



## Somerset Early Help Assessment (EHA) (including the multi-agency request tool)

### Early Help is everyone's responsibility

#### 1. Personal data : Information and Consent

**Purpose:** We collect personal data from you for the purpose of providing public services to you and your family. These may be provided by a range of partner organisations including education and health professionals.

**Data Controller:** The primary data controller is Somerset County Council (SCC).

**Use:** We will use this information: to gather information from, and make requests to, the appropriate services; to monitor and report on progress of our work; and to fulfil our statutory obligations and statutory returns as set by the law.

**Processing:** SCC processes and shares personal data in accordance with the data protection principles, as set down in the Data Protection Act 1998 (DPA) and SCC's Data Protection Registration with the Information Commissioner's Office. For further information see <https://ico.org.uk/ESDWebPages/Entry/Z5957592>

**Your rights and contacts:** You have the right to access and request a copy of the information we hold about you. For more information please contact [informationrequest@somerset.gov.uk](mailto:informationrequest@somerset.gov.uk) We make every effort to keep your personal data accurate. Please tell us of any changes in your circumstances so that we can update our records. If you find that the personal data that we hold is no longer accurate, you have the right to have this corrected. Please contact the service holding the personal data or our Customer Services Centre. If you would like further information, or if you have a complaint, about how your personal data is being used, please contact [generalenquiries@somerset.gov.uk](mailto:generalenquiries@somerset.gov.uk) or 07781 482858 (by text) or 0300 123 2224 (by phone).

I, [professional name and role] have discussed the information above with [parent/ person with parental responsibility for child] and the child [name or delete if not discussed] on [date and time] at [location of discussion], and I am confident that they have given their informed consent to an Early Help Assessment processing of their personal data as set out above

**Please tick this box to confirm consent has been obtained**

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, their family and practitioners working with them to clearly record their current situation, strengths and needs, followed by a plan which will help the family to improve their lives.

Please send a copy of section 1,2 and 3, to the Early Help Advice Hub ([EHACoordinator@somerset.gov.uk](mailto:EHACoordinator@somerset.gov.uk)) to let us know (as long as the family agrees) that you are completing an Early Help Assessment. When completed please send the assessment document to the EHA Team. If you require any support or guidance completing this form please refer to the EHA Practitioner Guidance ([www.professionalchoices.org.uk](http://www.professionalchoices.org.uk)) or contact the Early Help Advice Hub at: [EHACoordinator@somerset.gov.uk](mailto:EHACoordinator@somerset.gov.uk) or call 01823 355803.

## 2. Initial Details

Child's first name		Child's surname		Date of birth	
Address including postcode				Number of children involved in this assessment	

## 3. Person undertaking this assessment

Date EHA started		Date EHA was completed	
Name of practitioner			
Job title			
Organisation/Team			
Address including postcode			
Email address		Phone number	

**4. Children and young people in this family (put the child you are currently working with first)**

	Child/Young Person 1	Child/Young Person 2	Child/Young Person 3	Child/Young Person 4	Child/Young Person 5
<b>a. Is this child/young person included in this assessment</b>					
<b>b. First Name</b>					
<b>c. Surname</b>					
<b>d. Also known as</b>					
<b>e. Date of birth or expected date of delivery (DD/MM/YYYY)</b>					
<b>f. Gender</b>					
<b>g. Address including Postcode</b>					
<b>h. Ethnicity</b>					
<b>i. First Language, does this child need an interpreter?</b>					
<b>j. Name of early years provider, school or college child attends (and year group)</b>					
<b>k. Does the child/young person look after/care for anyone else in the family home?</b>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Don't Know <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Briefly explain the impact on the child of caring for someone else in the family home;				

