

# EARLY HELP ASSESSMENT GUIDANCE

V1.0

Dated 22/06/18







# **Introduction**

This guidance is to be used in addition to the prompts contained with the Early Help Assessment tool that was launched on the 20/04/18.

The purpose of this guidance is to provide insight on:

- how to approach the completion of the Early Help Assessment,
- the possible questions that should be considered during its completion and
- what makes a 'Good' assessment

The questions suggested throughout pages 11-20 of this guidance are not exhaustive and should only be used as prompts to start gathering information that is required.

Not all questions will apply to all families so there will be the need for practitioners to be creative at times and improvise on what needs to be asked to fit the context of the work and the needs of the family.

Always remember to check the Threshold document during the assessment process.

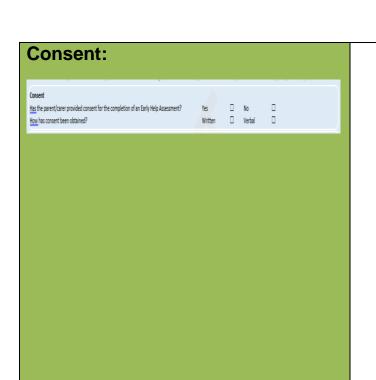
If you are unsure of the threshold check with your local Family Centre.





# **The Early Help Assessment Guidance:**

# Completing Sections 1, 2 and 3



- Please ensure that you tick the appropriate boxes in this section. Although there is the option to indicate that consent was verbally obtained, good practice would suggest that where possible written consent is obtained.
- Under the new GDPR guidelines when obtaining consent, practitioners must inform the family that the contact details they provide will be created/add on the case file and that any information given to the author of the report may be shared with relevant agencies.
- This conversation with the family must be entered in your service's relevant recording system. This is classed as consent for practitioners to share the information.







# **Family Details:**

I,	1. Family Details po	sasa add additional rows if requ	ired)						
	Parent/Carer First Name	Surname	D.O.8 (dd/mm/yyyyy)	Gender	Parental Responsibility? (Y/N)	Ethnicity (See Appendix A)	Interpreter Requi (Y/N) – If Y state la		Disability/ Additional Needs? (Y/N) – If Y state)
	Significant Other/s First Name	Surname	D.O.8 (dg/mm/3000)	Gender	Parental Responsibility? (Y/N)	Ethnicity (See Appendix A)	Interpreter Requi		Disability/Additional Needs? (Y/N) – If Y please state)
ı									
	Child/Young Person First Name	Surname	(dg/mm/yyyy)	D.O.8 (dd/mm/)3000		(See Appendix A)	Interpreter Required (Y/N) – If Y state language)		Disability/Additional Needs? (Y/Y)- If Y please state)
	Main Family Address:	-	Home Tel No.		Address o	Address of Significant Other/s:		Home Tel	No.
	Mobile Tel No.							Mobile Te	I No.

- Ensure that you put as much detail in to this section as possible.
- If some information is unknown, type 'not known' into the box as it indicates that you are aware of what information is missing and that it potentially needs to be collected at a later date. <u>Leaving blank boxes can be interpreted as though</u> <u>you have not considered the information.</u>
- Be mindful that there could be more parent/carer or significant others in the child's life so ensure that these details are relevant and accurate. Significant others are friends/family that have a significant role in the child's life.







# Agencies supporting the family:

What services have previously been or are currently involved with this family?							
Service	Involvement			Name/Contact Details of Professional	Name/s of Family Member Receiving Support	Dates Intervention Receive From/To	
	Yes	No	Not Known				
Children's Social Care							
Children's Adolescent Mental Health Service (CAMHS)							
Special Educational Needs/Children's Disability/ Sensory Impairment							
Nursery provision							
Primary school							
Secondary School							
Further Education provision			П				
Education Psychology							
Education Welfare/Educational Investigation Service							
Adult Services (Mental Health/Substance Misuse, Disability/Specialist Health/Older People's Services/Other)							
Housing							
Youth Offending Service							
Police							
Domestic Violence Support							
Health Visitor							
School Nurse							
Midwife							
General Practitioner							
Dentist			0				

- It is not expected that all agencies will have access to the information that enables them to fill in this section completely.
- As much information as possible should be reflected in this section of the assessment.
- At a minimum, information that demonstrates an awareness of <u>Education and Health providers to the family is</u> <u>mandatory</u>.

# Name of person completing assessment:

Name of pers	on undertaking this Early Help Assessr	nent	
Name		Role:	Organisation:
Contact No.		Email:	Address:

• It is mandatory that <u>all boxes in this section are completed</u> in this section.







