

**WYRE FOREST SCHOOL CHILDREN, FAMILIES AND YOUNG PEOPLE
EARLY HELP ASSESSMENT AND PLAN**

A set of guidance notes has been produced to support professionals with the completion of the Early Help Assessment and Plan. Please refer to the guidance notes in conjunction with this document.

Section 1 Detail of Child/Children/Young Person

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?	

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?
<p><i>For example:</i> <i>At this moment in time – what are you most worried about. (*) – are there any specific examples.</i></p> <p><i>How worried is the child/young person?</i></p> <p><i>How worried is the parent/carer?</i></p>	<p><i>For example:</i> <i>What works well now to support the child/young person/family when things are going wrong or they are worried?</i></p> <p><i>What has been offered to the family before?</i></p> <p><i>What support network does the family have?</i></p>	<p><i>For example:</i> <i>What would make things better for the child/young person/children/family?</i></p> <p><i>What does the family want to achieve?</i></p> <p><i>Are they willing to accept help (consent)?</i></p> <p><i>Would an Early Help Family Plan be helpful to the family?</i></p>

Having completed this section consider if you need to discuss the family with your manager or Designated Safeguarding Lead? Please refer to Worcestershire Safeguarding Board's [Level of Need Guidance](#). Do you need to escalate your concerns to the Family Front Door in Children's Social Care? Advice can also be accessed from your Community Social Worker if you do not believe that you are able to meet the child's needs alone by following the link below: https://capublic.worcestershire.gov.uk/ChS_Theme/.



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(*) If you conclude that the family needs a Level 3 or 4 response, please submit this form with the [Cause for Concern Notification](#) (CCN). It does not replace the need to complete the CCN but you can use the same information. In either instance, please keep a copy of this document in a safe and secure place within your organisation so that it can be retrieved if required at a future date.

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.

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
<i>Please list the individual actions here</i>	<i>This can include the child/young person and parent/carers and other family or friends, as well as professionals</i>	<i>Set dates for each action.</i>
1.		
2.		
3.		
4.		
b) Reviewing the Plan	What has been achieved?	
	<i>Please list the achievements for the family.</i>	

What do the child/young person and parent/carer think of the progress made?		
What do professionals think of the progress made?	<i>Incorporate feedback from anyone involved.</i>	
Are there any issues or barriers to success?	<i>What can be done about these?</i>	
Does the family still require professional involvement? If so what needs to happen?	<i>Please list the actions that need to be taken.</i>	
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?	<i>Please list the individual actions here</i>	
Who will do this?	<i>This can include the child/young person and parent/carers and other family or friends, as well as professionals</i>	
By when	<i>Set dates for each action.</i>	
Date of next Review		

4 Lead Professional Details

Name and title of Lead Professional:	Alison Hopkins
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.

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

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