**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 Graded Care Profile been completed? | | | | | Yes | | No | | | If yes, by whom? | | | | |  | | | | | | | | |
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| **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 | | | |  | | | | | | Age | | | | |  | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | |  | | | | | |  | | | | | | | | | | | | | |
| School/Early Years Provider | | |  | | | | | | | Year Group |  | | | UPN Number | |  | | | | | | | |
| 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 exploitation? | | | | | | | | | | | | | | | | | | 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** | | | | | | | | | | | | | | | | | | | | | | | |
| Behaviour | | | | |  | Parenting | | | | | |  | School Attendance | | | | | | | | | |  |
| Health Needs | | | | |  | Housing | | | | | |  | Domestic Abuse | | | | | | | | | |  |
| Mental Health | | | | |  | Substance Misuse | | | | | |  | At risk of exploitation | | | | | | | | | |  |
| At risk of fundamentalism and/or extremism | | | | | | | |  | Education Psychology Support | | | | | | | |  | | |  | | | |
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| 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.  If needed – please refer to the question **PROMPT SHEET** at the end of this document. | |
| Learning | **Participation in learning, education or training.**  *E.g., 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?* |
|  |
| **Progress and achievement.**  *E.g., Is progress age appropriate?*  *Does the child have any special educational needs?* |
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| **Social interaction within education setting.**  *E.g., How does the young person interact with peers at their educational setting?*  *Do they seem isolated?* |
|  |
| Health and Wellbeing | **General health, safety and basic care.**  *E.g., Is the child attending all necessary appointments?* |
|  |
| **Physical health, speech, language and communication development.**  *E.g., Can the child express themselves at an age appropriate level?* |
|  |
| **Emotional/behavioural development, mental health and self-esteem.**  *E.g., Please outline* *how the child/young person presents in relation to their age and* *stage of development.*  *How would you describe the child/young person’s levels of motivation?* |
|  |
| Parents and Carers | **Guidance, boundaries, and stimulation.**  *E.g., What, if any, boundaries have the parent/carers been able to set up and maintain? Are there any they would like to implement, but feel unable to?* |
|  |
| **Parents/carers mental and physical health.**  *E.g., Do parent/carers use any medication? If so, what type?*  *Does parent/carer get sufficient sleep? If no, how much do they get?* |
|  |
| Family and Environment | **Family functioning.**  *E.g., Is there any current or historical substance misuse, domestic abuse and/or anti-social behaviour?*  *Explain parent-child interaction and levels of affection shown.* |
|  |
| **Wider family/support network.**  *E.g., Are the wider family aware of any issues/concerns? If so, are they supportive and in what ways do they support?* |
|  |
| **Housing, employment and financial considerations.**  *E.g., Is the family in stable housing?*  *How safe does the child/young person feel in their environment/neighbourhood?* |
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| Please list past services and interventions that have been accessed. | |
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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? | | | | | | | |
|  | | | | | | | |
| If things were not to change, what would the child/families’ lived experience continue to be? | | | | | | | |
|  | | | | | | | |
| What are the parents or carers’ best hopes from the assessment? | | | | | | | |
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| What could the professionals involved do, either knowingly or unknowingly, that would prevent this work from being successful? | | | |  | | | |
| What could the professionals be doing instead to give the work its best chance of success? | | | |  | | | |
| 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 | |  | | |  | | |

