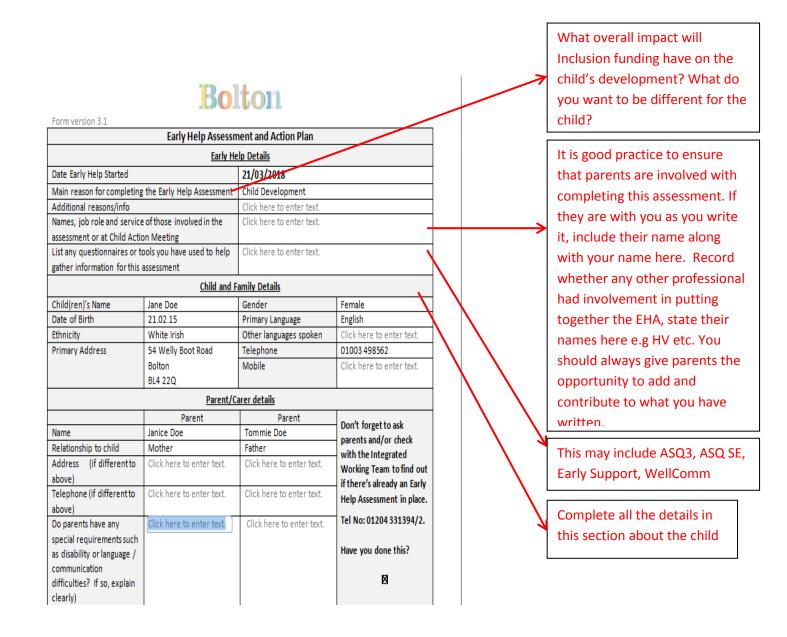
Inclusion Fund Application Guidance

Complete <u>ALL</u> **sections** and ensure you are using version 3.1 of the Early Help Assessment



Lead Professional Details	
Click here to enter text.	
Assessment Information	
Development of the unborn child, child or young person	
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. Assessment Information Development of the unborn child, child or young person Click here to enter text. Click here to enter text.

Think about how the child manages their own feelings, follows directions and boundaries and indicates that they are aware of other people's feelings? Are they able to 'self-regulate' and 'self-sooth'?

Think about the child's willingness to 'have a go'; whether they think about consequences of their actions; are able to plan and think about what they want to do?

<u>Include</u> a celebration of what the child does well or has achieved.

<u>Include</u> the things you know they want to do; voice of the child.

Health, appointments, absence

Include information on fine motor and gross motor

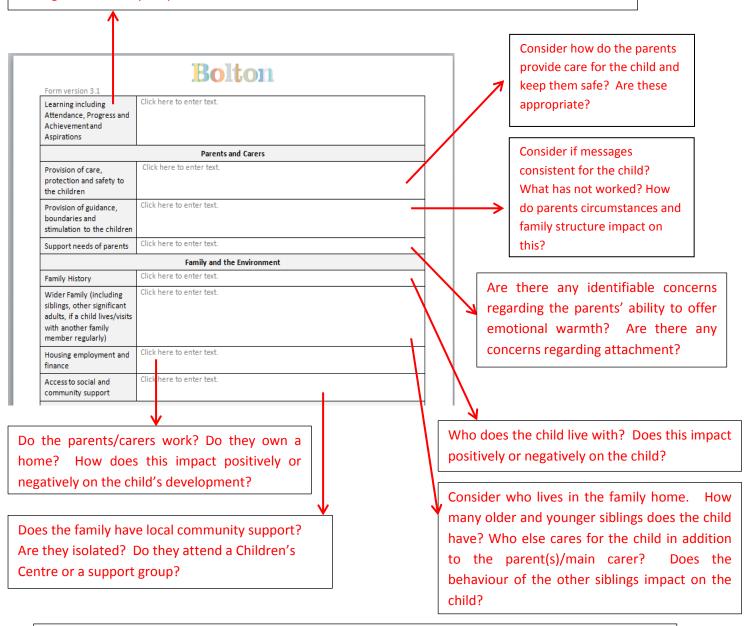
Think about how the child communicates with other children, with members of their family and with you and other adults in the setting? What is their receptive and expressive language like?

Think about if the child feels included and if they know their place in their family, community and in your setting. Is the child confident and will they 'have a go'? Include anything of relevance e.g. are they a twin/only ethnic child in the setting etc.

How does the child interact with other children and adults; how do they cope with groups of different sizes; whether they play with other children, alongside them or on their own. What is their attention like?

