

Early Help Assessment and Action Plan Form

This Early Help form has been designed to help practitioners assess needs at an initial stage and then work with families, alongside other agencies, to meet them.

It should record relevant core information to make sure that families don't have to repeat their information to different services.

An action plan should be included, so that everyone is clear what is being delivered and progress can be measured.

Child/Young Person details:

Name		Other known names	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	
Address		Other address information	
Post Code		Post Code	
Contact Tel no:		Version No: 1	
Ethnicity If other please specify			
Have you checked with the IW team whether an Early Help Assessment and plan is already in place? <input type="checkbox"/>			

Service Details:

Lead Professional Name Job Title	Agency	Address	Tel:
			Email:
			Mob:
Date of completion:			
Reason for completing the Early Help assessment and Action Plan:			
Does the child or their parent(s) have any special requirements such as disability or language/communication issues? (If so, please explain clearly)			
People present at the assessment/meeting:			
Parent/Carer details Name Relationship to child or young person Address if different to above Contact Telephone Number	Parent / Carer	Parent / Carer	
Relevant family background:			

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**The Assessment – Use this space to provide a clear picture of the child/young person.
Include all strengths and needs.**

Use relevant headings to record information in an appropriate and proportionate way.

Development of the child or young person

General Health

Physical Development

Speech, language and communication

Emotional and social development

Behavioural development

Identity, including self-esteem, self-image and social presentation

Family and social relationships

Self-care skills and independence

Understanding, reasoning, problem solving in learning

Participation in learning, education and employment

Progress and achievement in learning

Learning - Aspirations

Parents and Carers

Basic Care, ensuring safety and protection

Emotional warmth and stability

Guidance, boundaries and stimulation

Family and Environment

Family history, functioning and well-being

Wider Family

Housing, employment and financial considerations

Social and community elements and resources, including education

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Early Help Action Plan

Who else is already involved?

Education setting:	Main Contact:	Contact details:
Is the child receiving any additional support from the education setting?		
GP name:	Contact details:	
Additional Service:	Practitioner name:	Contact details:
What do they provide?		
Additional Service:	Practitioner name:	Contact details:
What do they provide?		
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What do they provide?		
Additional Service:	Practitioner name:	Contact details:
What do they provide?		
Additional Service:	Practitioner name:	Contact details:
What do they provide?		

The assessment has told us:

Strengths:
Areas of Additional Need:
Things we would like to change:
This is how we will know how things have improved:

As well as the actions above, what else is needed?

Goal	Action	Who will undertake this action?	When will this be done?

Is a Child Action Meeting needed to review this plan? Yes No

The action plan will be reviewed and updated on:

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Comments

Child or Young person's comments on the assessment and action plan:

Parent's comments on the assessment and action plan:

Consent to store and share this information

I understand the information that is recorded on this form. I understand 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.

I agree that the agencies who need to receive this information are:(please list)

Parent/Carer:	Name:	Date:
Parent/Carer:	Name:	Date:
Child/Young Person:	Name:	Date:
Practitioner:	Name:	Date:

Any Other Additional Notes or Comments:

When the form has been signed by the young person (if they are old enough) and/or their parent/carer, a copy should be sent to the agencies listed above.

A copy should be provided to the family.

For quality assurance and reporting processes, please also ensure a copy of this form is sent to:

Integrated Working (IW) Team

3rd Floor Paderborn House

Civic Centre

Bolton

BL1 1UA

The IW team **does not forward** copies on to other services.

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

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Reviewing the plan:

Date of Review:

Have the actions above been undertaken? Yes Some No

Describe how things have improved/not improved since the action plan was made:

List any additional actions needed below:

Goal	Action	Who will undertake this action?	When will this be done?

Is a Child Action Meeting needed to review this plan? Yes No

The action plan will be reviewed and updated on:

Review of consent to store and share this information

Following the review I agree that the agencies who need to receive this information are:(please list)

Parent/Carer:	Name:	Date:
Parent/Carer:	Name:	Date:
Child/Young Person:	Name:	Date:
Practitioner:	Name:	Date:

Any Other Additional Notes or Comments:

Are the Early Help Assessment and Action Plan ready to be closed? Yes Date of closure:

If Yes, please update the form, give a reason, identify the date of closure and send a copy to the Integrated Working Team	All actions complete and outcomes achieved <input type="checkbox"/>
	Child or young person has moved out of Bolton <input type="checkbox"/>
	Child or young person has moved into adult services <input type="checkbox"/>
	Needs have escalated and need support of by specialist services <input type="checkbox"/>
	Consent has been withdrawn <input type="checkbox"/>
	Actions could not be achieved as no services available to meet needs <input type="checkbox"/>
	Other – please identify in additional comments box below <input type="checkbox"/>

A reviewed copy of the form should be sent to all agencies listed in the revised consent section, and to the Integrated Working Team. The family should also receive a revised copy.