**Bedford Borough Early Help Assessment**

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| Date EHA Completed |   |  |  |
| Is this a family EHA? ***(If yes, please complete appendix A)*** | Yes [ ]  | No [ ]  |  |
| Has a GCP\* been completed? | Yes [ ]  | No [ ]  | If yes, by whom? |  |
| \*Graded Care Profile |
| **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 EDD |   |  |
| Address |  |
|  |
| Postcode |  |  |
| School/Early Years Provider |  | Year Group |  |
|  |
| Preferred contact name |  | Telephone (home) |  |
|  |  | Telephone (mobile) |  |
| Email |  |  |
|  |
| 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 have an EHCP/Statement or is this being applied for? | Yes [ ]  | No [ ]  |
| Is anyone in the family currently out of work or is the young person NEET? | Yes [ ]  | No [ ]  |
|  |
| **Ethnicity** |
| Asian/Asian British – Bangladeshi |[ ]  Asian/Asian British - Indian |[ ]  Asian/Asian British – Pakistani |[ ]
| Asian/Asian British – Any Other |[ ]  Black or Black British – African |[ ]  Black or Black British - Caribbean |[ ]
| Black or Black British – Any Other |[ ]  Chinese |[ ]  Mixed – White and Asian |[ ]
| Mixed – White and Black African |[ ]  Mixed – White and Caribbean |[ ]  Mixed – Any Other |[ ]
| White - British |[ ]  White - Irish |[ ]  White – Any Other |[ ]
| Other (please specify) |  | Not Known/Provided |[ ]
|  |
| Child’s First Language |  | Parent/carer’s first language |  | Immigration Status |  |
|  |
| **Main reason for assessment *(tick one box only)*** |
| Behaviour |[ ]  Parenting |[ ]  School Attendance |[ ]
| Health Needs |[ ]  Housing |[ ]  Domestic Abuse |[ ]
| Mental Health |[ ]  Substance Misuse |[ ]  At risk of sexual exploitation |[ ]
| At risk of fundamentalism and/or extremism |[ ]  Education Psychology Support |[ ]   |
|  |
| People present at the assessment |  |

