Date the family agreed with the initial completed EHAP: Click or tap to enter a date.

Date of previous review: Click or tap to enter a date.

Date of this review: Click or tap to enter a date.

Review number:

# Family Details

**Details of all the children in the family:**

| **Name** | **Address** | **Date of Birth (DOB)/ Estimated Due Date (EDD)** | **Gender**  | **Ethnicity** | **Religion** | **Tick if they attended the meeting** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Click here to enter a date. | Choose an item. | Choose an item. | Choose an item. |[ ]
|  |  | Click here to enter a date. | Choose an item. | Choose an item. | Choose an item. |[ ]
|  |  | Click here to enter a date. | Choose an item. | Choose an item. | Choose an item. |[ ]
|  |  | Click here to enter a date. | Choose an item. | Choose an item. | Choose an item. |[ ]

**Details of all the adults/carers/guardians in the family:**

| **Name** | **Relation-ship to the child/ren** | **Tick if they have Parental Respons-ibility** | **Address** | **Gender**  | **Ethnicity** | **Religion** | **Contact Details****(email/****contact number)** | **Tick if they attended the meeting** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |[ ]   | Choose an item. | Choose an item. | Choose an item. |  |[ ]
|  |  |[ ]   | Choose an item. | Choose an item. | Choose an item. |  |[ ]
|  |  |[ ]   | Choose an item. | Choose an item. | Choose an item. |  |[ ]
|  |  |[ ]   | Choose an item. | Choose an item. | Choose an item. |  |[ ]

Communication needs for any of the people involved in this assessment:

|  |
| --- |
|  |

**Details of the people who are supporting the family**Record the details for any professionals or agencies supporting the family, e.g., GP, Health Visitor, pre-school, school. Include a phone contact number and email where theprofessional is happy for this to be shared with the family.

| **Name of the person who is supporting the child/family** | **Role/Relationship to the child/family** | **Setting/****Organisation** | **Contact Details****(email/contact number)** | **Tick if Lead Professional** | **Tick if they attended the meeting** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |[ ] [ ]
|  |  |  |  |[ ] [ ]
|  |  |  |  |[ ] [ ]
|  |  |  |  |[ ] [ ]

# 2a. General Update This should be written clearly and in language the children can understand.

|  |
| --- |
| **What has been going well since we last met?** Include the views of all family members and the views of anyone supporting the family, using their own words where possible/appropriate.* How have things been better? When have you been able to do things differently and how has this helped?
* Who are the people who have helped things be better and what have they done that has helped?

*Please consider:** ***Child’s Development:*** *health, speech, language and communication development, emotional and social development, behavioural/physical/cognitive/educational development, identity, self-esteem, self-image, social presentation, relationships with family, self-care skills and independence*
* ***Parenting Capacity:*** *basic care, ability to ensure safety and protection, emotional warmth, stimulation, guidance and boundaries, stability, health, communication*
* ***Family and Community:*** *family history, functioning and wellbeing, wider family, housing situation (i.e., stable, safe), employment and financial situations, social and community resources and networks, family’s social integration*
 |
| **Child/ren’s Views:****Parent’s/Carer’s/Family Member’s Views:****School’s Views:****Other Professional’s Views:** |

|  |
| --- |
| **What hasn’t gone as well as you hoped since we last met? Are there any new significant events/concerns that we are worried about?** Include the views of all family members and the views of anyone supporting the family, using their own words where possible/appropriate. *Include actions related to new concerns in Section 3.**Please consider the following:* * ***Child’s Development:*** *health, speech, language and communication development, emotional and social development, behavioural/physical/cognitive/educational development, identity, self-esteem, self-image, social presentation, relationships with family, self-care skills and independence*
* ***Parental Capacity:*** *basic care, ability to ensure safety and protection, emotional warmth, stimulation, guidance and boundaries, stability, health, learning disability, substance use, communication.*
* ***Family and Community:*** *family history, functioning and wellbeing, wider family, housing situation (i.e., stable, safe), employment and financial situations, social and community resources and networks, family’s social integration, family break ups, bereavements, transitions, house moves, school changes*
 |
| **Child/ren’s Views:****Parent’s/Carer’s/Family Member’s Views:****School’s Views:****Other Professional’s Views:** |