	Child/Young Person 1		Child/Young Person 2		Child/Young Person 3		Child/Young Person 4		Child/Young Person 5	
<b>I. Does the child/young person have a disability?</b>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
	Briefly explain the impact on the child of having a disability:									
<b>m. Does the child/young person have a Special Educational Need? If so, what level of support do they receive? (please tick relevant box) Education, Health and Care (EHC) Plan</b>	SEN support	<input type="checkbox"/>	SEN support	<input type="checkbox"/>	SEN support	<input type="checkbox"/>	SEN support	<input type="checkbox"/>	SEN support	<input type="checkbox"/>
	Higher needs Funded (what type)	<input type="checkbox"/>	Higher needs Funded (what type)	<input type="checkbox"/>	Higher needs Funded (what type)	<input type="checkbox"/>	Higher needs Funded (what type)	<input type="checkbox"/>	Higher needs Funded (what type)	<input type="checkbox"/>
	Statement or EHC Plan	<input type="checkbox"/>	Statement or EHC Plan	<input type="checkbox"/>	Statement or EHC Plan	<input type="checkbox"/>	Statement or EHC Plan	<input type="checkbox"/>	Statement or EHC Plan	<input type="checkbox"/>

### 5. Adults in this home and adults who do not live with the child/young person but are important to them

	Adult 1	Adult 2	Adult 3	Adult 4	Adult 5
<b>a. First name</b>					
<b>b. Surname</b>					
<b>c. Also known as</b>					
<b>d. Date of birth (DD/MM/YYYY) if known</b>	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
<b>e. Gender</b>					

	Adult 1		Adult 2		Adult 3		Adult 4		Adult 5	
<b>f. Relationship to each child/young person</b>										
<b>g. Address including Postcode</b> (if known and different from home address)										
<b>h. Contact number (s) including area code (if known)</b>										
<b>i. Ethnicity</b>										
<b>j. First Language, does this person need an interpreter?</b>										
<b>k. Does the Adult have a disability?</b>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
	How does this affect their relationship with or ability to look after the child?									
<b>l. Parental Responsibility</b>  An explanation of parental responsibility can be found here: <a href="https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility">https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility</a>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

## 6. Who is working with this family at the moment?

a.1 Practitioners Name	a.2 Title of practitioner and organisation	a.3 Contact details (email/contact number)	a.4 Family member this relates to?	a.5 Contributed to assessment?	
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
<b>b. What formal/informal support have the family received in the past? Who provided this and over what period?</b>					

## 7. Assessment

**a. Why are you completing this assessment?**

**b. What do the children/young people say they like about family life; what is working well; and, what needs to change?**

**c. What do the adults (parents in particular) say is working well; and, what needs to change?**

**d. What professional support is already in place for this child/young person and family? What is required?**

**e. Is there any further information that could help us understand this family's strengths and needs better?**

**f. Who could meet the needs you have identified? What outcome are you expecting?**

**g. If these needs are not met, what may happen? What will the impact of this be on the child/young person (what are we worried about?)**

**h. What level of need do you now feel this family has according to the Effective Support for Children and Families in Somerset – Thresholds for Assessment and Services guidance? Why? (please refer to Indicators of Need tables which start on page 16 to support your judgement )**

**i. Expected date of the first Team Around the Child (TAC) Meeting (call a TAC meeting to agree who will do what, this should be done ASAP and within a maximum of 4 weeks of the date of this EHA.)**

[Click here to enter a date.](#)

**8. Summary of need** (to be completed by the practitioner and submitted with this Early Help Assessment when the assessment has been completed and when the assessment is at closure.

