Early Help
For all who need it
1. Introduction

‘For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future’ (1)

Our commitment to early help is central to our Children and Young People’s Plan with ‘Early help for all who need it’ cutting across our four priority areas:

- Improved educational attainment
- Protecting vulnerable children
- Early help and improving life chances
- Being healthy and positive

Early help supports the broader council priorities of promoting health and well being and protecting the vulnerable and additionally offering value for money by working preventatively to reduce future spend within specialist services.

Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to teenage years.

Our early help offer recognises the crucial role that all family members – not just mothers and fathers, but step parents, grandparents, siblings and other extended family members and carers – play in influencing what children experience and achieve as well as the consequences when families are in difficulty.

Our early help offer takes into account reports and reviews by Frank Field, Dame Clare Tickell, Graham Allen and Marmot, with regards to the impact of growing up in poverty on child outcomes, use of evidence based approaches and programmes, and the important focus on the early years given the increasing body of evidence around early attachment and baby brain development. (2, 3, 4, 5)

The new ‘Working Together to Safeguard Children’ guidance places an emphasis on the importance of early help in promoting the welfare of children, together with clear arrangements for collaboration, and we want to ensure that our early help offer reflects the ambitions of this guidance.

Our offer also takes into account key messages from Munro’s review (6):

- preventative services will do more to reduce abuse and neglect than reactive services
- co-ordination of services is important to maximise efficiency
- within preventative services, there needs to be good mechanisms for helping people identify those children and young people who are suffering or likely to suffer harm from abuse and neglect and who need referral to children’s social care

Central to our early help offer is the early identification of children and families who would benefit from early help and a co-ordinated early assessment and response to prevent abuse and neglect of children and young people, and improve outcomes for children and families as a whole.
2. Identifying children and families who would benefit from early help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation through to teenage years. (1)

The effectiveness of early identification is underpinned by professional responsibility both of the referring and of the receiving agency to ensure that if a family does not meet the thresholds for specific services, that action is taken to prevent the lower level needs escalating, whilst also being alert to identifying children who without support will not reach their full potential.

Our early help offer therefore puts the responsibility on all professionals to identify emerging problems and potential unmet needs for individual children and families, irrespective of the whether they are providing services to children or adults (7). The professionals working mainly in universal services are best placed to identify children or their families, who are at risk of poor outcomes. These will be in health services, such as health visitors, GPs and school nurses, or in Children’s Centres, or in education provision at any age from early years onwards.

Alongside this is the use of local intelligence set out in the Joint Strategic Needs Assessment and data collated in respect of the Troubled Families Programme criteria that supports us to identify both groups of children and families that are more likely to be in need of early support, but also in the case of Troubled Families the individual families in needs of early intervention approaches.

‘Working together’ recommends that professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs
- is a young carer
- is showing signs of engaging in anti-social or criminal behaviour
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence and / or
- is showing early signs of abuse and / or neglect and / or sexual exploitation

In relation to family circumstances, routine enquiry is developing in 0 – 19 health services in relation to domestic abuse and maternal mental health following childbirth and in Adult Social Care in relation to early identification of young carers. Munro states that in relation to family circumstances, whilst this may increase the risk of poor outcomes, this does not make harm inevitable.

Early help services are also integral to cases stepping down out of Children’s Social Care services, and Troubled Families Support, to enable a lower level of help to be offered to reduce future need for high level support and statutory intervention. (See appendix for Step Up / Step Down process)

Ref: LSCB developing thresholds paper to follow
3. Who can access support?

The provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families. (1)

Children and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, from universal, early help and specialist support services.

Universal services are available to all children, young people and families, working with families to promote positive outcomes for everyone, by providing access to education, health services and other positive activities. Practitioners working in these services should identify where children and families would benefit from extra help at an early stage.

Early help services (previously referred to as targeted services) focus on children, young people and families who may need support either through a single service or through an integrated multi-agency response. They work with families where there are signs that without support a child may not achieve good outcomes and fulfil their potential. However early help services are also critical in preventing escalation into specialist services, and will also assist with continuing lower level support once a higher level intervention has been completed.

