**Bedford Borough Early Help Assessment**

|  |  |
| --- | --- |
| Date assessment started |  |
| Early Help case ID number(to be completed when logged by EH Team) |  |

SECTION A: BACKGROUND INFORMATION

Please use this document as a family assessment as appropriate. Include details of the child or young person you are primarily working alongside in this section.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Family name |       |
| Gender | Male [ ]   | Female [ ]   | Unknown [ ]  |
| Date of Birth or EED |       |  |
|  |
| Address |       |
|       |
|  |
| Postcode |       |  | Telephone (home) |       |
| Email |       |  | Telephone (mobile) |       |
| Early years provider/school currently attending |       |  | School locality Cluster |       |
|  |
| Is the child or young person involved with anti-social behaviour/crime? | Yes [ ]  | No [ ]  |
| Is the child or young person at risk of exclusion? | Yes [ ]  | No [ ]  |
| Is school attendance an issue? | Yes [ ]  | No [ ]  |
| Is the child or young person open to social care? | Yes [ ]  | No [ ]  |
| Is the child or young person a carer? | Yes [ ]  | No [ ]  |
| Does the child or young person have any Special Educational Needs and or disabilities? | Yes [ ]  | No [ ]  |
| Is anyone in the family currently out of work or is the young person NEET? | Yes [ ]  | No [ ]  |
|  |
| If yes please give further details |       |

Ethnicity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| British | [ ]  |  | Indian | [ ]  |
| Irish | [ ]  |  | Pakistani | [ ]  |
| Traveller of Irish Heritage | [ ]  |  | Bangladeshi | [ ]  |
| Gypsy/Roma | [ ]  |  | Any other Asian background | [ ]  |
| Italian | [ ]  |  | Caribbean | [ ]  |
| White other  | [ ]  |  | African | [ ]  |
| White and Black Caribbean | [ ]  |  | Any other Black background | [ ]  |
| White and Black African | [ ]  |  | Chinese | [ ]  |
| White and Asian | [ ]  |  | Other(please specify)  |       |
| Any other Mixed background | [ ]  |  |
|  |  |  |  |  |
| Child’s First Language |       |  | Parent’s/carer’s first language |       |  | Immigration status |       |
|  |
| Main reason for Assessment | Choose an item. | Any further information      |
|  |
| People present at the assessment (please use separate sheet to record additional people) |       |

SECTION B: DETAILS OF THE FAMILY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | DOB | Gender | Address and contact number | Relationship to child | Parental Responsibility | Additional needs |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

SECTION C: DETAILS OF PERSON MAKING THE REFERRAL

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Family name |       |
| Organisation |       | Role |       |
|  |
| Address |       |
|       |
|  |
| Postcode |       | Email |       |
|  |
| Name of Lead Professional (if applicable) |       | Contact no. and email |            |

SECTION D: SERVICES WORKING WITH CHILD AND FAMILY

|  |  |  |
| --- | --- | --- |
| Service | Address | Contact tel no. |
| GP       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

SECTION E: ASSESSMENT SUMMARY

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 differences of opinion, these should be recorded too.

|  |  |
| --- | --- |
| LEARNING | Participation in learning, education or training.Is school attendance an issue? Is exclusion an issue? |
|       |
| Progress and achievement. Is progress age appropriate?Does the child have any special educational needs? |
|       |
| Risk of antisocial behavior?Are there any criminal convictions or orders in place? |
|       |
|  |
| HEALTH | General health, self-care and independence. Is the child attending all necessary appointments? |
|       |
| Physical, speech, language and communication development.  |
|       |
| Emotional and behavioral development.  |
|       |
| Identity, self esteem, self-image and social presentation.  |
|       |
|  |
| PARENTS AND CARERS | Basic care, ensuring safety and protection.  |
|       |
| Emotional warmth and stability.  |
|       |
| Guidance, boundaries and stimulation.  |
|       |
| Parents/carers mental and physical health.  |
|       |
| Family/social relationships.  |
|       |
|  |
| FAMILY AND ENVIROMENT | Family history and functioning. Please note any history of substance misuse or domestic violence.  |
|       |
| Wider family/support network.  |
|       |
| Housing, employment and financial considerations.  |
|       |
| Social and environmental elements.  |
|       |

SECTION F: 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. In order of priority list the actions agreed for the people present at the assessment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified strengths |       |  | Identified needs and worries |       |
|  |
| Child or Young Person’s wishes, feelings and aspirations  |
|       |
|  |
| Parents or carers comments on the assessment and their views on what support they feel is needed  |
|       |
|  |
| Desired outcome | Action | Who will do this? | By when? |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| Planned review date |       |  |
|  |
| Where appropriate, identify any additional services or resources that are being requested in order to achieve any of the above out-comes.  |
|       |

SECTION G: CONSENT

“We (Bedford Borough 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 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 and any further Early Help documentation, which may be needed, 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 the children, young people and their families in Bedford Borough.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child/young person |  | Parent/carer of the child/young person |
| 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 and any other Early Help documentation will be recorded and logged on Bedford Borough Council’s IT database.  | 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 be-low:  | Yes[ ]  | No[ ]  |  | Yes[ ]  | No[ ]  |
|  |
| List of Services: e.g. Early Help Team, Inclusion Support Team, Troubled Families, Family, Education Welfare, Intervention Support Service etc.  |
|       |
|  |
| Child/young person’s signature |       |  | Printed name |       |  | Date |       |
| Parent/carer’s signature |       |  | Printed name |       |  | Date |       |
| Assessor’s signature |       |  | Printed name |       |  | Date |       |

|  |  |  |
| --- | --- | --- |
| If no signature is present has parent/carer’s verbal consent been given | Yes [ ]  | No [ ]  |

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’s 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. 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.bedford.gov.uk.