**Early Help Action Plan**

To help review the effectiveness of plans for children and young people, the Integrated Working Team hold a copy of Action Plans resulting from team around the child/ family activity.

If you have any questions or require further advice please contact:

Assessment & Information Officer (NE Somerset Area) 01225 395448

Assessment & Information Officer (Bath Area) 01225 395308

|  |  |
| --- | --- |
| **Child(ren)’s Name** |  |
| **Child(ren)’s Date of Birth** |  |
| **Fathers/mothers/carers name/s** |  |
|  | |
| **Review Meeting Date** |  |
| **Venue** |  |
| **Lead Professional (Chair) Include contact details and agency** |  |
| **Attendees and Job Role – Include contact details and agency** |  |
|  |
|  |
|  |
|  |
| **Apologies received** |  |
|  | |
| **Next Review Meeting Date** |  |
| **Venue** |  |

Please return the completed action plan to the Integrated Working Team at [IWT@bathnes.gov.uk](mailto:IWT@bathnes.gov.uk) if emailing from B&NES or Virgin accounts. From other email accounts please first contact the Integrated Working Team on 01225 395021

Alternatively, you can send by registered post to:-

**Integrated Working, Lewis House, Manvers Street, Bath BA1 1JG**

**Action Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Needs**  *Which of the identified needs does this address? See section four ‘summary of needs’ from assessment* | **Desired Outcome**  *See section five ‘Analysis’ from assessment* | **Action** | **Who will do this?** | **By When?**  *Please give specific timescales rather than ‘ongoing’ or ‘asap’* | **Progress and comment on specific action** |
|  | End result |  |  |  |  |
|  |
| We will know this is happening when |
|  |
|  | End result |  |  |  |  |
|  |
| We will know this is happening when |
|  |
|  | End result |  |  |  |  |
|  |
| We will know this is happening when |
|  |
|  | End result |  |  |  |  |
|  |
| We will know this is happening when |
|  |

**Action Plan Review Date:**      

**Current people involved**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Phone Number** |
|  |  |  |
|  |  |  |
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**New people to be involved**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Should this episode be closed? Yes**  **No**

**If yes please also complete the attached closure form**

**Review Notes**

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| --- |
|  |

**Mother/father/carer’s comment on the review and actions identified**

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| --- |
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**Child(ren)/ Young person’s comment on the review and actions identified**

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| --- |
|  |

**Exceptional circumstances: concerns about significant harm to infant, child or young person.**

If at any time you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow the South West Child Protection procedures (www.swcpp.org.uk). The practice guidance *What to do If you’re worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners.

**Early Help Assessment Closure Form**

This form is to be used in those instances where support for a child/young person through an assessment is coming to an end and used to record the reasons for this decision.

**Please indicate reason for the process being closed**

All needs being met by universal services

Child’s needs now being managed by statutory services *(e.g. Social Care, YOT, etc.)*

Consent withdrawn

Other *(Please specify)*

**Name of lead professional closing assessment**

|  |
| --- |
|  |

**Job role**

**Team/Service**

**Date closed**

**Please ask the fathers/mothers/carers to answer the following questions:**

How involved did you feel in the assessment and planning process?

**1  2  3  4  5**

< Not involved Very involved >

Do you feel the assessment process has had a positive impact on your life?

**1  2  3  4  5**

< No impact Big impact >

**Please ask the child/young person to answer the following questions:**

How involved did you feel in the assessment and planning process?

**1  2  3  4  5**

< Not involved Very involved >

Do you feel the assessment process has had a positive impact on your life?

**1  2  3  4  5**

< No impact Big impact >

**Is there anything else you would like to tell us?** *(family)*

|  |
| --- |
|  |

**Is there anything else you would like to tell us?** *(practitioner)*

|  |
| --- |
|  |

**Signed: Lead Professional Signed: Father/mother/carer or Young Person**

**Date**       **Date**

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