# 2b. Updates on the previous plan

Copy and paste actions from previous plan, add an update, and indicate if the action has been completed. All ongoing actions should be included in Section 3: Current Plan.

| **What needed to be done?** | **By whom?** | **Update – What progress has been made towards achieving the actions?** | **Tick if this action has been completed** |
| --- | --- | --- | --- |
| 1. |  |  | [ ]  |
|  |  |  | [ ]  |
| 3. |  |  | [ ]  |

**Ending the Early Help Assessment and Plan** If all actions have been completed and the Early Help Assessment and Plan is no longer needed or if parent(s)/carers/guardians no longer consent to the EHAP, the EHAP can be closed.

|  |  |  |
| --- | --- | --- |
| **Is the EHAP closing at this review?** | Choose an item. | **If yes,** complete Section 4: Family Comments about the EHAP, Section 5: Consent & Signatures, and an EHAP Closure form. Submit the Closure Form with this EHAP review to the Compass team.**If no,** continue to Section 3: Current Plan. |

**3. Current Plan** Include ongoing actions from the previous plan as well as new actions to address new worries or concerns that you would like to change or strengthen.

* What needs to be done to make the changes listed above?
* Who is responsible for the action?
* When will the action be completed?

| **What needs to be done?** | **By whom?** | **By when?** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
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|  |  |
| --- | --- |
| **Date of next review:** |  |
| **Venue:** |  |

**4. Family Comments about the EHAP** Include the comments of all children and parents/carers/guardians about the assessment and plan, using direct quotes when possible.

| **Child/Young Person’s comments on this EHAP review:*** How do you think the plan is going so far?
* What do you think about what is written in the assessment? Is it still right? Have we missed anything?
* How is the plan helping things get better for you and your family?

*If the EHAP is closing, please consider:** How has the EHAP helped to make things better for you and your family?
 |
| --- |
| **Child/Young Person’s Name** | **Comments** |
|  |  |
|  |  |

| **Parents/Carers’/Guardians’ comments on this review*** How do you think the plan is going so far?
* What do you think about what is written in the assessment? Is it still right? Have we missed anything?
* How is the plan helping things get better for you and your family?

*If the EHAP is closing, please consider:** How has the EHAP helped to make things better for you and your family?
 |
| --- |
| **Parents/Carers’/Guardians’ Name** | **Comments** |
|  |  |
|  |  |

**5. Consent and Signatures**

Does the family consent to share this document with everybody involved and to keep a copy on a secure database with the Local Authority? Choose an item. \*Please ensure parents/carers are aware that this assessment will be shared with the Local Authority/Compass and stored on their secure database.

Has a consent form been signed and attached? Choose an item.

Are there any exceptions as to who the parent(s) do not consent to share this document with? Choose an item.

If so, who? (Please state in box below)

|  |
| --- |
|  |

**Assessor Information** Include the details of the person completing this EHAP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Role:** |  |
| **Setting/****Organisation:** |  | **Address and** **Postcode:** |  |
| **Telephone No:** |  | **Email Address:** |  |

**Signatures** The Parent(s)/Carer(s)/Guardian(s), the Child/Young Person, and the Assessorshould sign this EHAP Review to show that they have read and agree with what has been written and decided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer/Guardian’s** **signature:** |  | **Date:** |  |
| **Child/Young Person’s** **signature:** |  | **Date:** |  |
| **Assessor’s** **signature:**  |  | **Date:**  |  |

**Please send the completed Early Help Assessment and Plan Review to** **compass@southglos.gov.uk**

**If the EHAP is closing at this review, please send the completed EHAP Closure Form to** **compass@southglos.gov.uk**