|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Early Help Access Point to find out if there’s already an Early Help Assessment in place.**  [**boltonISA@bolton.gov.uk**](mailto:boltonISA@bolton.gov.uk)  **Tel No: 01204 331501**  **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 *(what needs to happen to achieve the goal? \*this should not be solely about referring other agencies)* | | | | 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. |
| **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. | | | | | | |
| 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 Early Help Access Point may assist practitioners to provide your family with the services and support to best meet your needs.** | | | | | | | |
| 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.

For early safeguarding purposes, please ensure a copy of this form is sent securely to the single central database held by the Early Help Access Point:

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

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 Early Help Access Point via email to: [earlyhelp@bolton.gov.uk](mailto:earlyhelp@bolton.gov.uk) or 01204 331501

**Reviewing the Plan**

The Action Plan you have just agreed should be reviewed in a timely manner to ensure the child and family are supported and that progress has been made. Reviewing the plan also enables you and the child/family 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 here: [www.boltonsafeguardingchildren.org.uk](http://www.boltonsafeguardingchildren.org.uk)