Specialist services focus on families with individual or multiple complex needs, including where help has been requested through Section 17 and Section 47 or where a specific disability or condition is diagnosed.

What is important is that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child.

It is also critical that all professionals remain aware of their responsibilities in relation to safeguarding and protecting children, with regards to families who have an early help assessment (formerly EHA).
4. How to access early help

Local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services. (1)

To ensure that the best possible support is provided to children and families there needs to be an early assessment of need considering child’s developmental needs, family and environmental factors and parenting capacity. Locally this assessment is undertaken through usage of the Early Help Assessment (formerly CAF) (see appendix)

In some cases a professional will be able to identify a specific need, but will not be in a position to provide appropriate locally sourced support. In this instance the Early Help team will work with the referrer to identify the appropriate help and support to access from a single agency.

Where the assessment identifies support needs that cannot be met by a single agency or service, there needs to be a co-ordinated response with local agencies working together to support the family. The Team around the Child (TAC) model is used locally to bring together a range of different practitioners from across the children and young people’s workforce and sometimes from adult services to support an individual child or young person and their family. The members of the TAC develop and deliver a package of solution focused support to meet the needs identified through the Early Help Assessment (formerly CAF) with a lead professional identified to co-ordinate the support and act as the key point of contact for the family and professionals / services. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

Working Together states that in order for an early assessment to be effective:

- the assessment should be undertaken with the agreement of the child and their parents/carers. It should involve the child and family as well as all the professionals who are working with them
- if parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children’s social care may be necessary

**Early Help Service**

They provide support with:

- Early Help assessment and process
- Helping professionals decide whether an Early Help assessment is the best way forward
- Checking if a family already has an Early help assessment
- Advice and information about appropriate services / agencies

**Contact 0300 300 8585 email cs.accessandreferral@centralbedfordshire.gov.uk**
5. Our Early Help Offer

Our early help offer focuses on some key service areas, and is supplemented by a range of services commissioned according to needs identified through data collated through the existing EHA process, the Child Poverty commissions and in the future through the Healthy Child Programme and Troubled Families work.

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<thead>
<tr>
<th>Children’s Centre Services</th>
<th>Early Education / Childcare</th>
<th>Family Learning / Access to employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare Rights / Benefits advice</td>
<td>Early Help Assessment</td>
<td>Raising aspirations / Positive activities for young people</td>
</tr>
<tr>
<td>Emotional Wellbeing Service / Counselling services</td>
<td>Parenting and Family Support / Troubled Families</td>
<td>Healthy Lifestyles / Reducing risky behaviours</td>
</tr>
</tbody>
</table>

*It should be noted that many of the early help services support families across the spectrum of need, further information is available in the appendix*

The above is not an exhaustive list of the support available for children and families, as the service landscape is constantly changing to meet the emerging needs and to fill gaps in provision. The EHA team are able to advise on the most current early help services available and ensure this matches the desired outcomes stated on the Early Help Assessment. Additionally the team has information about a wide range of services available across the area from a range of stakeholders, and are often able to broker appropriate services which can be linked into direct payments as appropriate.

Increasingly early help services are drawing upon the use of evidence based approaches and programmes, to increase the chances of support provided bringing about the desired outcomes, for example:

- Children’s Centres – delivering ‘Parents as First Teachers’ programme and the Nurturing Programme
- Adult Treatment Services – delivering ‘MPACT’ family programme
- Two year old entitlement – disadvantaged 2 yr olds placed only in good or outstanding settings

Whilst a significant number of services will be delivered to parents it is important that they are evaluated to demonstrate the impact they are having on improving children’s outcomes.
Child at the centre

It is paramount that the needs and views of children are central to the assessment process and that the interests of adults are not put ahead of their children.