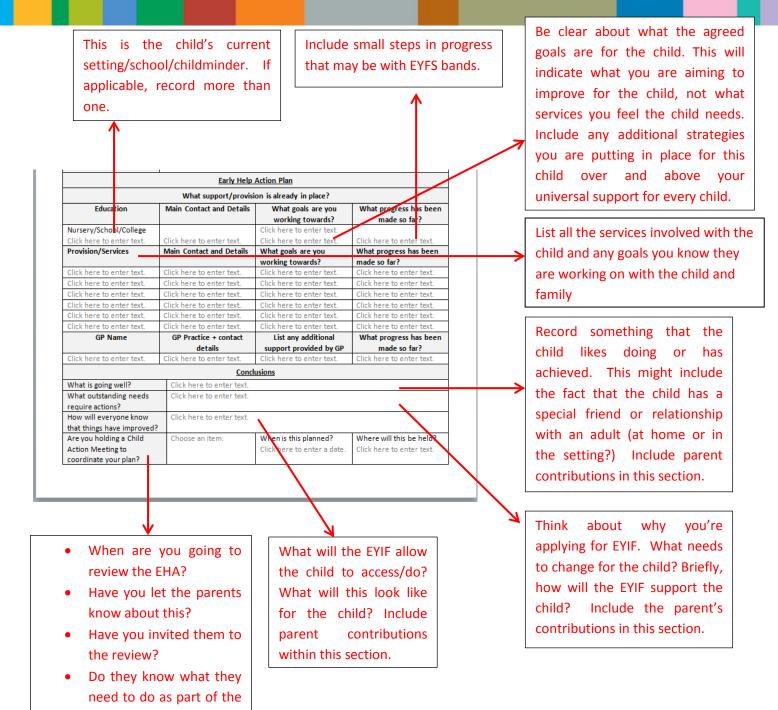
Think about what interactions are like between the child and parents/family members. Are boundaries at home consistent with the boundaries within the setting? Consider if the child displays learnt behaviour at home (i.e. from a sibling)

Consider how independent the child is. How does the child like to help with dressing and washing themselves? Is he/she willing to help others? Is he/she aware of toileting needs? Using your knowledge of the child, observations, EYFS assessments and the child's 2YO progress check, state what you and the child's parents know about the child's development, including their needs. If relevant record information you have from previous early years provision the child has attended. Ensure you can hear the voice of the child (if old enough) and voice of the parents throughout this Early Help Assessment and Action Plan V3.0



Things to consider:

- Think about times of the day when the child may need more support or how your additional support is impacting on their development.
- How does the child cope with change in routine or at transition times during the day?
- How would the child cope in the future, i.e. in their next stage of education? Consider larger ratios and the type of routines and transitions they will have to make in a day.
- Was there a time when it is better for the child, for the parents and for you as a setting?
- What is influencing development, behaviour etc.?
- The information in this section should not leave any questions unanswered.



Things to consider:

action plan?

- If the parents are involved in the EHA process then you can get this information from them.
- Make sure you update any changes to this section in any future EH reviews.

Goals - These should be small achievable targets for the child. As part of your application for EYIF, you will need to outline 3 goals that you will be working on with the child between now and the next review. Monitoring of the EYIF will look at the progress made with these as a result of interventions put into place. This will be done in line with the review of EHA.

Actions – These should describe how you are going to make these goals happen. What interventions will you put into place and how will you share strategies with parents? Do you need to gather information, speak to another professional (with parental consent), develop a plan for home and the setting to improve consistency, work on small steps for the child in smaller groups while you are waiting for outcome of EYIF applications?

They goals and actions should be decided in agreement with parents.

Timescale – These should link to the review cycle and be specific.

Bolton

Form version 3.1

Action Plan – What needs to happen next?					
Goal	Action	Who is requested to	Timescale		
_		undertake this action?			
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?

<u>Consent</u>

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.

Click here to enter text

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?	Shoose an item.			
A DESCRIPTION OF THE PROPERTY	at the second second			

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 BoltonISA@bolton.gov.uk or:

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

If you need any help or support in completing this form then please access the guidance at:
www.boltonsafeguardingchildren.org.uk or contact the Integrated Working team on 01204 331394 or via email to
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.	

Have you included Inclusion Fund Panel to the list of agencies to receive this information?

The panel cannot accept the application if you do not do this because they don't have consent to read the information in this EHA.

If this is completed electronically, please record in the 'any other information' section that a signed copy is kept on your records.

Evidence of this will be requested on the monitoring visit.

If you have completed this EHA form please add your name here.

Things to consider:

- Have you given a copy of the EHA to the parent/carer?
- Have you sent a copy to the agencies listed in the consent section above?
- Have you sent a copy of this to the Integrated Working Team?