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| **Somerset Early Help Assessment (EHA)** |
| **Early Help Assessment (incl. special educational needs and disability SEND)**  **Right support in the right place at the right time** |

When a child, young person or family is in need of support it is important to identify the best way forward at the earliest opportunity. The Somerset Early Help Assessment helps children/young people, their family and practitioners working with them to clearly record how things are for the family at the moment, strengths and needs, followed by a plan which will help to improve the family circumstances.

The EHA should be completed in collaboration with the child/young person and family, and they should receive a copy of all relevant documents.

**If you require practical advice in relation to completing an Early Help Assessment, please call Somerset Direct on 0300 123 2224**

**or download the** [**Early Help Assessment Practitioner Guidance**](https://professionalchoices.org.uk/download/320/)

Following the completion of this Early Help Assessment (EHA), if you add any updates or additional information from another agency, please clearly identify this on the EHA by adding the date, agency name and using a different colour and/or font style.

If the child/young person has an up-to-date Education, Health and Care Plan (EHCP) and you require support from a service which is identified within the plan, please attach it along with the latest review to this EHA and complete sections 1,2,3,7\* and 9 only.

**All items marked with \* are mandatory for all agencies and must be completed**

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| 1. **Initial Details** | |
| \*Name of child/young person |  |
| \*Date of birth/EDD | Click to enter a date |
| Number of children/young people  part of this assessment |  |
| Unique pupil number |  |
| NHS number |  |
| Is the child/young person looked after (CLA)? | Select from list |

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| 1. **Practitioner Undertaking This Assessment** | |
| \*Date EHA started | Click to enter a date |
| \*Name of practitioner |  |
| \*Job title and organisation |  |
| \*Address including postcode |  |
| \*Email address |  |
| \*Phone number |  |

**Agreement to request support:**

**If there is an immediate risk to a child/young person, please call 0300 123 2224 and then send this EHA to** [**SDInputters@somerset.gov.uk**](mailto:SDInputters@somerset.gov.uk)

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| 1. **3. Agreement to request support: please complete option A or B**   If you are requesting support from Children’s Social Care and have identified an Acute safeguarding need but do not have consent, please complete Option B. |
| \***Option A: I have consent to request support**  I,**[insert practitioner name and role]** have discussed this Early Help Assessment with **[insert name of person/s with parental responsibility]** and the child/young person**[insert name or delete if not discussed]** on **Click or tap to enter a date.** and I confirm that they have agreed to take part in this EHA.  I confirm that **I have informed the family/child[ren]/young person** and they have understood the terms of the processing of their personal data as set out in the privacy notice [[click here for Privacy Notice](https://somersetsafeguardingchildren.org.uk/privacy-notice-eha/)]. They understand that the completed Early Help Assessment will be shared with other practitioners, and I have explained the circumstances when this may occur. |
| \***Option B: I do not have consent to request support**  *(Please select your reasoning from the options below)*  On **Click or tap to enter a date.**, I, **[insert Practitioner name and role]** have identified an **Acute** safeguarding need / have reasonable cause to suspect that the child[ren]/young person is suffering or is likely to suffer significant harm.  *Tick all that apply:*  **I have informed the family/child[ren]/young person, and they have not consented to participating in this process.** I feel that the concerns I have justify a referral because I have assessed that it would place the child[ren]/young person at risk of harm if I did not request support to Children’s Social Care.  **I have not informed the family/child[ren]/young person because** there is reasonable cause to suspect that the child[ren]/young person is suffering or is likely to suffer significant harm.  **I have not informed the family/child[ren]/young person because** this could compromise effective safeguarding arrangements, including police investigations. |