Children have said they need (1):

**Vigilance**: to have adults notice when things are troubling them

**Understanding and action**: to understand what is happening; to be heard and understood; and to have that understanding acted upon

**Stability**: to be able to develop an ongoing stable relationship of trust with those helping them

**Respect**: to be treated with the expectation that they are competent rather than not

**Information and engagement**: to be informed about and involved on procedures, decisions, concerns and plans

**Explanation**: to be informed of the outcome of assessment and decisions and reasons when their views have not met with a positive response

**Support**: to be provided with support in their own right as well as a member of their family

**Advocacy**: to be provided with advocacy to assist them in putting forward their views

References

1. Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children (March 2013)
5. Field, F. (2010), The Foundation Years: preventing poor children becoming poor adults
7. Think Family Practice Protocol (2010), Central Bedfordshire Council
Early Help Assessment for Children and Young People

Practitioner Guidelines
Early Help Assessment

The Early Help Assessment (EHA) is a standardised approach to assessing children and young people’s needs and deciding how they should be met.

The EHA is a key element of our strategy to delivering more effective early intervention and prevention and is a tool for the identification and initial assessment of children and young people considered to be in need of additional support.

Once completed the EHA will serve as a useful way to share information and to track and review a child or young person’s progress. At the point an EHA is completed by a practitioner they are also encouraged to consider and identify any future likely or predictable difficulties a child may face, for example the transition to secondary school. The EHA form should be used by practitioners in all agencies who work with unborn babies, babies, children, young people and their families and have been trained in its use.

Completing the EHA will help to:

- Gather information about a child, young person and their family. It will also help identify any other professionals already working with the child or young person.
- Consider the information; identify the risks and protective factors which in turn will help you to assess the additional needs of the child or young person.
- Make recommendations about how best to improve outcomes for a child or young person both through your own service and where appropriate from others.
- Facilitate earlier and better joint working with the parent or carer before a child or young person’s needs escalate.
- Improve the outcomes for a child or young person where current intervention and support processes are not working.
- Address concerns about a child or young person’s well-being that are related to issues beyond your service / support.

If at any time you feel a child or young person is at risk of harm you should immediately refer your concerns to the Access & Referral team on 0300 300 8525.

Before you start the assessment process, please contact the Access & Referral team on 0300 300 8525 to check whether an EHA has already been completed and logged by another professional. This is essential to ensure that only one EHA is in existence for a child/young person at any one time.
EHA Pre-assessment checklist

The EHA Pre Assessment Checklist can be used by practitioners when deciding whether to initiate the EHA Process in relation to a child or young person. This form is not compulsory but can be used to aid the decision making process and to trigger an EHA within your agency. It is not intended to be used directly with the family or to be shared with other agencies.

Minimum standards when completing the assessment

Starting the assessment:

It is important that all professionals contact the Early Help Service before they start completing an EHA for a child or young person. An EHA may already exist for the child or young person. CSIS will also be able to advise you of any other professionals/services involved with the family which may assist you and avoid duplication.

The assessment is a way of recording your discussion with the child or young person and their family. You will need to make sure they understand what information you are recording and what is going to happen to it. You should consider the child or young person within their family relationship and community, including their cultural and religious context. It will help to use plain, jargon-free language which is appropriate to the age and culture of each person, explaining any unavoidable technical and professional terms.

The discussion does not have to be highly formal or presented as a ‘big event.’ You will want to use a method and style that suits you, the child or young person, their parent/carer, and the situation. It is not appropriate to do an assessment without seeing or involving the child or young person.

The key points to remember about your discussion are:

- It is collaborative – you are working with the child or young person and their family to find solutions, and they will often know better than you.
- You should consider the child/young person’s and family’s strengths as well as needs, and these should be recorded.
- If the child or young person and/or their parent/carer don’t want to participate, you can’t force them – it is a voluntary assessment. If you are concerned about the safety or welfare of a child or young person, seek immediate advice at the end of the discussion.

Completing the form

It is important that as many of the following sections are completed and boxes marked with an asterisk are mandatory:

Is this Child/Young Person open to Social Care?

Please tick yes or no if you know that the child/young person is currently an open social care case. If so and it is not a step down then an EHA should be completed by the social worker only.

Is this a step down to EHA/TAC?