<b>Presenting Needs (from the Early Help Assessment carried out):</b> <i>Please tick <b>all</b> presenting needs identified through this assessment (S) - Please tick box C if the need remains unmet at closure.</i>												
	S	C		S	C		S	C		S	C	
Adult/child referred with obesity or malnutrition.	<input type="checkbox"/>	<input type="checkbox"/>	Child in Pupil Referral Unit or alternative education provision	<input type="checkbox"/>	<input type="checkbox"/>	The child or young person is not in Education, Employment or Training (NEET)	<input type="checkbox"/>	<input type="checkbox"/>	Child has Substance / Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	
Adults or children committing anti-social behaviour or crime	<input type="checkbox"/>	<input type="checkbox"/>	Child has mental / emotional health issues	<input type="checkbox"/>	<input type="checkbox"/>	Child Sexual Exploitation (CSE) concerns	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty parenting	<input type="checkbox"/>	<input type="checkbox"/>	
Victim of Bullying	<input type="checkbox"/>	<input type="checkbox"/>	Homelessness concern	<input type="checkbox"/>	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Child neglect	<input type="checkbox"/>	<input type="checkbox"/>	
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	Economic disadvantage	<input type="checkbox"/>	<input type="checkbox"/>	Gang member	<input type="checkbox"/>	<input type="checkbox"/>	A parent in prison	<input type="checkbox"/>	<input type="checkbox"/>	
Adult has mental / emotional health issues	<input type="checkbox"/>	<input type="checkbox"/>	Child demonstrates sexualised behaviour	<input type="checkbox"/>	<input type="checkbox"/>	A parent recently released from prison	<input type="checkbox"/>	<input type="checkbox"/>	Pupil is not on a school roll	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns for the child's physical health / development	<input type="checkbox"/>	<input type="checkbox"/>	Adult has Substance / Alcohol Misuse	<input type="checkbox"/>	<input type="checkbox"/>	Teenage Pregnancy (under 18)	<input type="checkbox"/>	<input type="checkbox"/>	School attendance Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Prevent/Radicalisation concerns for child/adult	<input type="checkbox"/>	<input type="checkbox"/>	Adult has a disability or learning need	<input type="checkbox"/>	<input type="checkbox"/>	Missed appointments with the health visitor	<input type="checkbox"/>	<input type="checkbox"/>	Adult frequently in/out of work	<input type="checkbox"/>	<input type="checkbox"/>	
Elective Home Educated child	<input type="checkbox"/>	<input type="checkbox"/>	At risk of social isolation	<input type="checkbox"/>	<input type="checkbox"/>	Missed immunisations	<input type="checkbox"/>	<input type="checkbox"/>	Housing / Rent issues	<input type="checkbox"/>	<input type="checkbox"/>	
Child's challenging behaviour	<input type="checkbox"/>	<input type="checkbox"/>	Debt / Money Management	<input type="checkbox"/>	<input type="checkbox"/>	Not taking up Early Years Entitlement	<input type="checkbox"/>	<input type="checkbox"/>	Adult physical health	<input type="checkbox"/>	<input type="checkbox"/>	
Young Carer	<input type="checkbox"/>	<input type="checkbox"/>	Not registered with a GP or Dentist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
<b>Please tick as appropriate below: (This must be completed)</b>												
If Child Sexual Exploitation (CSE) is a concern, has the <a href="#">CSE Screening Tool</a> been completed?									Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



## 9. Needs that require support from another agency/agencies

The Early Help Assessment is an all agency assessment tool. If you have identified needs for a child or young person and their family, that indicates support is required from another agency/service, please select one or more from those listed below and forward this Early Help Assessment to the correct service (contact details for these services are in the Somerset Early Help Assessment (EHA) (Multi-agency request tool Guidance Notes.) ([www.professionalchoices.org.uk](http://www.professionalchoices.org.uk))

**I, [professional name and role] have discussed the completed Early Help Assessment with [parent/ person with parental responsibility for child] and the child [name or delete if not discussed] on [date and time] at [location of discussion], and I am confident that this is an accurate assessment of their needs. [Parent/person with parental responsibility] and [child] have consented to a request of support to the following agencies and understands that these agencies may also share the information with additional relevant agencies.**

**Please tick this box to confirm consent has been obtained**

Selection 1	Choose an item.	Name of child/young person this relates to	
Selection 2	Choose an item.	Name of child/young person this relates to	
Selection 3	Choose an item.	Name of child/young person this relates to	
Selection 4	Choose an item.	Name of child/young person this relates to	
Selection 5	Choose an item.	Name of child/young person this relates to	

