

**EARLY HELP ASSESSMENT AND PLAN**

**Section 1 Detail of Child/Children/Young Person**

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| **Child/ren's/Young Person's Name/s** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Address** |  |
| **Religion** |  |
| **Disability** |  |
| **Language or communication needs** |  |
| **Names of Parent/Carers** |  |
| **Other people within the household** |  |
| **Other family members (e.g. children/parents) not living in family home** |  |
| **Other Significant Adults not in the household** |  |
| **Additional Information** |  |
| **Name and contact details of other professionals involved** |  |
| **What does the child/young person want to happen?** |

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**Section 2 Thinking about the child or children that you are worried about: (Your assessment)**

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| **What are you worried about?** | **What is working well?** | **What needs to happen?** |
| *For example:**At this moment in time – what are you most worried about. (\*) – are there any specific examples.* *How worried is the child/young person?**How worried is the parent/carer?* | *For example:**What works well now to support the child/young person/family when things are going wrong or they are worried?**What has been offered to the family before?**What support network does the family have?* | *For example:* *What would make things better for the child/young person/children/family?**What does the family want to achieve?**Are they willing to accept help (consent)?**Would an Early Help Family Plan be helpful to the family?* |
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Having completed this section consider if you need to discuss the family with your manager or Designated Safeguarding Lead?

**3 Early Help Family Plan**

Where a Family Plan is required, this section should be completed. This can be done by a single agency or by a group of professionals where a multi-agency meeting has been convened. If a Lead Professional is required to co-ordinate multi-agency involvement, they should hold responsibility for ensuring that the plan is reviewed with the family and partners.

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| **a) Creating the Plan** | **What needs to happen?** |
| **What action has been identified as needing to happen by the family?** | **Who will do this?** | **By When** |
| *Please list the individual actions here* | *This can include the child/young person and parent/carers and other family or friends, as well as professionals* | *Set dates for each action.* |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4.  |  |  |
| Set a date for Review of Plan |  |  |
| **b) Reviewing the Plan** | **What has been achieved?** |  |
| What do the child/young person and parent/carer think of the progress made? | *Please list the achievements for the family.* |  |
| What do professionals think of the progress made? | *Incorporate feedback from anyone involved.* |  |
| Are there any issues or barriers to success? | *What can be done about these?* |  |
| Does the family still require professional involvement? If so what needs to happen? | *Please list the actions that need to be taken.*  |  |
| Date of this Review |  |  |
| **c) Refreshing the Plan** | **What needs to happen next?** |  |
| What further actions have been identified by the family as needing to happen? | *Please list the individual actions here* |  |
| Who will do this?  | *This can include the child/young person and parent/carers and other family or friends, as well as professionals* |  |
| By when | *Set dates for each action.* |  |
| Date of next Review |  |  |

**4 Lead Professional Details**

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| --- | --- |
| Name and title of Lead Professional: |  |
| Contact Details: |  |
| Tel number: |  |
| Email address: |  |

**5 Agreement**

We agree that the content of this document is accurate and we give our consent to share this information with other agencies, where we agree that their help is needed.

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| Name of parent/carer: |  |
| Signature: |  |
| Name of child or young person (where appropriate): |  |
| Signature: |  |

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| Name and title of person completing form (if different from above): |  |
| Tel number: |  |
| Email address: |  |
| Signature: |  |