|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Help Assessment and Action Plan** | | | | | | | |
| **Early Help Details** | | | | | | | |
| Date Early Help Started | | | | Click here to enter a date. | | | |
| Main reason for completing the Early Help Assessment | | | | Choose an item. | | | |
| Additional reasons/info | | | | Click here to enter text. | | | |
| Names, job role and service of those involved in the assessment or at Child Action Meeting | | | | Click here to enter text. | | | |
| List any questionnaires or tools you have used to help gather information for this assessment | | | | Click here to enter text. | | | |
| **Child and Family Details** | | | | | | | |
| Child(ren)’s Name | Click here to enter text. | | | Gender | | | Click here to enter text. |
| Date of Birth | Click here to enter text. | | | Primary Language | | | Click here to enter text. |
| Ethnicity | Choose an item. | | | Other languages spoken | | | Click here to enter text. |
| Primary Address | Click here to enter text. | | | Telephone | | | Click here to enter text. |
| Mobile | | | Click here to enter text. |
| **Parent/Carer details** | | | | | | | |
|  | Parent | | | | Parent | | **Don’t forget to ask parents and/or check with the Integrated Working Team to find out if there’s already an Early Help Assessment in place.**  **Tel No: 01204 331394/2.**  **Have you done this?** |
| Name | Click here to enter text. | | | | Click here to enter text. | |
| Relationship to child | Click here to enter text. | | | | Click here to enter text. | |
| Address (if different to above) | Click here to enter text. | | | | Click here to enter text. | |
| Telephone (if different to above) | Click here to enter text. | | | | Click here to enter text. | |
| Do parents have any special requirements such as disability or language / communication difficulties? If so, explain clearly) | Click here to enter text. | | | | Click here to enter text. | |
| **Lead Professional Details** | | | | | | | |
| Name | Click here to enter text. | | | | | | |
| Address | Click here to enter text. | | | | | | |
| Postcode | Click here to enter text. | | | | | | |
| Contact Tel: number | Click here to enter text. | | | | | | |
| Job Title | Click here to enter text. | | | | | | |
| Agency | Click here to enter text. | | | | | | |
| Email | Click here to enter text. | | | | | | |
| **Assessment Information** | | | | | | | |
| **Development of the unborn child, child or young person** | | | | | | | |
| Health | Click here to enter text. | | | | | | |
| Physical Development | Click here to enter text. | | | | | | |
| Speech, language and communication | Click here to enter text. | | | | | | |
| Identity, Emotional, Social Development, Relationships with friends, Self-Care skills | Click here to enter text. | | | | | | |
| Behaviour | Click here to enter text. | | | | | | |
| Learning including Attendance, Progress and Achievement and Aspirations | Click here to enter text. | | | | | | |
| **Parents and Carers** | | | | | | | |
| Provision of care, protection and safety to the children | Click here to enter text. | | | | | | |
| Provision of guidance, boundaries and stimulation to the children | Click here to enter text. | | | | | | |
| Support needs of parents | Click here to enter text. | | | | | | |
| **Family and the Environment** | | | | | | | |
| Family History | Click here to enter text. | | | | | | |
| Wider Family (including siblings, other significant adults, if a child lives/visits with another family member regularly) | Click here to enter text. | | | | | | |
| Housing employment and finance | Click here to enter text. | | | | | | |
| Access to social and community support | Click here to enter text. | | | | | | |
| **Early Help Action Plan** | | | | | | | |
| **What support/provision is already in place?** | | | | | | | |
| **Education** | **Main Contact and Details** | | | | **What goals are you working towards?** | | **What progress has been made so far?** |
| Nursery/School/College  Click here to enter text. | Click here to enter text. | | | | Click here to enter text.  Click here to enter text. | | Click here to enter text. |
| **Provision/Services** | **Main Contact and Details** | | | | **What goals are you working towards?** | | **What progress has been made so far?** |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| **GP Name** | **GP Practice + contact details** | | | | **List any additional support provided by GP** | | **What progress has been made so far?** |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| **Conclusions** | | | | | | | |
| What is going well? | | Click here to enter text. | | | | | |
| What outstanding needs require actions? | | Click here to enter text. | | | | | |
| How will everyone know that things have improved? | | Click here to enter text. | | | | | |
| Are you holding a Child Action Meeting to coordinate your plan? | | Choose an item. | | | When is this planned?  Click here to enter a date. | | Where will this be held?  Click here to enter text. |
| **Action Plan – What needs to happen next?** | | | | | | | |
| Goal | Action | | | | Who is requested to undertake this action? | | Timescale |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| **Scaling – so you can measure progress over time, agree a score of the overall situation with the child/family** | | | | | | | |
| Choose an item. | On a scale of 1 – 10, where 1 is the worst and 10 is the best – how would you score the situation at this point? (Re-visit this at the review to measure overall progress) | | | | | | |
| **Information Sharing** | | | | | | | |
| Which services need to receive this Early Help Assessment and Action Plan to help them to provide services to you? | Click here to enter text. | | | | | | |
| **Consent** | | | | | | | |
| I understand and agree with the information recorded on this form. I understand and agree that it will be stored and used for the purpose of providing services.  I have had the reasons for information sharing explained to me and I understand those reasons.  **The Integrated Working Team working with the Bolton Early Help Hub will assist practitioners to provide your family with the services and support to best meet your needs. The form will not be shared with other services without your consent.** | | | | | | | |
| Parent/CarerChoose an item. | | | Name: Click here to enter text. | | | DateClick here to enter a date. | |
| Parent/Carer Choose an item. | | | Name: Click here to enter text. | | | Date: Click here to enter a date. | |
| Young Person (if old enough) | | | Name: Click here to enter text. | | | Date: Click here to enter a date. | |
| Practitioner | | | Name: Click here to enter text. | | | Date: Click here to enter a date. | |
| Is a signed copy kept in service? | | | Choose an item. | | | | |
| Any other information: | | | Click here to enter text. | | | | |

This form should only be shared with the agencies listed above when signed agreement has been provided by the young person (if old enough) or their parent/carer. A copy should be provided to the family.

**If you have sufficient reasons to over-ride consent – this should be recorded in the “any other information” box above.**

For quality and monitoring purposes, a copy of this form should also be sent securely to:

[BoltonISA@bolton.gov.uk](mailto:BoltonISA@bolton.gov.uk) **or:**

Integrated Working (IW) Team, Castle Hill Centre, Ground Floor, Castleton Street, Bolton, BL2 2JW

If you need any help or support in completing this form then please access the guidance at: [www.boltonsafeguardingchildren.org.uk](http://www.boltonsafeguardingchildren.org.uk) or contact the Integrated Working team on 01204 331394 or via email to: [BoltonISA@bolton.gov.uk](mailto:BoltonISA@bolton.gov.uk)

**Reviewing the Plan**

The Action Plan you have just agreed should be reviewed in 10 weeks’ time, to ensure that progress has been made and to identify any further actions/support needed. Please use an additional Early Help Review Form for each review you undertake. The review form can be found on the Early Help page of the website (as above).

**IW Team Monitoring:**

|  |  |  |  |
| --- | --- | --- | --- |
| SMART plan | Review recorded | Choose an item. | Child Action Meeting? |
| Agency Name: Click here to enter text. | | Choose an item. | |