

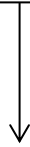
# Completing an EHA



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**')



Have you contacted the  
Designated Safeguarding  
Lead Consultation Line  
and/or Somerset Direct?  
  
Please do so before  
contacting the Early Help  
Advice Hub.



Please complete the  
Following Sections; **1, 2, 3,  
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

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

**YES**

**NO**

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](mailto: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
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## 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.