## 10. Team Around the Child (TAC) Meeting Record

Date of Team Around the Child Meeting (TAC)	Click here to enter a date.	Name of child/young person and Date of Birth DD/MM/YYYY	Click here to enter a date.
Lead Professional's name and job role		Lead Professional's contact details	
Name/role and contact details of attendees			

## 11. TAC Review

<b>Significant events since the last TAC, including progress on TAC Action Plan.</b>
<b>What level of need do you as the TAC group feel this family has according to the <a href="#">Effective Support for Children and Families in Somerset – Thresholds for Assessment and Services</a> and why? (please refer to Indicators of Need tables which start on page 16 )</b>

**12. Early Help Assessment Action Plan (Complete at the first TAC and update at each TAC meeting)**

a. TAC meeting date	b. What is our specific goal/outcome?	c. How will we know when we have achieved it?	d. What actions or support are required to achieve the outcome?	e. Who will do this?	f. Date this will be reviewed?	g. Date action completed?
<b>h. Date of our next Team Around the Child (TAC) meeting?</b>					22/10/2016	

<b>13. Closure Summary</b> - Please complete this section when the EHA / TAC process has ended and return to the EHA Coordinator along with the final meeting notes	<b>Date of closure:</b> 21/10/2016
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<b>Why has the EHA / TAC process been closed? (Please select one, evidence must be provided)</b>	<b>Comments/Evidence</b>			
<b>a. All needs have been met</b> (Evidence that all needs are met, this should be in the final TAC meeting notes).				
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: none;">Y</td> <td style="width:5%; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">N</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Y	<input type="checkbox"/>	N
Y	<input type="checkbox"/>			
N	<input type="checkbox"/>			
<b>b. Most needs are met and a single agency will continue to support.</b> <b>What still needs to happen? Who will remain involved?</b>				
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: none;">Y</td> <td style="width:5%; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">N</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Y	<input type="checkbox"/>	N
Y	<input type="checkbox"/>			
N	<input type="checkbox"/>			
<b>c. Step up to Level 3/4 services</b> <b>When was this completed and by whom?</b> (Ensure the family is kept up to date and know who to contact until the new lead professional has been in touch with them).				
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: none;">Y</td> <td style="width:5%; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">N</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Y	<input type="checkbox"/>	N
Y	<input type="checkbox"/>			
N	<input type="checkbox"/>			
<b>d. Family are moving / have moved out of Somerset</b> (Agree with family if/how information will be shared with their new area and if support will continue. Follow 'Early Help Cross Border Protocol'. Have you contacted the new area following the family's agreement?)				
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: none;">Y</td> <td style="width:5%; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">N</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Y	<input type="checkbox"/>	N
Y	<input type="checkbox"/>			
N	<input type="checkbox"/>			
<b>e. Family / Young Person withdrew consent / disengaged</b> <b>What has been done to encourage participation? What are the risks/concerns of the family disengaging? Are there any safeguarding concerns? Are any professionals still working with the family?</b>				
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: none;">Y</td> <td style="width:5%; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">N</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Y	<input type="checkbox"/>	N
Y	<input type="checkbox"/>			
N	<input type="checkbox"/>			
<b>f. Closed for another reason</b> (Please clearly state the reasons for closure.)				
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: none;">Y</td> <td style="width:5%; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">N</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Y	<input type="checkbox"/>	N
Y	<input type="checkbox"/>			
N	<input type="checkbox"/>			
<b>g. Needs at Closure: please tick</b>				
Decreased	<input type="checkbox"/>	Increased (Referral to other agency)	<input type="checkbox"/>	
Stayed the same	<input type="checkbox"/>	Increased (CSC referral made)	<input type="checkbox"/>	
<b>h. What level of need do you as the practitioner feel this family meets according to the <a href="#">Effective Support for Children and Families in Somerset – Thresholds for Assessment and Services</a> at point of closure?</b>				