# **Reason for completing assessment:**

3. Reason for the Early Help Assessment
(Please do not leave any fields blank)
Date this Early Help Assessment started:
Why does an Early Help Assessment need to be completed for this family?
Please include;
Fleese include; Who identified a need for this Early Help Assessmen? What work has been done?
Please include; Who identified a need for this Early Help Assessment?

- Ensure that the date the assessment has started is written on the form
- When writing why the EHA is needed for the family, consider the questions already included on the EHA in this section. Be very clear and specific about why you feel an EHA is needed, including what concerns are held for the child/family.
- Simply saying 'Support is needed', 'Family are stressed',
   'Referral needed' or 'Because I've been asked to write it' <u>is</u>
   <u>not acceptable.</u> You would need to expand on these
   examples to explain what specific support is needed and why
   or what stresses the family are under.







# Parents and child's views of referral:

What are the parent/carer's views on the reasons for the Early Help Assessment?	What are the child/young person's views on the reasons for the Early Help Assessment?
	In their own words

- Parent's views on the reason for assessment is solely about their reaction and response to the concerns that have led to the EHA, <u>it is not about the findings of the EHA</u> or the proposed actions to assist with change.
- The same with the child/young person's views on the assessment, this box is about their views and responses to concerns.
- If it is felt that a child is too young to express a view, putting 'child is too young' is no longer an acceptable answer.
- You would need to state that "while [name of child] is too
  young to express their views on the concerns raised, it is
  expected that they would like to live in a house free from
  [stress/domestic abuse/ substance misuse/ emotional
  harm/other concerns]". Please see page 9 for guidance on
  capturing the Voice of the Child







Name	Relationship		Name	Relationships
		1//		
Who was not present dur	ing the Farly Help Acceptment? Fig. 2	heant fathar adult cibli	nac	
Who was not present dur	ing the Early Help Assessment? E.g. a	bsent father, adult sibli	ngs	

With regard to who was and who was not present at the assessment, be very clear in your recordings about who was spoken to. It is possible that some carers/parents/siblings were not seen as part of the assessment. <a href="It is now mandatory that the reason why carers/parents/siblings were not seen is recorded on the EHA."</a>







# **The Early Help Assessment Guidance:**

# **Completing Section 4**

- The Voice of the Child should be included within the assessment.
- If a child is unable to verbally contribute to the assessment, observations and analysis of the child should be included where appropriate.
- If you are in a position to work with other professionals to ensure that all children are seen then this is a clear example of good Early Help practice and should continue. If you are not in the position to ensure that all children in a family are seen, please seek advice from Early Help Enablers. They can be contacted on the following numbers:

Brierley Hill Cluster	01384 813322	<b>Dudley Central Cluster</b>	01384 812440
<b>Dudley North Cluster</b>	<u>01384 813096</u>	Halesowen Cluster	01384 813954
Stourbridge Cluster	01384 818780		

There MUST be clear evidence in the assessment that children were seen as part of the assessment process and who saw the children.





# **The Early Help Assessment Guidance:**

# **Completing Section 4 continued**

The current EHA has three key questions to consider:

• What is working well? What are we worried about? What needs to change?

The questions on the following pages are prompts to assist with conversation, information gathering and assessment. The answers provided by family members will determine whether the information is recorded as an aspect of life that is working well or is a worry.

In more complex situations, it will be up to <u>workers to use their professional judgement</u> regarding whether information reflects aspects of life that are working well or are worries.

If some information is unknown or cannot be obtained please speak to your Early Help Enabler.

Remember: All Early Help Assessments must clearly show the impact of the child's situation on their health, development and overall wellbeing







# **Child's Developmental Needs**

### Health

Growth and development, physical/mental well-being, impact of genetic factors and any impairment that needs to be considered. Inc. receiving appropriate health care when ill, adequate nutritious diet, exercise, immunisations where appropriate, developmental checks, dental/optical care. For older children – appropriate advice and info on issues that impact on health i.e. sex education and substance misuse

- Do the children have any health concerns? Are their health needs being met?
- What is the child's view of their health? Do they feel healthy or unhealthy? What makes them feel this way?
- Are the family and children registered with local GP / dentist / optician? Which one?
- Are developmental checks undertaken by health visitor, early years or childcare provider?
- Is a school nurse involved?
- Are immunisations record up to date?
- Do family members receive appropriate heath care when unwell?
   Do the children get taken to the GP when they are sick, if not why not?
- If mother is pregnant, is she attending antenatal appointments? Who is the midwife? What is the Expected Delivery Date?







### Education

All areas of cognitive development from birth. Inc. opportunities for play and interaction with other children, access to books, to acquire a range of skills and interests, experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and special educational needs.