If the Child/Young Person is now being closed to Social Care and needs further support via an EHA, please tick yes. An EHA can be completed at the closure meeting, preferably by the social worker and a Lead Professional must be identified.
Date of assessment

Section A – Identifying details
Please ensure that as much identifying details are completed as possible. It is also important that the ethnicity and disability sections are also completed.

Assessment Information:
If you have consulted with any other services/organisations regarding the child/young person then you may want to detail this in the “What has led to this unborn baby, infant, child or young person being assessed?” box. Please include all the people present at the assessment and their relationship to the child/young person.

Section B – Details of family
It is important that details of the current family and home situation is completed, this should include:

- Parents
- Grandparents
- Other significant adults that the child/young person may spend time with
- Siblings
- Who lives with the child/young person and who does not live with the child/young person
- Any other relevant details

Section C – Details of person making assessment
It is essential that all details of the person who completes the assessment are filled in as well as the details of the nominated Lead Professional if known. If the Lead Professional is nominated after the assessments has taken place, then fill in the details on the form and notify CSIS.

Section D – Services working with this child
It is essential that the GP details are filled in as this is needed for some referrals to certain agencies. Details of the different services that are working with the child/young person should also be completed; this can include Nursery/school, children’s centre, etc.

Section E - Assessment Summary
You should explore areas around your immediate concern, so as to look behind the presenting issues and come up with a more holistic view. You do not need to comment on every element; include only what is relevant.

The section includes:

- Development of the child – try to detail as much information as possible about the child’s/young person’s general and physical health, emotional well-being such as self esteem, behavioural development, relationship and social skills with family and peers, education - such as at risk of school exclusion.
- Parents and Carers – details regarding basic care, safety and protection, emotional warmth and stability including family environment, frequency of house moves and school changes, encouragement and praise
- Family and Environmental Factors – details regarding family history, extended family support, housing, employment and financial situation, social networks, and issues such as domestic violence and/or substance abuse.
What are the child/young person’s/families strengths and resources, what are their needs – e.g. no additional needs, additional needs, complex needs, risk of harm to self or others

Section F – Conclusions, solutions and actions
With the child or young person and parent/carer identify what changes are wanted, what they can do and what you will do to help this change and what do you want others to do? Make sure they understand what is proposed. Try to focus on what the child or young person and family can do for themselves. Do not make any promises of support on behalf of other services.

Record the child/young person and parent/carer comments on the assessment and actions identified. Give a copy of the assessment to the child/young person or their parent/ carer and explain that they can show it to other services if they wish to, so they don’t have to keep repeating their stories.

Section G – Consent statement for information storage and information sharing
Explain that with their consent, the assessment will be stored securely by your agency, and will also be copied to the Early Help Service for logging on a central database.

Once any questions have been resolved, use the box “List of Organisations” to explicitly record which agencies the child or young person and/or parent/carer does and does not consent to sharing their information with, and for what purpose, and also to record any other limits to the consent.

What is a Team around the Child (TAC) meeting?
A TAC meeting is an opportunity for practitioners and families to discuss how additional needs can be met.

The action plan made during an assessment may require the services of more than one additional agency. Ordinarily, the practitioner undertaking the assessment should refer to the necessary agencies and/or call a TAC meeting to ensure their role in the plan can be recorded using the delivery plan and review.

Who is involved?
The EHA author will coordinate and chair the first TAC meeting and invite professionals directly involved in supporting the child or young person to attend the meeting. The Lead Professional will be appointed at this meeting.

Copies of the EHA Form are to be shared with all relevant practitioners that will be attending, before the meeting. Practitioners should bring any additional information along to the meeting as appropriate. Attendance at the meeting is expected of all relevant practitioners. Practitioners unable to attend will take responsibility for informing the EHA Author or Lead Professional and provide information, which can be presented to the meeting in their absence.

It is imperative that the child, young person and/or their parent/carer is also invited to the meeting and has an opportunity to participate in any decision-making. During the EHA assessment the child, young person and their parent/carer must be clearly listened to and they should be involved in recommending what services and support they feel would help.