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| **4. Children and Young People in this Family** - put the child/young person you are currently working with first. *If there are more than three children/young people, please download the* [*Additional Children and Young People Form*](https://professionalchoices.org.uk/eha/) | | | |
|  | Child/Young Person **1** | Child/Young Person **2** | Child/Young Person **3** |
| \*Name |  |  |  |
| Also known as |  |  |  |
| \*Date of birth or expected date of delivery (EDD) including current weeks of gestation | Click to enter a date | Click to enter a date | Click to enter a date |
| \*Address including postcode |  |  |  |
| Child/young person’s contact number (if applicable) |  |  |  |
| Gender | Select from list | Select from list | Select from list |
| Ethnicity |  |  |  |
| First language (does this child need an interpreter?) |  |  |  |
| Name of early years or education provider (include year group) |  |  |  |
| Unique pupil number |  |  |  |
| NHS number |  |  |  |
| School attendance %  Do you have any concerns about the child/young person’s attendance? |  |  |  |
| Has the child had any exclusions or suspensions in the last 12 months? |  |  |  |
| Name of GP surgery and/or GP |  |  |  |
| \*Do you consider any of the children/young people young carers? Are they caring for someone in the family with a long-term illness or disability?  **\*If yes, please answer the next three questions** | Select from list | Select from list | Select from list |
| What caring are they doing? |  |  |  |
| What are the impacts on the child/young person? |  |  |  |
| What support do they need? |  |  |  |
| Does the child/young person have a disability?  If yes, briefly explain the impact on the child/young person | Select from list | Select from list | Select from list |
|  | | |
| Does the child/young person have a Special Educational Need (SEN)? | Select from list | Select from list | Select from list |

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| **5. Adults in this home and adults who do not live with the child/young person but are important to them** *(if there are more than three adults, please download the* [*Additional Adults Form*](http://professionalchoices.org.uk/download/392/) *on Professional Choices)* | | | |
|  | Adult **1** | Adult **2** | Adult **3** |
| \*Name |  |  |  |
| Also known as |  |  |  |
| Date of birth | Click to enter a date | Click to enter a date | Click to enter a date |
| Relationship to each child/young person |  |  |  |
| Parental Responsibility  *Please refer to the* [*Early Help Assessment Practitioner Guidance*](https://professionalchoices.org.uk/download/320/) *for more information* | Select from list | Select from list | Select from list |
| Name of child/young  person relates to | Name of child/young  person relates to | Name of child/young person relates to |
|  |  |  |
| Address including postcode  (if known and different from child/young person’s) |  |  |  |
| Contact number(s) |  |  |  |
| Email address |  |  |  |
| Gender | Select from list | Select from list | Select from list |
| Ethnicity |  |  |  |
| First language (does this person need an interpreter?) |  |  |  |
| Does the adult have a disability or an additional need?  **If yes**, how does this impact on their relationship with or ability to look after the child/young person: | Select from list | Select from list | Select from list |
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| **6. Who is supporting this family now?**  If you do not know please click in the box here and move to section 7 | | | |
| Name, role and organisation | Contact details | Family member  this relates to | Contributed to  EHA |
|  |  |  | Select from list |
|  |  |  | Select from list |
|  |  |  | Select from list |
|  |  |  | Select from list |
| **Please provide details of any formal or informal support received by the child/young person and family both now and in the past. Please provide as much detail as possible, including names, dates and outcomes** | | | |
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| **7. Assessment -** Please refer to the [services included in the EHA](https://professionalchoices.org.uk/children-young-peoples-services/) section on Professional Choices, as there may be additional information required specific to services. | |
| \*Why are you completing this assessment, what concerns do you have? | |
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| What does the child or young person say and feel about their life? (Consider: what is working well, what are they worried about, what needs to change?) For non-verbal children, please include your observations of their responses/reaction to different people or situations | |
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| What do the adults (parents in particular) say is working well? What are they worried about? What needs to change? How does their relationships with each other impact on the child/young person? *(for relationship support visit* [*reducing parental conflict*](https://www.cypsomersethealth.org/managing_relationship_conflict)*)* | |
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| Is there any further information that could help us understand the child/young person or family’s strengths and needs better? *Please refer to the* [*Early Help Assessment Practitioner Guidance*](https://professionalchoices.org.uk/download/320/) *for examples of things you may want to think about* | |
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| If the needs you have identified in this assessment are not met, what could happen? Who could meet these needs? Think about their wider family, community and voluntary services | |
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| **\***What indicators of need do you feel this family has met according to the[**SSCP Effective Support for Children and Families**](https://somersetsafeguardingchildren.org.uk/publication/effective-support-for-children-and-families-in-somerset/) and/or the [Somerset SEN Graduated Response Tool](https://www.somerset.gov.uk/children-families-and-education/the-local-offer/education/graduated-response/#Our%20Graduated%20Response) | |
| Select from list | |
| \*Briefly explain, referring to the indicators of need tables in the[**SSCP Effective Support for Children and Families**](https://somersetsafeguardingchildren.org.uk/publication/effective-support-for-children-and-families-in-somerset/) and/or the [Somerset SEN Graduated Response Tool](https://www.somerset.gov.uk/children-families-and-education/the-local-offer/education/graduated-response/#Our%20Graduated%20Response),the reason for your judgement | |
|  | |
| **Expected time, date and venue of the first Team Around the Family (TAF) Meeting**, this should be arranged as soon as possible  *Please download* [*Team Around the Family (TAF) paperwork*](https://professionalchoices.org.uk/eha/) |  |

