

Date that the assessment started: [Click here to enter a date.](#)

Date that the family agreed with the completed plan: [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
		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 parents/carers/guardians in the family - please include all of the adults/carers/guardians:

Name	Relationship to the child/ren	PR (parental responsibility)?	Address	Gender (leave blank if prefer not to say)	Ethnicity	Religion	Contact Details (email/contact number)
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.	
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.	
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.	
		<input type="checkbox"/>		Choose an item.	Choose an item.	Choose an item.	

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

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

2. Assessment – this should be clear enough for children to understand

What had led to this assessment?

- Using bullet points, please give a brief summary of the reason you think completing this assessment now would be useful.
- What significant events have happened in the child or family's life up until now that are important to consider?
E.g. family break ups, reconstituted families, bereavements, transitions, house moves, school changes, etc.
- What previous help has been offered to the family? What was the outcome of this?

What is going well? (In relation to the worries above)

Eg. things the child is good at/do well, things the parents are good at/do well, positive and protective factors (extended family or friends support, close community/group support, access to independent transport, financial security, good financial management, social and community resources)

- Please include all the family's views and those of the practitioner, in their own words where possible/appropriate.
- When are things not as bad?
- What has helped in the past or worked before?
- Who are the people who help things be better and what do they do that helps?

What are we worried about? (Please give specific examples)

You may want to consider some of the following:

Child's Development; health, physical development, speech, language and communications 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 challenges; basic care, ensuring safety and protection, emotional warmth, stimulation, guidance and boundaries, stability, health, learning disability, substance misuse, communication difficulties

Family and Community; family history, functioning and wellbeing, wider family, housing situation (overcrowding, state, safe), employment and financial considerations, social and community elements, lack of social and community resources, family's social integration

- Please include all the family's views and those of the practitioner, in their own words where possible/appropriate.
- What has happened or is happening now that makes people worried?
- How serious is it and how does it affect everybody's wellbeing?
- Are there any things in the family's life that make these worries harder to sort out?

What would we like to change or strengthen? (These changes can then be converted into actions in the plan below)

- Please include the views of the individual family members and professionals separately, in their own words where possible/appropriate.
- What would you be doing more or less of to see these changes?

3. 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?

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

Child/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? Does the assessment reflect how you feel?
- How is this plan going to help you and your family?
- Do you think everybody can and will what they have been asked to do?

Child/Young Person's Name	Comments

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

- Does the assessment include everything or is something missing? Does it reflect how you feel?
- Given what is written in the assessment, does the plan address the worries? How is it going to help?
- Does the plan seem possible and realistic to you?

Parents/Carers'/Guardians' Name	Comments

4. Consent & 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 early help 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 (person completing this assessment)

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

Signatures

Parent/ carer/ guardian signature:	Date
Young Person's signature:	Date:
Assessor's signature:	Date:

Please send this early help assessment to compass@southglos.gov.uk