The meeting venue should be confidential, safe and accessible and the meetings timed to take account of other family commitments.

A key task of the chair is to ensure that all those present, including the family, have an opportunity to contribute to the discussion, formulate and review the delivery plan. The discussion can be recorded on the Delivery Plan and Review paperwork.
What are the anticipated outcomes?
TAC meetings will always agree the following:

- Action plan identifying who will be doing what and how this will be measured.
- Named or continuing Lead Professional, as required.
- Date of review meeting.

In addition the meeting may also wish to consider:

- Further assessments.
- Actions by family members.
- Actions by practitioners who are present at the meeting.
- Request for services from agencies not present.

At the end of the review the EHA should either be closed or another review date agreed. Make sure any additions to the desired outcomes/action are made or a new plan drawn up if required.

Consent and information sharing issues should be revisited with the young person, parent and/or carer, and along with the lead professional, should all sign the consent section of the delivery plan and review before distributing to other practitioners and agencies.

If the decision is made to close the EHA make sure you record the reason i.e., needs met, Social Care involvement, consent withdrawn or moved away.

After the meeting, send the signed copy to the Early Help Service to confirm that the delivery plan has been agreed.

What if’s

**What if the parents/carers/young person doesn’t turn up?**
If this is the case the Lead Professional will need to try and contact them to see if they are running late. If you get no response the TAC will have to be postponed. A TAC must never proceed without the parents/carers or child/young person.

**What if conflict occurs between TAC members?**
Should conflict arise in the room the Lead Professional will need to advise that the conversation will need to continue after the meeting? Where the conflict may affect ongoing work with the child or young person escalate this to the Early Help Service.

The role of the Lead Professional
Where a child or young person with multiple additional needs requires support from more than one practitioner, the Lead Professional is someone who:

- Acts as a single point of contact, supporting the child/young person and their parents/carers in making choices and navigating their way through the system. However, the Lead Professional is not an advocate for the child/young person or the parents/carers.

- Ensures that they get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered through the EHA delivery plan.

- A practitioner cannot be identified as the Lead Professional in their absence unless this has been previously agreed.

- The Lead Professional is not accountable for the actions/tasks of other practitioners within the group or the group as a whole. Tasks/actions within the group must be defined and recorded in the Delivery Plan and Review and each practitioner is responsible and accountable for their own actions/tasks.
• Although the Lead Professional will usually have the fullest ongoing picture of the child or young person’s needs and the impact of action plan, it is the responsibility of all practitioners involved to ensure that the child or young person is protected from significant harm. Therefore if you are concerned that a child or young person may have suffered significant harm or may be at risk of significant harm, you must immediately notify Intake & Assessment on 0300 300 8149.

More information can be found on
www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0068961/the-lead-professional

The review process
The Lead Professional is responsible for co-ordinating the review process. Other relevant agencies and the child, young person and parent or carer should support this. The review date will be recorded on the plan. A maximum of 3 monthly intervals is suggested.

The following options are suggested for reviewing the action plan:

1. Lead professional to arrange a meeting with the family and all agencies
2. Lead professional to gather reports from all agencies and share with the family
3. Lead professional to confirm actions have been met at review date and share with the family.

The Delivery Plan must be signed by the parent/carer, child/young person (where appropriate) and the lead professional, to show that the next steps are understood and agreed.
TAC Agenda

The TAC agenda should include the following:

- Welcome and introductions (Chair)
- Summary of needs and update since the EHA was written (Chair & Family)
- Opportunity for questions (All)
- Agreement on un-met needs (All)
- Agreement on how needs can be met (All)
- Completion of the Delivery Plan (Chair to complete, also acts as a summary)
- Agreement of the Lead Professional (All)
- Agree on review date (All)

TAC Invitation Letter

Below is a suggested letter to use when arranging a TAC. Please feel free to adapt and change the letter to suit your own agency/requirements.

