

Complete ALL sections and ensure you are using version 3.1 of the Early Help Review.

Complete all of the details in this section, including the review version number.

It is good practice to ensure that parents are involved with reviewing the Early Help assessment. If they are with you when you review it, include their name along with your name here. You should always give parents the opportunity to add and contribute to what you have written.

Form version 3.1 review

Bolton

Early Help Review

Early Help Details			
Date of Early Help Review	Click here to enter a date.		
Review version number	Choose an item.		
Names, job role and service of those involved in the review or Child Action Meeting	Click here to enter text.		
Child and Family Details			
Child(ren)'s Name	Click here to enter text.	Primary Address	Click here to enter text.
Date of Birth	Click here to enter text.	Telephone	Click here to enter text.
		Mobile	Click here to enter text.
Parent/Carer details			
Parent		Parent	
Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Relationship to child	Click here to enter text.	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.	Click here to enter text.
Telephone (if different to above)	Click here to enter text.	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.		
Has the Lead Professional changed since the assessment/last review?	Choose an item.	Click here to enter text.	
Review Information			
Is there any new information since the original assessment?	Click here to enter text.		

Progress on Early Help Action Plan			
Goals identified on previous action plan	- Met - Partially Met - Not Met or Worse	Comments	
Click here to enter text.	Choose an item.	Click here to enter text.	
Click here to enter text.	Choose an item.	Click here to enter text.	
Click here to enter text.	Choose an item.	Click here to enter text.	
Click here to enter text.	Choose an item.	Click here to enter text.	
Click here to enter text.	Choose an item.	Click here to enter text.	
Click here to enter text.	Choose an item.	Click here to enter text.	
Click here to enter text.	Choose an item.	Click here to enter text.	
What is going well?	Click here to enter text.		
Are you going to continue to review this action plan?	Choose an item.	If yes – complete Action Plan below. If no – complete closure form at the end of the form.	
Are you holding a Child Action Meeting to review and 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.

Record any changes since the EHA was completed or the last review took place. This should give an up to date picture of the child's development/progress. Are goals and actions relevant?

Consider the whole family and if the changes have happened, how this may impact on the child. Consider if the child has made any progress and the impact of any strategies you have put in place linked to previous goals.

Things to consider:

- Remember you are reviewing any changes/progress since the EHA was completed or the last review.
- If the EHA was completed a while ago remember that whoever is reading this may not have all of the contact details they need from the original EHA. Do they need them?
- Add new goals as well as commenting of previously set goals and their progress.
- Ensure that the parents are involved in all of the reviews.

Bolton

Form version 3.1 review

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 <u>with</u> 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 now?		
Click here to enter a date.	What is the date of the next review/Child Action Meeting?		
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.		

Goals – These should be achievable targets for the child. As part of the 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 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 in 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 the outcome of EYIF applications.

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

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

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 the EHA.

When will you review the EHA again?

If you have completed this Early Help Review form, add your name here.

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 comments:	Click here to enter text.									
Closure form										
Date of closure	Click here to enter a date.									
Reason for closure	Choose an item.									
If 'Other' please give details	Click here to enter text.									
<p>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.</p> <p>If you have sufficient reasons to over-ride consent – this should be recorded in the "any other information" box above.</p> <p>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, B12 2JW</p> <p>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</p> <p>IW Team Monitoring:</p> <table border="1"> <tr> <td>Date IW team received review: Click here to enter a date.</td> <td>Date sent to IMU: Click here to enter a date.</td> </tr> <tr> <td>Version No: Choose an item.</td> <td>Additional comments: Click here to enter text.</td> </tr> <tr> <td>Closure? Choose an item. See reason above</td> <td></td> </tr> <tr> <td>Agency Name: Click here to enter text.</td> <td>Choose an item.</td> </tr> </table>			Date IW team received review: Click here to enter a date.	Date sent to IMU: Click here to enter a date.	Version No: Choose an item.	Additional comments: Click here to enter text.	Closure? Choose an item. See reason above		Agency Name: Click here to enter text.	Choose an item.
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Closure? Choose an item. See reason above										
Agency Name: Click here to enter text.	Choose an item.									

If this form is completed electronically, have you recorded in the 'any other comments' box that a signed copy is kept on your records? Evidence of this will be requested at the monitoring visit.

If you are closing the EHA you must indicate a reason for this. You must also send a copy of this to the Integrated Working Team to inform them that you are closing it.

Things to consider:

- Have you given a copy of this Early Help Review to the parents/carers?
- 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?