

# 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.

|   |                          |                          |                     |                          |                          |
|---|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| Is this Child/Young Person open to Social Care? | Yes                      | No                       | Is this a Step down | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                     | <input type="checkbox"/> | <input type="checkbox"/> |

Date assessment started  Date of review

**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.

Given name(s)\*  Family name\*  Is this child known by any other names

Male  Female  Unknown  Date of birth or EDD\*

Address  Postcode   
Contact tel. no\*

Early years setting/school currently attending  Is the child or young person at risk of exclusion? Yes  No

Is the child or young person a carer? Yes  No  If 'yes' give details and any special requirements needed e.g., signing or access needs

Does the child or young person have an additional need?\* Yes  No

**Ethnicity\***

White British  Caribbean  Indian  White & Black Caribbean  Chinese   
 White Irish  African  Pakistani  White & Black African  Traveller of Irish Heritage   
 Gypsy/Roma  Bangladeshi  White & Asian  Not given   
 Any other Black background\*  Any other Asian background\*   
 Any other White background\*  Any other ethnic group\*   
 Any other Mixed background\*  If other, please specify

Child's first language  Parent's first language  Immigration status

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

## 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)

| Name | Role or relationship to child or young person | Contact telephone no/email |
|------|---|----------------------------|
|      |   |                            |
|      |   |                            |
|      |   |                            |
|      |   |                            |
|      |   |                            |
|      |   |                            |

**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)

| Name | Date of Birth | Address & Contact tel no | Relationship to child | Parental responsibility  | Additional need (e.g., literacy levels, special requirements) |
|------|---------------|--------------------------|-----------------------|--------------------------|---|
|      |               |                          |                       | <input type="checkbox"/> |   |
|      |               |                          |                       | <input type="checkbox"/> |   |
|      |               |                          |                       | <input type="checkbox"/> |   |
|      |               |                          |                       | <input type="checkbox"/> |   |
|      |               |                          |                       | <input type="checkbox"/> |   |
|      |               |                          |                       | <input type="checkbox"/> |   |

**Section C: Details of person making referral**

|               |                      |                 |                      |
|---------------|----------------------|-----------------|----------------------|
| Name*         | <input type="text"/> | Contact tel no* | <input type="text"/> |
| Organisation* | <input type="text"/> | Role*           | <input type="text"/> |
| Address*      | <input type="text"/> | Postcode*       | <input type="text"/> |
|               |                      | Email*          | <input type="text"/> |

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# Early Help Assessment for children and young people

Name of Lead Professional (if applicable)

Contact tel no\*

Email\*

**Section D: Services working with this child** (eg, GP, nursery, school, Children's Centre, other relevant organisations)

| Service        | Address | Contact tel no |
|----------------|---------|----------------|
| GP*            |         |                |
| Social Worker* |         |                |
|                |         |                |
|                |         |                |
|                |         |                |

\* 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**

**Needs and Worries**

|  |  |
|--|--|
|  |  |
|--|--|

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**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*)

| Desired Outcomes/Aims                                     | Action | Who will do this? | By when? |
|---|--------|-------------------|----------|
| <i>(as agreed with child, young person and/or family)</i> |        |                   |          |
|   |        |                   |          |
|   |        |                   |          |
|   |        |                   |          |
|   |        |                   |          |

**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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## 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.

|  | Child or young person        |                             | Parent/Carer of child or young person |                             |                              |                             |
|--|------------------------------|-----------------------------|---------------------------------------|-----------------------------|------------------------------|-----------------------------|
| I agree to the assessment and understand why the EHA is being completed and my role within it  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>          | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I understand that the EHA is a voluntary process and I can withdraw consent at any time  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>          | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>          | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I understand that the EHA Form will be recorded and logged on Central Bedfordshire's Council PSS and Frameworki databases.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>          | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>          | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

|  |  |                     |  |             |  |
|--|--|---------------------|--|-------------|--|
| <b>Child or Young Person's signature</b> | <input style="width: 90%;" type="text"/> | <b>Printed name</b> | <input style="width: 90%;" type="text"/> | <b>Date</b> | <input style="width: 90%;" type="text"/> |
| <b>Parents/Carer's signature</b>         | <input style="width: 90%;" type="text"/> | <b>Printed name</b> | <input style="width: 90%;" type="text"/> | <b>Date</b> | <input style="width: 90%;" type="text"/> |
| <b>Assessor's signature</b>              | <input style="width: 90%;" type="text"/> | <b>Printed name</b> | <input style="width: 90%;" type="text"/> | <b>Date</b> | <input style="width: 90%;" type="text"/> |

**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](http://www.centralbedfordshire.gov.uk)

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**Additional Information:** (if required)

**Please send a copy of the completed EHA to the Early Help Service, Central Bedfordshire Council, Watling House, First Floor, Block C, High Street North, Dunstable, Bedfordshire LU6 1LF.  
Email [earlyhelp@centralbedfordshire.gov.uk](mailto:earlyhelp@centralbedfordshire.gov.uk)**

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