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| **Section B: Details Of The Family** |
| Full Name | DOB | Gender (M/F) | Ethnicity | Address | Contact No. | Relationship to child | PR\* | Additional Needs |
| First |  |   |  |  |  |  |  |  |  |
| Surname |  |
| First |  |   |  |  |  |  |  |  |  |
| Surname |  |
| First |  |   |  |  |  |  |  |  |  |
| Surname |  |
| First |  |   |  |  |  |  |  |  |  |
| Surname |  |
| First |  |   |  |  |  |  |  |  |  |
| Surname |  |
| \*Parental Responsibility (Y/N) |
|  |
| **Section C: Details Of Person Completing The Assessment** |
| Name | Organisation | Role | Address | Email | Contact No. |
|  |  |  |  |  |  |
|  |
| **Section D: Services Working With Child And Family** |
| Service | Address | Contact No. |
| GP |  |  |
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| **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. Please ensure information is clearly stated and identifiable; especially if the assessment concerns multiple children. |
| Learning | Participation in learning, education or training. *What is the young person’s school attendance figure?* *Has the child attended less than 90% of possible sessions in the last 3 consecutive school terms?* |
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| Progress and achievement. *Is progress age appropriate?* *Does the child have any special educational needs?* |
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| Social interaction within education setting.*How does the young person interact with peers at their educational setting? Do they seem isolated?* |
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| Health and Wellbeing | General health, self-care and independence. *Is the child attending all necessary appointments?* |
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| Physical health, speech, language and communication development. |
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| Emotional/behavioural development and mental health. |
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| Identity, self-esteem, self-image and social presentation. |
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| Parents and Carers | Basic care, ensuring safety and protection. |
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| Emotional warmth, stability and family interaction. |
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| Guidance, boundaries and stimulation. |
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| Parents/carers mental and physical health. |
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| Family and Environment | Family functioning. *Note any current/historical substance misuse, domestic abuse and/or anti-social behaviour.*  |
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| Wider family/support network. |
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| Housing, employment and financial considerations. |
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| Social and environmental elements. |
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| **Section F: Assessment Summary** |
| 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. |
| Top 3 identified strengths | 1. | Identified needs and worries | 1. |
| 2. | 2. |
| 3. | 3. |
| What are the child’s or young person’s best hopes from the assessment? |
|  |
| What are the parents or carers’ best hopes from the assessment?  |
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| If assessment concerns multiple children, please clearly state which outcome relates to which child. |
| Desired outcome/change sought | How will this be achieved? | Who will action this? |
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| 6 week review date |   |  |
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| Please list past and present services and interventions that have been accessed. |
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| **Section G: Consent** |
| **Agreement to Information sharing**Bedford Borough Council needs to collect the information in this EHA form so that we can understand what help you may need. By signing this EHA, you (the parent/carer/young person) understand and agree that your information has and will continue to be collected for the purpose of assessing and providing appropriate services. 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. Bedford Borough Council’s Early Help Service may also use this information for service planning, monitoring and research purposes. This information may also be shared with external agencies and providers of relevant services to ensure that you are provided with the most appropriate services. You also understand that information regarding yourself and your family will be stored electronically on Bedford Borough Council’s secure database for case management purposes. **How are we using your information within the Family Focus Programme?**If your family is assessed eligible to receive support from the Family Focus Programme (known nationally as the Troubled Families Programme) we will share your personal information (including your name and date of birth and postcode) with the Department for Communities & Local Government for research purposes. If you would like further information about the Troubled Families Programme we will provide this to you. **How will it affect me?**It will not affect your benefits, services or treatment that you get.Your information will be anonymised and handled with care in accordance with the law.**Why is my information being shared?**We are sharing your information to help improve the service your family and other families receive in the future. |
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|  | Child/Young Person | Parent/Carer |
| I agree to the assessment and understand why the EHA is being completed. | 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 and relevant partner agencies. | Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |
| I agree to a follow up phone call to take place within a six month period, if needed, to monitor specific outcomes. | Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |
|  |
| Child/Young Person’s signature |  | Printed name |  | Date |   |
| I have read the information on this assessment and agree with what is written. | Yes [ ]  | No [ ]  |
| Parent/Carer’s signature |  | Printed name |  | Date |   |
| I have read the information on this assessment and agree with what is written. | Yes [ ]  | No [ ]  |
| 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’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.  |

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| **Appendix A: Background Information** |
| Please complete the below for each child that the assessment concerns. |
| Name |  | Family Name |  |
| Gender | Male [ ]   | Female [ ]  | Unknown [ ]  |
| Date of Birth or EDD |   |  |
| Address |  |
|  |
| Postcode |  |  |
| School/Early Years Provider |  | Year Group |  |
|  |
| 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 have an EHCP/Statement or is this being applied for? | Yes [ ]  | No [ ]  |
| Is anyone in the family currently out of work or is the young person NEET? | Yes [ ]  | No [ ]  |
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| Mixed – White and Black African |[ ]  Mixed – White and Caribbean |[ ]  Mixed – Any Other |[ ]
| White - British |[ ]  White - Irish |[ ]  White – Any Other |[ ]
| Other (please specify) |  | Not Known/Provided |[ ]
|  |
| Child’s First Language |  | Parent/carer’s first language |  | Immigration Status |  |
|  |
| **Main reason for assessment** |
| Behaviour |[ ]  Parenting |[ ]  School Attendance |[ ]
| Health Needs |[ ]  Housing |[ ]  Domestic Abuse |[ ]
| Mental Health |[ ]  Substance Misuse |[ ]  At risk of sexual exploitation |[ ]
| At risk of fundamentalism and extremism |[ ]   |