**Please submit completed EHA to** [**EarlyHelpHub@Bedford.gov.uk**](mailto:EarlyHelpHub@Bedford.gov.uk)

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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 and consenting to 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.  Bedford Borough Council’s Early Help Service will also use this information for service planning, monitoring and research purposes. This information will also be shared with external agencies and providers of relevant services identified by the Early Help process to ensure that you are provided with the most appropriate services. We will treat your information as confidential and we will not share it with any other organisation outside of the aforementioned remit, 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.  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: Records and details will be kept of subsequent contact and work occurring as a result of this EHA, including phone calls, TAF (Team Around the Family) meetings, and home visits.  **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. Eligibility for the Troubled Families Programme will not affect any benefits, services or treatment that you receive.  **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.  Your information will be anonymised when used for service reporting and handled with care in accordance with the law.  **What rights do I have regarding the storage of my personal information?**  Your data will be retained for 7 years after case closure, however you have the following rights with regards to your data:   * Access – The right to access your personal data upon request, either written or verbal. * Rectification – The right to have inaccurate data rectified upon request, either written or verbal. * Erasure – The right to have personal data erased upon request, either written or verbal. * Data portability – The right to obtain and reuse your personal data for your own purposes.   If you are unhappy with any of the handling of your data, you may appeal to the ICO (Information Commissioner’s Office) via their helpline: 0303 123 1113. | | | | | | | | | | |
|  | | | | 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 by calling 01234 276817. | | | | 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 secure 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 | |  | | | | | Age | | |  | | | | |
| 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 | |
|  | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | |
| Behaviour | | |  | Parenting | | | |  | School Attendance | | | | |  |
| Health Needs | | |  | Housing | | | |  | Domestic Abuse | | | | |  |
| Mental Health | | |  | Substance Misuse | | | |  | At risk of exploitation | | | | |  |
| At risk of fundamentalism and extremism | | | | |  |  | | | | | | | | |

**EARLY HELP ASSESSMENT - PROMPT SHEET**

**SECTION E:**

An Early Help Assessment is designed to elicit information from a family or young person so that the appropriate support can be offered in a timely way. To ensure that effective interventions are identified it is important to gain as much information as possible at the time of assessment for the whole family.

Below is a list of prompts designed to assist you in seeking the right information from the family you are assessing. This is not an exhaustive list but is designed as a guide.

**What makes a good assessment?**  It is important to avoid asking closed questions so that the family members provide you with as much insight into their situation as possible. In addition to open questions we should feel confident to ask questions in a professionally inquisitive way about sensitive subjects.

An effective way of assisting in asking sensitive questions;

**Asking Permission.**

**Rationale:** Communicates respect for clients. Also, clients are more likely to discuss changing when asked, than when being lectured or being told to change.

**Examples of Asking Permission**

* During the assessment we will be covering a variety of sections some of which could be sensitive and some will be relevant and others not. I would encourage you to answer as honestly as possible so that we can provide you with the best possible support.
* Do you mind if we talk about [insert behaviour]
* Can we talk a bit about your [insert behaviour]

**Examples of open questions**

* Describe to me what your relationship is with your son/daughter is like.
* Tell me more about what it’s like at home.
* Describe to me about any present or past history of domestic abuse/ substance misuse within the family.
* Using the term ***“describe or tell me”*** allows the person to offer more than a yes or no answer.

**Examples for effective ways to identify outcomes**

* What would you like to see different about your current situation?
* What makes you think you need to change?
* What will happen if you don’t change?
* What would be the good things about changing your [insert risky/problem behaviour]?”
* What would your life be like 3 years from now if you changed your [insert risky/problem behaviour]?”
* Why do you think others are concerned about your [insert risky/problem behaviour]?”

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.

Note: Where possible, please use relevant and recent examples when completing the assessment.

**LEARNING**

Participation in learning, education or training.

* Describe current school attendance?
* If school exclusion is an issue, please explain why.
* Explain any difficulties with anxiety around exams/attendance?
* Please provide an overview of the young person’s behaviour at school.
* What are their strengths?
* Include all current or past strategies used.

Progress and achievement.

* Is progress age appropriate? If no, please explain.
* Does the child have any special educational needs? If so, what?
* Does the child/YP have an EHCP or Statement? If yes, how long has this been in place?
* What aspirations does the young person have?
* Include all current or past strategies used.

Social interaction within education setting.

* Have you noticed any change in peer groups that may place additional risk on engaging in anti-social behaviour? If yes, please describe.
* Please describe how the young person interacts with their peers and wider school/setting staff?

**HEALTH**

General health, safety and basic care.

* Is the child attending all necessary appointments?
* If any, what substance misuse issues does the young person have?
* Describe the young person’s perception of dangers and threats.
* How is the child’s self-care? E.g. brushing teeth/washing.
* Outline the young person’s sleep pattern, including bed time routines etc.
* Describe the home environment, in particular from a safety perspective?
* Are there any times when the parent doesn’t feel they can keep their child from harm e.g. running out into road.
* Does the child spend any time away from home where they or parent feels they may be unsafe? If so, where?

Physical, speech, language and communication development.

* Can the child express themselves at an age appropriate level?
* How is the child’s understanding and questioning?

Emotional/behavioural development, mental health and self-esteem.

