mams stated as a family they are struggling financially

**Agreement for the next session:**

* To introduce goals and aspirations – returning to work/ managing finances

**Follow-up action:**

* Mam to record all her incoming finances and outgoings bills
* Mam to link in with MABs
* Mam to link in with LES for CV support.

**Home Visitor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_