

Early Help Assessment and Plan

Only one date to complete!

A guide to what's new!

Let us know who attended!

Date the family agreed with the completed EHAP: [Click or tap to enter a date.](#)

1. Family Details

Improved drop-down menu options!

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.	<input type="checkbox"/>
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	<input type="checkbox"/>
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	<input type="checkbox"/>
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	<input type="checkbox"/>

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

Name	Relationship to the child/ren	Tick if they have Parental Responsibility	Address	Gender	Ethnicity	Religion	Contact Details (email/contact number)	Tick if they attended the meeting
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.		<input type="checkbox"/>
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.		<input type="checkbox"/>
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.		<input type="checkbox"/>
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.		<input type="checkbox"/>

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 the professional 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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

The 'What has led to this assessment?' box has been removed to reduce duplication of information.

Streamlined guidance!

2. Assessment This should be written clearly and in language the children can understand.

What is going well for the child/ren and family? Include the views of all family members and the views of anyone supporting the family, using their own words where possible/appropriate.

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:

-

Subheadings have been added to help clarify and organise information!

What are we worried about? (Please give specific examples) Please include all the family's views and those of any involved practitioners, in their own words where possible/appropriate.

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:

-

Previous help and support

- What previous help has been offered to the child/family?
- Was this support helpful? Why/why not?
- What was the outcome of this?

Thinking about what has already been tried can inform action items on the Plan.

What would we like to change or strengthen? Please include all the family's views and those of any involved practitioners, in their own words where possible/appropriate. *These changes will be converted into actions in Section 3: Plan. It may be helpful to number what you would like to change or strengthen to easily add it to the action plan.*

- Based on the worries outlined above, what would you like to be different by changing or strengthening?
- What would you be doing more or less of to see these changes?

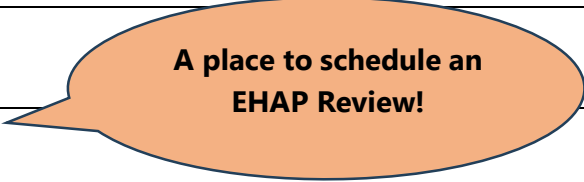
- 1.
- 2.
- 3.

Numbering here can make it easier to complete the Plan in Section 3. However, these can be deleted if it doesn't work for you!

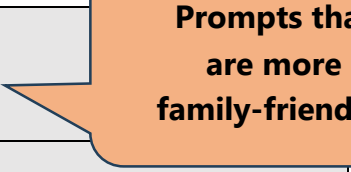
3. Plan Include action items to address each worry and concern that you want to change or strengthen.

- 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?
1.		
2.		
3.		

Date of EHAP 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(ren)'s/Young Person's comments on this assessment and plan: <ul style="list-style-type: none"> • What do you think about what is written in the assessment? Is it right? Have we missed anything? • How is this plan going to help you and your family? 		
Child/Young Person's Name	Comments	

Parents'/Carers'/Guardians' comments on this assessment and plan:

- What do you think about what is written in the assessment? Is it right? Have we missed anything?
- How is this plan going to help you and your family?

Parent/Carer/Guardian's Name	Comments

5. Consent and Signatures

Does the family consent to share this document with everybody involved and keep a copy on a secure database with the local authority? Choose an item. [*Please ensure parents/carers are aware that this EHAP 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)

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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 Assessor should sign this EHAP 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 to compass@southglos.gov.uk.