Name
Address 1
Address 2
Address 3
Address 4
Postcode

Your ref: ABC EFG
Our ref: ABC EFG
Date: DD/MM/YYYY

RE: TAC meeting for (child’s name)

Dear Colleague

You should have already been contacted by telephone or e-mail regarding the arrangement of a TAC meeting for the above named child/young person. The TAC has been arranged on (date & time) at (venue). Enclosed is also a copy of the EHA assessment for you to read before the meeting, we do however ask you to permanently delete the EHA once you have finished with it.

Please confirm if you are able to attend the TAC meeting within two working days of receiving this letter. If you are unable to attend please advise the work your agency is able to undertake and the time scales involved so we can add it to the delivery plan.

Yours sincerely

A.N. Other
Job title
Direct telephone
Email
IF YOU ARE CONCERNED THAT A CHILD/YOUNG PERSON IS AT RISK OF SIGNIFICANT HARM THEN CONTACT INTAKE AND ASSESSMENT ON 0300 300 8149

Practitioner/s identifies need/s of a child/young person

Contact the Early Help Service to establish if an EHA has already been completed by someone else and/or the child/young person are open to Social Care.

If an EHA already exists or the child/young person is an open Social Care case you will be given the details of the Lead Professional/Social Worker for you to discuss your concerns and/or involvement.

Discuss and complete the EHA with the parents/carers and child/young person (if applicable). Gain signed consent and send to the Early Help Service.

If you are unable to gain consent, continue working with the child/young person and log refusal in your own case notes. The EHA Process stops.

Convene a Team around the Child (TAC) meeting with all required agencies, parents/carers and child/young person.

If you are unsure who to contact for the TAC meeting, contact the Early Help Service who will advise you on appropriate agencies.

Complete Delivery Plan and Review at the TAC meeting and forward to the Early Help Service and all TAC members, including the child/young person and their parents/carers.

Continue to hold meetings at regular intervals to review the process until the entire child’s /young person’s needs are met. Once the needs have been met close the EHA and inform the Early Help Service.
Early Help Service contact details

Postal Address: DC1, Central Bedfordshire Council Offices, High Street North, Dunstable, Bedfordshire, LU6 1LF

Access & Referral team on 0300 300 8585

E-mail address for all EHA forms, delivery plan and review documentation: earlyhelp@centralbedfordshire.gov.uk

Web: www.centralbedfordshire.gov.uk/eha
### Pre-assessment checklist

**Identifying details** - Record details of unborn baby, infant, child or young person being referred. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

<table>
<thead>
<tr>
<th>Given name(s)*</th>
<th>Family name*</th>
<th>Was this child known by any other names</th>
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<th>Male</th>
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<th>Date of birth or EDD*</th>
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<th>Address*</th>
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**Does the baby, child or young person appear to:**

- **Be physically healthy?**
  - Yes [ ]
  - No [ ]
  - Not sure [ ]

- **Be emotionally well?**
  - Yes [ ]
  - No [ ]
  - Not sure [ ]

- **Be learning and developing – making progress? (this can include speech and language)**
  - Yes [ ]
  - No [ ]
  - Not sure [ ]

- **Get on with others, have good relationships, has friends and liked by others?**
  - Yes [ ]
  - No [ ]
  - Not sure [ ]

- **Safe and protected from harm?**
  - Yes [ ]
  - No [ ]
  - Not sure [ ]

- **Can your service offer support?**
  - Yes [ ]
  - No [ ]
  - Not sure [ ]

If you have answered No or Not sure to three or more of the questions above and you cannot provide the support needed within your own service then an EHA will be required.

Please contact the Access and Referral Team on 0300 300 8585 to check whether an EHA has already been completed for this child and also advice on agencies that can offer support.

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**Notes for use:** * indicates that this field must be completed. If you are completing the form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an 'X' in those that apply.
Early Help Assessment for children and young people

Please contact the Access and Referral Team on 0300 300 8585 to check whether an EHA has already been completed for this child.

