

Completing an EHA



Download EHA Form from Professional Choices
[Early Help Assessment \(EHA\) – Professional Choices](#)
(Form Name '**Early Help Assessment (EHA) Form**')
– Unless a Young Person, who is Fraser Competent, wants to complete a form themselves, then please choose '**Young Person Led Early Help Assessment (EHA) Form**'



Is this a Safeguarding Concern or a request for Children Social Care?

YES

NO

Please complete the Following Sections; **1,2, 4, 5, 7A, 7H & Section 9 Drop Down Box**

See '**Quick Guide to Somerset Early Help Assessment**'

PLEASE NOTE – Whilst it is best Practice to Obtain Parental Consent, if asking for this puts the child at risk you do not need to obtain consent when referring to CSC

Please complete the Following Sections **1,2 3, 4, 5, 7A – I** and **8** (as much detail as possible and where you can answer in **Section 7** is appreciated) **Section 9 Consent and Drop Down Box – Please select from the Drop Down Box in Section 9 as to what agency/s you are referring to - PLEASE NOTE – You will need to send the EHA on to the requested agency and cc in EHACoordinator@somerset.gov.uk – All Agency contact information will populate underneath their names in Section 9 – For Example**

Selection 1

getset Complex Level 3 Services for 0 - 19s
(up to 25 with SEND) -
level2and3earlyhelp@somerset.gov.uk

Consent

By Law, we (as in the Early Help Hub and non CSC requested agencies) are unable to store or share the EHA if **Section 3** and **Section 9** are not completed – **Section 3** Consent highlights that the person with parental consent is allowing us to store the EHA. **Section 9** Consent highlights that the person with Parental consent is consenting to that EHA being shared with the requested agency/s.

Consent in **Section 3** and **9** looks like the below, please complete all of these sections.

I, [professional name and role] have discussed the information with [insert name of person/s with primary parental responsibility who would be recipient/s of appropriate support services if offered] and the child [name or delete if not discussed] on [date and time] at [location of discussion], and I confirm that they have agreed to Early Help Assessment processing of their personal data as set out above.