

Early Help Assessment (EHA)

(For Unborn's, Children, Young People and Families)

Information to support completion of the Early Help Assessment

Early Help Assessment

Early Help Assessment is used to identify a child and family's needs and strengths, and to plan the right support and services to address those needs at an early stage. The process allows different agencies and services to share information and work together in a coordinated way. It is a way of working that aims to improve access and delivery of services to support children, young people, and families. For the right support to be provided it is important that an early help assessment with the family is completed prior to a referral being made to Early Help via the Multi-Agency Safeguarding Hub (MASH).

Consent

Early Help is voluntary and is about working alongside children, young people and their families to support them. A family must give their consent for Early Help before a referral can be made for targeted support. If you are unable to gain consent from the family, please discuss next steps with your designated safeguarding lead or equivalent.

Exceptional circumstances: significant harm to unborn, child or young person

If at any time during this assessment you feel that an unborn, child or young person has been harmed or abused, or is at risk of harm or abuse, you must follow your local safeguarding children partnership procedures. For Bracknell Forest these are set out in the Bracknell Forest Safeguarding Partnership child protection procedures. [Click here for more information](#).

Before you complete the form please consider:

- The assessment should be completed with parents/carers, young people, and children.
- Ensure that the child's/young person's voice is captured and used to inform the assessment. Additional resources are available, [click here](#).
- Further guidance and copies of the assessment form are also available on the Bracknell Forest School Management site, [click here](#).

Once you have completed the form:

- Check you have the relevant signatures and consent to share information.
- Check you have provided your details so any agency may contact you to feedback or make further enquiries.
- Add any supporting documents e.g., academic information, specialist reports as appropriate and child's/young person's contributions should be included.
- Provide a copy to the family of the EHA.
- Send copies of the EHA to Early.Help@bracknell-forest.gov.uk as part of the action plan.
- Set a review date so progress can be monitored.
- Further information can be found at www.bracknell-forest.gov.uk/safeguarding



Part 1: Consent for information sharing and storage

We need to collect the information in this Early Help Assessment form so that we can understand what help you may need. If we cannot cover all your needs, we will need to share some of this information with other organisations specified below, or as agreed in 'Next Steps/Actions', so that they can help us to provide the services you need.

We will treat your information as confidential and we will not share it with any other organization 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 share the minimum information we need to.

I/We understand the information that is recorded on this assessment and that it will be stored and used for the purpose of providing services to:

☐

Me/Us

☐

This/These unborn(s), child/ren or young person/people for when I/we am/are a parent/carer.

Retention statement:

I/We agree to the sharing of information as agreed between the services listed below and those agreed below, detailed above

☐

Yes

☐

No

Services that information will be shared with: Please consider transition e.g., from primary to secondary school.

Next Education Setting/School:

Other Services – please state:

Part 2: Early Help Assessment

Assessment Information	
Family Name	
Date of assessment	
Proposed Review date	
Who is completing the assessment, role, agency and contact details	

What has led to the assessment being completed for the family?
<div>Details</div>

Who lives at the address? (Family Network) including children, siblings, parents/carers, and all people who live with the child												
Child's/Young Person's Address												
Subject child/ parent Full name/AKA (1)	DOB (2)	Gender	Family relationship	Ethnicity/ first language	School or educa- tional setting	Attendance (%)	EHCP/ SEND	Young carer (Y/N)	Child looked after (Y/N) (3)	Took part in assessment	Unique Pupil Number (UPN)	

1. 'Also Known As'

2 Expected Date of Delivery

3 Looked After by Local Authority

Who else is part of the family network that does not live at the address? (Aunts, uncles, friends)									
Parents/carers details Full name/AKA and any previous names. Include address and postcode and contact number	DOB	Relationship to Child	Parental responsibility (Y/N)	Recourse to Public Funds (Y/N)	Ethnicity and First language	Interpreter re- quired Y/N	Religion	Disability	

Professionals who are supporting the family		
Name and Role	Organisation and contact details (email/contact number)	Support being provided

Early Help Assessment			
Focus Areas	What is working well? Please consider from the point of view of child, young people, parent/carer and professional.	What are we worried about?	What needs to happen? (SMART Actions)
Education and Learning (including SEN and under 5 development)			
Boundaries, behaviours, and routines			
Family relationships (including social networks and parental conflict)			
Keeping Safe (including domestic abuse, exploitation, and harm)			
Wellbeing (Including expectant and new parents)			
Emotional Needs (including children, parents/carers needs)			
Physical Health			
Home and Money			
Progress to work and future ambitions			
Substance Misuse (including alcohol and drugs, adults, and young people)			
What is the voice of the child/young person?			

Part 3: Early Help Family Plan

Early Help Family Plan				
Focus Areas	SMART Actions	Intended Impact	Lead	Due Date
Education and Learning (including SEN and under 5 development)				
Boundaries, behaviours, and routines				
Family relationships (including social networks and parental conflict)				
Keeping Safe (including domestic abuse, exploitation, and harm)				
Wellbeing (Including expectant and new parents)				
Emotional Needs (including children, parents/carers needs)				
Physical Health				
Home and Money				
Progress to work and future ambitions				
Substance Misuse (including alcohol and drugs, adults, and young people)				

Signatures			
I/We agree this review/assessment is accurate summary of my /our family's needs.			
Signatures			
Person	Signed	Name	Date
Child/Young Person			
Parent or Carer			
Professional Completing the form			

Part 4: Early Help Assessment Review (EHAR) *Half-Termly

(For Unborn’s, Children, Young People and Families)

Early Help Assessment review	
Family Name	
Date of first assessment	
Date of review	
Lead professional, role, agency and contact details	

Who is taking part/supporting the review? (Including family and friends)			
Name	Role/Agency	Address	Contact Details

Review of progress since assessment	
What has gone well?	What are we worried about?

Review of Previous Actions and Current Actions					
Date of Action	Outcome and Action	Lead	Due Date	Progress and Impact	Completed

What are the next steps?	
<p>Universal Support</p> <p> <input type="checkbox"/> Continue with existing support. <input type="checkbox"/> Information, advice, and guidance <input type="checkbox"/> Parenting Programme's <input type="checkbox"/> Domestic Abuse Support <input type="checkbox"/> Universal Youth Offer <input type="checkbox"/> Close </p> <p>Other:</p>	<p>Tier 2 Targeted Support (via MASH referral)</p> <p> <input type="checkbox"/> Family Hub 1:1 <input type="checkbox"/> Youth Support 1:1 <input type="checkbox"/> Young Carers Support <input type="checkbox"/> Education Welfare Service <input type="checkbox"/> Getting Help – (Team of Child Wellbeing Practitioners based within Early Help working) <input type="checkbox"/> Migration Team </p> <p>Other:</p>
Other Support	

Next Review date of Early Help Assessment		Venue	
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Signatures			
I/We agree this review/assessment is accurate summary of my /our family's needs.			
Signatures			
Person	Signed	Name	Date
Child/Young Person			
Parent or Carer			
Professional Completing the form			

END OF REVIEW