<table>
<thead>
<tr>
<th>Is this Child/Young Person open to Social Care?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Is this a Step down?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<th>Date assessment started</th>
<th>Date of review</th>
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Section A: Identifying details - Record details of unborn baby, infant, child or young person being referred. If unborn, state name as ‘unborn baby’ and mother’s name, e.g. unborn baby of Ann Smith.

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<th>Contact tel. no*</th>
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</thead>
</table>

Early years setting/school currently attending

<table>
<thead>
<tr>
<th>Is the child or young person at risk of exclusion?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the child or young person a carer?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the child or young person have an additional need?*</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If ‘yes’ give details and any special requirements needed e.g., signing or access needs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ethnicity*</th>
</tr>
</thead>
</table>

- White British
- White Irish
- Gypsy/Roma
- Any other Black background*
- Any other White background*
- Any other Mixed background*
- Child’s first language
- Parent’s first language
- Any other Asian background*
- Any other White background*
- Any other Asian group*
- Any other mixed group*
- Any other ethnic group*
- If other, please specify

<table>
<thead>
<tr>
<th>Immigration status</th>
</tr>
</thead>
</table>

Notes for use: * indicates that this field must be completed. If you are completing the form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an ‘X’ in those that apply.

Security classification: Restricted (once completed)
Early Help Assessment for children and young people

Assessment information

What has led to this unborn baby, infant, child or young person being assessed?

People present* (please use separate sheet to record additional people)

<table>
<thead>
<tr>
<th>Name</th>
<th>Role or relationship to child or young person</th>
<th>Contact telephone no/email</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Section B: Details of Family - Current family and home situation - (e.g., family structure including mother, father, sisters and/or brothers, other significant adults etc., who may or may not live with the child)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Address &amp; Contact tel no</th>
<th>Relationship to child</th>
<th>Parental responsibility</th>
<th>Additional need (e.g., literacy levels, special requirements)</th>
</tr>
</thead>
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</tbody>
</table>

Section C: Details of person making referral

<table>
<thead>
<tr>
<th>Name*</th>
<th>Contact tel no*</th>
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<table>
<thead>
<tr>
<th>Organisation*</th>
<th>Role*</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address*</th>
<th>Postcode*</th>
<th>Email*</th>
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### Early Help Assessment for children and young people

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**Security classification:** Restricted (once completed)

#### Central Bedfordshire Council 2011

**Name of Lead Professional (if applicable)**

<table>
<thead>
<tr>
<th>Name of Lead Professional (if applicable)</th>
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**Contact tel no***

<table>
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<tr>
<th>Contact tel no*</th>
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**Email***

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<th>Email*</th>
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### Section D: Services working with this child (eg, GP, nursery, school, Children’s Centre, other relevant organisations)

<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
<th>Contact tel no</th>
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<tbody>
<tr>
<td>GP*</td>
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<tr>
<td>Social Worker*</td>
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</table>

* GP must be filled in. Social Worker if applicable.

### Section E: EHA assessment summary; strengths and needs

(Please give any relevant information, you do not need to comment on every heading. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. If there are any major differences of view, these should be recorded too.)

**Development of the child.**

Include information regarding health, emotional well-being, behaviour development, family relationships, social skills and education.

**Parents and Carers**

Include information regarding basic care, ensuring safety and protection, emotional warmth and stability, guidance, boundaries and stimulation.

**Family and Environmental Factors**

Include information about family history and functioning, wider family, housing, employment and financial considerations and social and community elements.

**Strengths/Resources**

<table>
<thead>
<tr>
<th>Strengths/Resources</th>
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**Needs and Worries**

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<th>Needs and Worries</th>
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</table>
### Section F: Conclusions, solutions and actions

*(Now the assessment is completed you need to record conclusions, solutions and actions. Work with the child or young person and/or parent or carer, and take account of their ideas, solutions and goals. At least one action must be entered. In order of priority list the actions agreed for the people present at the assessment)*

<table>
<thead>
<tr>
<th>Desired Outcomes/Aims</th>
<th>Action</th>
<th>Who will do this?</th>
<th>By when?</th>
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<tbody>
<tr>
<td>(as agreed with child, young person and/or family)</td>
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</table>

**Child or young person's comment on the assessment and actions identified**

**Parents or Carers comment on the assessment and actions identified**

---

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Early Help Assessment for children and young people

Section G: Consent statement for information storage and information sharing*

“We (Central Bedfordshire Council) need to collect the information in this EHA form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.”

