

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.	
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.	
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	<ul style="list-style-type: none"> - 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	Choose an item.	When is this planned? Click here to enter a date.	Where will this be held? Click here to enter text.

and coordinate your plan?			
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.		
Consent			
<p>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.</p> <p>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.</p>			
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.		

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

IW Team Monitoring:

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.



Form version 3.1 review

Closure? Choose an item. See reason above	
Agency Name: Click here to enter text.	Choose an item.