



Form version 3.1

Early Help Assessment and Action Plan			
Early Help Details			
Date Early Help Started	21/03/2018		
Main reason for completing the Early Help Assessment	Child Development		
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	Jane Doe	Gender	Female
Date of Birth	21.02.15	Primary Language	English
Ethnicity	White Irish	Other languages spoken	Click here to enter text.
Primary Address	54 Welly Boot Road Bolton BL4 22Q	Telephone	01003 498562
		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? <input checked="" type="checkbox"/>
Name	Janice Doe	Tommie Doe	
Relationship to child	Mother	Father	
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.		

What overall impact will Inclusion funding have on the child's development? What do you want to be different for the child?

It is good practice to ensure that parents are involved with completing this assessment. If they are with you as you write it, include their name along with your name here. Record whether any other professional had involvement in putting together the EHA, state their names here e.g HV etc. You should always give parents the opportunity to add and contribute to what you have written.

This may include ASQ3, ASQ SE, Early Support, WellComm

Complete all the details in this section about the child

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	Click here to enter text.

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?

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?

Include a celebration of what the child does well or has achieved.

Include the things you know they want to do; voice of the child.

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

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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.

Consider how do the parents provide care for the child and keep them safe? Are these appropriate?

Consider if messages consistent for the child? What has not worked? How do parents circumstances and family structure impact on this?

Are there any identifiable concerns regarding the parents' ability to offer emotional warmth? Are there any concerns regarding attachment?

Who does the child live with? Does this impact positively or negatively on the child?

Consider who lives in the family home. How many older and younger siblings does the child have? Who else cares for the child in addition to the parent(s)/main carer? Does the behaviour of the other siblings impact on the child?

Do the parents/carers work? Do they own a home? How does this impact positively or negatively on the child's development?

Does the family have local community support? Are they isolated? Do they attend a Children's Centre or a support group?

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.

This is the child's current setting/school/childminder. If applicable, record more than one.

Include small steps in progress that may be with EYFS bands.

Be clear about what the agreed goals are for the child. This will indicate what you are aiming to improve for the child, not what services you feel the child needs. Include any additional strategies you are putting in place for this child over and above your universal support for every child.

List all the services involved with the child and any goals you know they are working on with the child and family

Record something that the child likes doing or has achieved. This might include the fact that the child has a special friend or relationship with an adult (at home or in the setting?) Include parent contributions in this section.

Think about why you're applying for EYIF. What needs to change for the child? Briefly, how will the EYIF support the child? Include the parent's contributions in this section.

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.
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.
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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.

- When are you going to review the EHA?
- Have you let the parents know about this?
- Have you invited them to the review?
- Do they know what they need to do as part of the action plan?

What will the EYIF allow the child to access/do? What will this look like for the child? Include parent contributions within this section.

- Things to consider:**
- 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.



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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/Carer Choose an item.	Name: Click here to enter text.	Date: Click 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.

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.

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 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 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 <input type="checkbox"/>	Review recorded <input type="checkbox"/>	Choose an item.	Child Action Meeting? <input type="checkbox"/>
Agency Name: Click here to enter text.		Choose an item.	

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?