

Early Help Assessment and Plan Review

New order for information!

A guide to what's new!

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:

Improved drop-down menu options!

1. 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.	<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 'How have things been since we last met?' box has been removed to reduce duplication of information.

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

Improved guidance to help get the right information!

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 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:

-

A section to make it clear if an action has been completed!

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 are 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.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			

A place to decide if the EHAP will stay open and guidance on what to do if the EHAP is closing.

Ending the Early Help Assessment and Plan If all actions have been completed and the Early Help Assessment 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.	<p>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.</p> <p>If no, continue to Section 3: Current Plan.</p>
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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?
1.		
2.		
3.		

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?

Prompts that are more family-friendly!

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

Early Help Assessment and Plan Review

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)

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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 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		Date:	

signature:			
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