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

# 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. |[ ]
|  |  | 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** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |[ ]  [ ]  |
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|  |  |  |  |[ ]  [ ]  |

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

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| **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:** |

|  |
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| **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:** |

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| **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?
 |
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| **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. |

# 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?

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| --- | --- | --- |
| **What needs to be done?**  | **By whom?** | **By when?** |
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| **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.

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| **Child(ren)’s/Young Person’s 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?
 |
| **Child/Young Person’s Name** | **Comments** |
|  |  |
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| **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)

|  |
| --- |
|  |

**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 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.**