# EARLY HELP ASSESSMENT AND PLAN

An Early Help Pathway document and set of guidance notes have been produced to support professionals with the completion of the Early Help Assessment and Plan. Please refer to the pathway and guidance notes in conjunction with this document. These are available at <http://www.worcestershire.gov.uk/eha>

## Section 1- Detail of Child/Children/Young Person

|  |  |
| --- | --- |
| **Date First Contact made**  |  |
| **Child/ren's/Young Person's Name/s** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Address** |  |
| **Religion** |  |
| **Disability** |  |
| **Language or communication needs** |  |
| **Names of Parent/Carers** |  |
| **Parental Relationship** | **Consider the parental relationship – could Worcestershire’s** [**Harmony at Home**](https://www.worcestershire.gov.uk/info/20676/reducing_parental_conflict/1997/toolkit_for_professionals) **planning tool and resources be used?**  |
| **Other people within the household** *(Names and DOB)* |  |
| **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?** | Some questions you could ask might be: * Child/Young Person's view on services they have received to date – detail any positive impact made
* Child's/Young Person's views, wishes and feelings regarding their day to day lived experience. Describe the Child's/Young Person's perceptions of their day to day life at home and at school. Include extended family and friends they have contact with, leisure / social time including physical activity
* Child(ren)s/Young Person's views and feelings about any concerns they may have and what might help them in their life
 |

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

|  |  |  |
| --- | --- | --- |
| **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?* |
|  |  |  |

Having completed this section consider if you need to discuss the family with your manager or Designated Safeguarding Lead? Please refer to Worcestershire Safeguarding Children’s Partnership (WSCP) [Level of Need Guidance](http://www.worcestershire.gov.uk/downloads/file/7962/levels_of_need_guidance_formerly_threshold_guidance).

## Section 3 - Early Help Family Plan

|  |  |
| --- | --- |
| **Date the Support Started**  |  |

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.

|  |  |  |
| --- | --- | --- |
| **3a) Creating the initial Plan** | **What needs to happen?** |  |
| **What actions are required as identified by the family?** | **Who will do this?** | **By When** |
| *Please list the individual actions here**Keep targets SMART**(Small, measurable, acheivable, realistic targets)* | *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 |  |  |

|  |  |  |
| --- | --- | --- |
| ***3b) 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 |  |  |
| **3c) 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 |  |  |

## Section 4 - Lead Professional Details

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

## Section 5 - Agreement

We agree that the content of this document is accurate, and we understand that part or all of this information may be shared securely with other relevant agencies, where it is identified that their help is needed. Our privacy notice is available at <https://www.worcestershire.gov.uk/privacy>

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

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

**When Sections 1, 2, 3a, 3b, 4 and 5 are completed please and submit via ………….**

**When the intervention with the family ends:**

* **complete the** Early Help Closing Summary form **(available as a separate document)** and **submit** via ………….
* **Ensure Sections** 3c - Early Help Family Plan Review/s **are updated.**

**Retain copies for your own records.**