

Early Help Review

Date of initial Early Help Assessment: [Click here to enter a date.](#)

Date of review:

Review number:

[\(So that you can track the number of action plans that have been developed and reviewed\)](#)

Date of previous review: [Click here to enter a date.](#)

1. Family Details

[Details of all subject children - please include all of the children in the family:](#)

Name	Address	DOB/EDD	Gender (leave blank if prefer not to say)	Ethnicity	Religion	Did they attend 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 parents/carers/guardians in the family - please include all of the adults/carers/guardians:

Name	Relationship to the child/ren	Parental Responsibility?	Address	Gender (leave blank if prefer not to say)	Contact Details (email/contact number)	Did they attend the meeting?
		<input type="checkbox"/>		Choose an item.		<input type="checkbox"/>
		<input type="checkbox"/>		Choose an item.		<input type="checkbox"/>
		<input type="checkbox"/>		Choose an item.		<input type="checkbox"/>
		<input type="checkbox"/>		Choose an item.		<input type="checkbox"/>

Communication needs (including language) regarding any of the people (including adults and pre/non-verbal children) to be included in this assessment:

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Details of the people who are supporting the family:

(Record all agencies involved e.g. GP, HV, pre-school, school, etc. Contact details are important and should include a phone contact number and email where the professional is happy for this to be shared with the family)

Name of the people who are supporting the family	Role/Relationship	Organisation	Contact Details (email/contact number)	Lead Professional	Did they attend 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"/>

2a. General Update (Please include the views of family members and professionals)**How have things been since we last met?**

Use the boxes below to have a conversation about the current situation - some of these updates can be copied and pasted into the update box (below), where they relate to specific actions on the previous plan (see section 2b).

What has been going well?

- Please include all the family's views and those of the practitioner(s), in 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?

What hasn't gone as well as you had hoped? Are there any more significant events/concerns that we are worried about since we last met? (Remember to include actions related to these new concerns within the new Early Help Plan below).

- Please include all the family's views and those of the practitioner(s), in their own words where possible/appropriate.
- Why haven't things progressed or changed as you had hoped? What else needs to happen to enable these changes to be made?
- How serious is the event/concerns and how does it affect everybody's wellbeing?

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2b. Specific updates against agreed actions on the previous plan

(Please copy and paste actions from previous plan and add an update in the final column)

What needed to be done?	By whom?	Update – what progress has been made towards achieving the actions?

3. New Early Help Plan

- What needs to be done to make the changes and by when?
- Who can help the family achieve these changes, what specifically can they do? Who do we need to tell about the plan?
- Remember to include any new worries or concerns and any ongoing actions from the previous plan.

Ending the Early Help Plan – if the Early Help Assessment and Plan is no longer required or parent(s)/carers are no longer consenting to the plan, please ensure you notify Compass so we can amend our records.

What needs to be done?	By whom?	By when?

Date of next review:	
Venue:	

Child/Young Person's Comments on this review	
<ul style="list-style-type: none"> • How do you think the plan is going so far? Are you happy with the progress you have made so far? Is it helping things get better? • Has everyone done what they said they were going to do or explained to you why not? 	
Child/Young Person's Name	Comments

Parents/Carers'/Guardians' comments on this review	
<ul style="list-style-type: none"> • How do you think the plan is going so far? Are you happy with the progress you have made so far? Is it helping things get better? • Has everyone done what they said they were going to do or explained to you why not? 	
Parents/Carers'/Guardians' Name	Comments

4. Consent & 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)

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Assessor Information

Name:	Role:
Organisation/Team/Service:	Office Address and Postcode:
Contact Telephone No:	Email Address:

Reviewers' signatures

Parent/Carer/Guardian signature:	Date
Young Person's signature:	Date:
Reviewer's signature:	Date:

Please send this Early Help Review and Action Plan to compass@southglos.gov.uk