 **SCHOOLS**

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**Walsall Early Help - Review of Plan**

**Child / young person**

**Date of Review**

**Venue**

**Who is at the review?**

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| --- | --- | --- |
| **Name** | **Role** | **Contact Details** |
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**Why is Early Help required?**

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**Previous History**

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**Social Worker Step down actions & recommendations (If applicable - Step Down Request)**

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**Is Early Help consent form completed?**

**Update on the plan, what has been completed and the impact it has made?**

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| **Update on each action :**  **State each action , followed by the outcome / impact**  **Updates from agencies** |

**What are the concerns and Needs?**

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| **Initial risks and vulnerabilities**  **New risks and vulnerabilities**  **Positives and strengths** |

**What still needs to change?**

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| Summary of what needs to change which will inform the action plan |

**Child / young person’s voice – and how has this been gained? (i.e. discussion/observation)**

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**Parents / carers comments, thoughts and views**

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|  |

**Review decision**

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| --- |
| **Continue with EH Multi Agency**  **Step up to Social Care**  **Step down to single Agency or universal services**  **How will this be sustained?** |

**PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority Area** | **Next Goal** | **SMART actions** | **By Who** | **By When** |
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**Consent Form**

**How will information be used?**

Personal information collected during the Early Help process will be used by the Lead Professional and partner agencies to deliver services to address the needs identified above. All information will be treated as confidential and will not be shared without your agreement and consent unless there is a need to by law to either (a) prevent harm occurring or; (b) to prevent the law being broken.

If you wish to withdraw consent to share information or to take part in the Early Help process, you can do so by informing your Lead Professional. The Lead Professional may need to consider whether there are reasons to continue to share some or all of the information with other agencies to prevent harm occurring or prevent the law being broken.

I have had the reasons for Early Help explained to me and I understand those reasons.

**Signatures:**

**Parent: Date: Staff: Date:**

|  |  |  |
| --- | --- | --- |
| **Date of next review:** | **Venue:** |  |

**Please complete and return to:**

**Early Help Hub**

**Zone 2D, 2nd Floor,**

**Civic Centre,**

**Darwall Street,**

**Walsall, WS1 1TP**

**Secure Email: IRSAdminTheQuest@walsall.gov.uk**