“We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.”

A copy of the EHA form is stored and logged centrally by the Early Help Service. There may also be occasions where it is necessary to undertake audits to ensure the process is meeting the needs of children, young people and their families in Central Bedfordshire.

| I agree to the assessment and understand why the EHA is being completed and my role within it | Yes | No | Yes | No |
| I understand that the EHA is a voluntary process and I can withdraw consent at any time | Yes | No | Yes | No |
| I understand that only information relating to myself or my child’s needs will be recorded and that all paper copies will be stored in a secure place and electronic copies on a secure computer | Yes | No | Yes | No |
| I understand that the EHA Form will be recorded and logged on Central Bedfordshire’s Council PSS and Frameworki databases. | Yes | No | Yes | No |
| I have had the reasons for information sharing and information storage explained to me and I agree to the sharing of information with Children’s Services practitioners and between the services listed below: | Yes | No | Yes | No |

List of services: e.g., parenting, school, etc.

| Child or Young Person’s signature | Printed name | Date |
| Parents/Carer’s signature | Printed name | Date |
| Assessor’s signature | Printed name | Date |

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

If at any time during the course of this assessment 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 your Local Safeguarding Children Board (LSCB) safeguarding children procedures. 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. If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children’s social care. These referral processes will be included in your local safeguarding children procedures and can be found in the booklet Working Together to Safeguard Children. You should seek the agreement of the child and family before making such a referral unless to do so would place the child at increased risk of significant harm. More information can be found on www.centralbedfordshire.gov.uk

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Early Help Assessment for children and young people

Additional Information: (if required)

Please send a copy of the completed EHA to the Early Help Service, Central Bedfordshire Council, Watling House, Second Floor, Block C, High Street North, Dunstable, Bedfordshire LU6 1LF.
Email earlyhelp@centralbedfordshire.gov.uk

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Security classification: Restricted (once completed)
## Early Help Assessment for children and young people

### Delivery Plan and Review

#### Identifying details
- **Record details of unborn baby, infant, child or young person being referred. If unborn, state name as ‘unborn baby’ and mother’s name, e.g. unborn baby of Ann Smith.**

<table>
<thead>
<tr>
<th>Given name(s)*</th>
<th>Family name*</th>
<th>Is this child known by any other names</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
<th>Date of birth or EDD*</th>
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<tr>
<th>Address*</th>
<th>Postcode</th>
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<table>
<thead>
<tr>
<th>Parent/carer name*</th>
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</table>

#### Desired outcome
- **At least one action must be entered as agreed with child, young person, family**

<table>
<thead>
<tr>
<th>Action</th>
<th>Who will do this and by when?</th>
<th>Progress and comments (including date completed)</th>
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## Early Help Assessment for children and young people

**People present***

<table>
<thead>
<tr>
<th>Name</th>
<th>Role or relationship to child or young person</th>
<th>Contact telephone no/email</th>
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**Review notes *(include next steps)***

[Blank text box]

**Child or young person’s comment on the assessment and actions identified***

[Blank text box]

**Parents or Carers comment on the assessment and actions identified***

[Blank text box]

**Can the EHA be closed***?

- [ ] Yes  
  Reason for closure: [Blank text box]

- [ ] No  
  Agreed review date: [Blank text box]

**Signatures***

<table>
<thead>
<tr>
<th>Parent</th>
<th>Child or young person</th>
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<thead>
<tr>
<th>Lead professional</th>
<th>Lead Professional email and/or contact no*</th>
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</table>

Please send a copy of the completed Delivery Plan and Review to the Early Help Service, Central Bedfordshire Council, Watling House, Second Floor, Block C, High Street North, Dunstable, Bedfordshire LU6 1LF. Email earlyhelp@centralbedfordshire.gov.uk

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