

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

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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Security classification: Restricted (once completed)

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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"/>
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"/>
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"/>
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"/>
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"/>

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

Child or Young Person's signature	<input type="text"/>	Printed name	<input type="text"/>	Date	<input type="text"/>
Parents/Carer's signature	<input type="text"/>	Printed name	<input type="text"/>	Date	<input type="text"/>
Assessor's signature	<input type="text"/>	Printed name	<input type="text"/>	Date	<input 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

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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**

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