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| **8. Summary of need –** Please tick all presenting needs identified through this assessment, please ensure these needs are referenced within the EHA | | | | | | | |
| Not registered with a GP |  | Not registered with a dentist |  | Missed health appointments |  | Missed immunisations |  |
| Child with obesity or malnutrition |  | Adult with obesity or malnutrition |  | Child self-harm |  | Adult self-harm |  |
| Child has mental/emotional health issues |  | Adult has mental/emotional health issues |  | Concerns for child’s physical health/development |  | Concerns for adult’s physical health |  |
| Child has SEN and or disability |  | Adult has a disability |  | Open EHCP |  | Domestic abuse |  |
| Child has substance/alcohol misuse |  | Adult has substance/alcohol misuse |  | Child Exploitation (CE) concerns or discussed at TOPAZ |  | Missing/goes missing from home or from care |  |
| Pupil is not on school roll or is missing from education |  | Child not in education, employment or training (NEET) |  | School/early years attendance issues or high exclusions |  | Child in PRU or alternative education provision |  |
| Child on part time timetable |  | Electively Home Educated (EHE) |  | Not taking up early year’s entitlements |  | Adult frequently out of work |  |
| Child committing anti-social behaviour or crime |  | Adult committing anti-social behaviour or crime |  | Prevent/radicalisation concerns for child |  | Prevent/radicalisation concerns for adult |  |
| Significant adult in prison or recently released from prison |  | Child demonstrates challenging behaviour |  | Child demonstrates sexually harmful behaviour |  | Physical abuse  Sexual abuse  Emotional abuse  Neglect abuse |  |
| Gang member |  | Victim of bullying |  | Difficulty parenting |  | Young carer |  |
| Child poverty |  | Teenage pregnancy |  | Economic disadvantage |  | Housing/rent issues |  |
| Homelessness concern |  | At risk of social isolation |  | Returned home to family from care |  | Is a privately fostered child |  |
| **\*Please tick as appropriate below (this must be completed)** | | | | | | | |
| If Child Exploitation (CE) has been identified, has the [SSCP Child Exploitation Screening Tool](https://somersetsafeguardingchildren.org.uk/document/ce-screening-tool/) been completed? *(please attach)* | | | | | | Select from list | |
| If Domestic Abuse has been identified, has a [ACPO DASH Risk Assessment](https://somersetdomesticabuse.org.uk/wp-content/uploads/2023/08/DASH-Somerset-Nov2018v2-1-3.docx) been completed? *(please attach)* | | | | | | Select from list | |
| If Neglect has been identified, has the [SSCP Family Strengths & Needs Toolkit](https://somersetsafeguardingchildren.org.uk/publication/family-strengths-and-needs-toolkit/) been completed? *(please attach)* | | | | | | Select from list | |
| You may find it helpful to complete a Strengths and Difficulties Questionnaire | | | | | |  | |

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| **9. Requesting support –** complete this section if you have identified needs in Section 7 that cannot be met without support from additional services. Please refer to the [services included in the EHA](https://professionalchoices.org.uk/children-young-peoples-services/), as there may be additional information required specific to services | | |
| **It is your responsibility as the practitioner to ensure you email this EHA to the required service.** The email address for the required service will appear below when you choose a service from the drop-down menu, see [services included in the EHA](https://professionalchoices.org.uk/children-young-peoples-services/) for an explanation of these services. | | |
| Is this a [‘step up’ or ‘step down’](https://somersetsafeguardingchildren.org.uk/publication/multi-agency-step-up-step-down/) request | | Select from list |
| Select from list | Child/young person request relates to |  |
| Select from list | Child/young person request relates to |  |
| Select from list | Child/young person request relates to |  |