* Please outline how the child/young person presents in relation to their age and stage of development.
* Describe the child/young person’s response to and understanding of rules and boundaries?
* Is the child’s behaviour a concern? If so, is this the case in all settings? E.g. home/school.
* How would you describe the child/young person’s level of motivation?
* Does the child suffer from anxiety?
* Does the child threaten to harm, and/or have suicidal thoughts?
* Is the child anxious around large groups? If so, how does this affect them?
* Has the child displayed any significant change in personality? If yes, please explain.
* Does the Child/YP suffer from low mood? (possibly ask them to scale their mood over the last week 1 being poor 10 being great)
* How does the child spend their spare time?
* How would the child/young person describe their friendship group?

**PARENTS AND CARERS**

Guidance, boundaries, and stimulation.

* What, if any, boundaries have the parent/carers been able to set up and maintain? Are there any they would like to implement, but feel unable to?
* If known, describe family routines.
* How much quality time is the parent/carer able to spend with their child? How do the use this time?
* Describe how the parent/carer stimulates their child’s interests and learning through shared activities?
* Does the child respond/listen to their parent’s guidance? If no, describe what they do instead.
* Does the parent guide their child through modelling behaviour? What behaviours do they model?
* Does the child participate in structured extracurricular activities? Which and how often?

Parents/carers mental and physical health.

* Do parents/carers use any medication? If so, what?
* How well connected does the parent/carer feel to potential support networks e.g. community and family? If they currently feel isolated and/or alone, what do they imagine would be different about their life if they were not?
* Does parent/carer get sufficient sleep? If no, how much do they get?
* Does parent/carer have the time/appetite to eat healthily?
* On a scale of 0 to 10 (with 10 being the most and 0 being the least), how anxious does the parent/carer feel?
* Does the parent/carer have any suicidal thoughts?
* Does the parent/carer have opportunities for “me time”? If so, how often? If not, what would they like to be able to do if they did have some “me time”?

**FAMILY AND ENVIRONMENT**

Family functioning.

* Explain parent/child interaction and levels of affection shown.
* Is there any current or historical substance misuse? If yes, how does this impact the family?
* Is there any current or historical domestic abuse? If yes, how does this affect the family?
* Are there any significant events in the past that are believed to be impacting on the family? If yes, please describe.
* In terms of having an equal and shared responsibility for raising the child/ren, how would the parents/carers describe their relationship?
* Does the family support each other’s decisions, or is there conflict? Please expand.

Wider family/support network.

* Are the wider family aware of any issues/concerns? If so, are they supportive and how do they support the family?
* Are there any negative influences from friends or wider family? If yes, please describe.
* What positive influences are there from friends and extended family?

Housing, employment and financial considerations.

* Is the family in stable housing? (private renting/social housing/temporary accommodation)
* How safe does the child/young person feel in their environment/neighbourhood?
* Does the family have any debt? If so, how much? And are they receiving any support for this?
* Are they in full time/part time/0 hours contract work? How does employment impact upon family life?
* Are the family accessing any benefits? If so, which ones?
* Is the child accessing/eligible for Free School Meals, and/or Pupil Premium.

**SECTION F:**

What are the child’s or young person’s best hopes from the assessment?

* What are your best hopes from this assessment?
* If you could realistically change anything about your home, what would it be?
* If you could realistically change one thing about school, what would it be?
* If you had a magic wand what would you change?
* Do you have any worries/challenges that you would like to overcome? If you managed to do so, what difference would that make to your life?
* Let’s say a miracle happens tonight, and all of your best hopes from this assessment come true, what would you notice about tomorrow that tells you things have changed?

If things were not to change, what would the child/families’ lived experience continue to be?

* Ask the child/ren: On a scale of 0-10, where 10 is as good as things could be, and 0 is the worst they have been, where would they score their life if nothing was to change?
* Ask the parent/carer: On a scale of 0-10, where 10 is as good as things could be, and 0 is the worst they have been, where would they score their life if nothing was to change?

What are the parents or carer’s best hopes from the assessment?

* What are your best hopes from this assessment?
* If you could realistically change anything about your home, what would it be?
* If you could realistically change one thing about your child’s experience of school/education, what would it be?
* Are there any particular worries/challenges that you would like to overcome? If you managed to do so, what difference would that make to your life?
* Let’s say a miracle happens tonight, and all of your best hopes from this assessment come true, what would you notice about tomorrow that tells you things have changed?