- What early years, childcare provision, school or college do the children attend? How regularly do they attend?
- What is the child's view of nursery, school or college?
- Do the children undertake any after school activities?
- What educational stimulation do the children receive outside of school? What age appropriate opportunities are there for play? Do the children have age appropriate toys / books / games / music? Meaningful interaction with caregiver? Opportunities for interaction with peers?
- Are there any special education needs?
- What are parents/carers views of the education the children is receiving? What are they doing to support this?

### Emotional and Behavioural Development

Appropriateness of response, demonstrated in feelings and actions by a child, initially to parents and care givers and, as the child grows older, to others beyond the family. Inc. nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degrees of appropriate self-cace.

- Are there any concerns for the child's behaviour or emotional development? What are they?
- Are the children developing appropriately for their age?
- How do the children feel they behave?
- Do parents have any health concerns of their own that might be impacting on their child's emotional and behavioural development? If yes, what support do they have for this?







### Identity

Child's growing sense of self as a separate and valued person. Inc. child's view of self and abilities, self.image, and self.extegm, and having a positivity sense of individuality. Cultural identity, age, gender, sexuality and disability may contribute to this. Feelings of belonging and acceptance by family, peer group and wider society. Inc. other cultural groups.

- What ethnicity, culture and religion do the family identify themselves as? Do the children identify themselves differently?
- How does the child/young person view themselves? Is their selfimage and self-esteem positive or negative? Why?
- Do parents have any specific views of their own identity

### Family and Social Relationships

Empathy and the capacity to place self in someone else's shoes. Inc. stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and any other significant persons in the child's life and response of family to these relationships

- What is the child's view on the family relationships?
- What is the parents/carer's view of the family relationship?
- What is the child's relationship like with their parents?
- What are the sibling relationships like?
- Do the family socialise with extended family or friends?
- Are they active in the community?







### Social Presentation

Child's growing and understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Inc. appropriateness of dress for age, gender, culture, and religion, cleanliness and personal hygiene, availability of advice from parents/caregivers about presentation in different settings.

- Are the children appropriately dressed?
- Are there any concerns in their physical presentation?
- Do the children have a view on their physical presentation?
- What do parents/carers do to ensure cleanliness? Personal hygiene is maintained?

### Self-Care Skills

The acquisition by a child of practical, emotional and communication competences required for increasing independence. Inc. Early practical skills of dressing and feeding, opportunities to gain self-confidence and practical skills to undertake activities away from the family and independent living skills as older children. Inc. encouragement to acquire social impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

- Are the children able to feed/wash/dress themselves? Are they of an age where they should be able to?
- Do the children have the ability to keep themselves safe indoors and outdoors, anticipate hazards? Be aware of strangers?
- Capacity to communicate to make needs known?
- What is the child's level of dependence / independence?







## **Parenting Capacity**

(consider the use of GCP2 in addition to the Early Help Assessment)

### Basic Care

Providing for the child's physical needs, and appropriate medical and dental care, includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene

- Are the family in a routine to meet everyone's needs? Is this consistent?
- What is the routine of the children?
- Do the family have basic provisions for warmth, food, clothing and shelter
- What are parents/career's views of the needs of their children?
- What to the children feel that they need?

### **Ensuring Safety**

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adult's fand or children and from self-harm. Recognition of hazards and danger both in the home and elsewhere. Consider domestic abuse, parental alcohol or substance missue, crime, anti-social behaviour

- What are parent/carer's able to recognize as a risk to themselves and the children?
- Does the home have appropriate safety equipment? I.e. stair gates if needed?
- Do the children feel safe in the home? At school?
- Do parents always know where their child is, what they are doing and who they are with?
- Is there any physical violence in the home? Who is involved?
- Has the child been harmed or exposed to harm? How? Effects?
- Can the parent identify a range of risks?







### **Emotional Warmth**

Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial cultural identity. Inc.'s ensuring the child's requirements for secure, stable, and affectionate relationships with significant adults with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact. Comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement

- How does the parent view the child?
- Is there are positive bond between them? What observations have been made to evidence this?
- How does the parent/carer react to the child's behaviour / achievements / needs?
- Are they able to demonstrate affection and reciprocation to the children?
- Does parent/carer speak positively about the children?

### Stimulation

Promoting the child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Inc.'s. Facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's pay, and promoting educational opportunities. Enabling the child to success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life

- What do parent/carers do to assist the child to explore age appropriately?
- What do parent/carers do to develop the child's curiosity and interest?
- Do parents/carers and children spend time together? What do they do?
- Do parents support children with their interests?
- Is the child accessing the targeted 15 hour free entitlement for 2 year olds or the universal 15 hour free entitlement to early education for all 3 and 4 year olds?







### Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviours. Demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, guidance, setting boundaries to enable the child to develop and internal model of moral values and conscience, and appropriate social behaviour. Enable to help the child to grow into an autonomous adult, holding their own values, able to demonstrate appropriate behaviour with others rather than having to be dependant on rules outside of themselves. Inc. not over protecting children from exploratory and learning experiences. Inc. social problem solving, anger management, consideration for others. Effective discipline and shaping of behaviour.

- Do parents/carers understand the need for guidance and boundaries?
- What guidance and boundaries are in place? Are they appropriate?
- Are parents/carers able to model appropriate behaviour / control of emotions?
- Is the child aided to regulate emotions and behaviour?
- What do the children think of boundaries in the home?

### Stability

Provide a sufficient and stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver/s in order to ensure optimal development. Inc.'s ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others. Has separation or divorce been a factor?

- In crisis situations does the parent work hard to maintain some consistency and manage their emotions in front of the children?
- Are the child's needs maintained regardless of family issues?
- Are the children in a stable home environment?
- Do the children have contact with a non-resident parent?







# **Family and Environment Factors**

### Community Resources

All facilities and services in a neighbourhood, Inc. universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Inc.'s availability, accessibility and standard of resources and impact on the family, Inc. disabled members

- Are the family aware of location of local Health and educational services?
- Do they know where to go in case of emergencies?
- Are the family aware of the location of local parks, transport and shops?
- Do parents know how to access the Family Information Service to access and receive information in order to make informed choices about early years or childcare provision including the free childcare entitlements?

### Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Inc's the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them. Is anti-social behaviour/neighbour/criminal behaviour experienced?

- What are the family's relationships with neighbours?
- Do they attend community events?
- Are there any issues in the community? For example, anti social behaviour?







### Income

Income available over a sustained period of time. Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child? Is the family in receipt of all its benefit entitlements?; Universal Credit, Job Seekers Allowance, Employment Support Allowance, Incapacity Benefit, Income Support, Disability Living Allowance

(for children under 16), Personal Independence Payment (PIP), Carers Allowance, Working Tax Credit, Child Benefit, Housing Benefit, Council Tax Benefit, No access to Public Funds, Other. Is debt a factor? Discuss utilise and other outgoings - has spending been prioritised? Is spending prioritised?

- Are the family able to budget their income and expenses?
- Where does their Income come from employment / benefits? If so, which ones?
- Housing staff may need more detailed information in this area.

### Employment

Who is working the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by the family members? How does it affect their relationship with the child? Inc. children's experiences of work and its impact on them. Are there any education/training/liberacy needs?

- Who is working in the family? What is their work pattern?
- What is the impact of this on the family?
- Is there Unemployment? What is the impact on the parent and family?
- Are parents in any form of education?
- Are they entitled to the targeted additional 15 hour free entitlement (also known as 30 hours free childcare entitlement).

### Housing

Does the family have safe, suitable accommodation for the foreseeable future? Are they tenants/lodgers/lowner occupiers etc., and are their rent or mortgage payments up to date? Are they homeless or at risk of homelessness or have an unsettled housing history? Consider interior & exterior condition & basic amenities e.g. water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child. Is the home accessible/suitable for any disability needs in the family?

- Is the family home clean and meet the needs of the family?
- Are the basic utilities in working order i.e hot water / heating / gas / electricity / toilet?
- Furniture appropriate for family needs? i.e enough beds? What are the sleeping arrangements?







### Wider Family

Who are considered to be members of the wider family by the child and parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way? Are any wider family members in prison?

- Who is the wider family network? What contact do the family have with extended family?
- Are wider family members supportive / protective? Do any pose a risk?
- What are the children's views of their wider family?

### Family History and Functioning

Inc. genetic and psycho-social factors. Mental health and wellbeing. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents, chronology of significant life events and their meaning to family members, nature of family functioning inc. sibling relationships and its impact on the child; parental strengths and difficulties inc. those of an absent parent; the relationship between sparated parent. Are any immediate family members in prison? Are there any issues with parent's physical health or substance abuse?

- Who is the household? Related / not related?
- Who is absent? Why? Ongoing contact?
- What is the dynamic between the family members including siblings?
- Who provides support? Who provides protection?
- What is the nature of the parent's relationship?
- What is the current relationship of the parent's with their mother/father?
- Have there been any significant life events? Impact?
- What are the strengths within the family?







# **The Early Help Assessment Guidance:**

# **Completing Section 5:**

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- Using the 'what needs to change' boxes in the previous sections of the Early Help Assessment, put in your conclusions and identified tasks for each of the three categories. <u>Consider what impact the</u> <u>areas of need have upon the family.</u>
- Be clear in the 'what needs to happen next section' as this will form the plan moving forward. Also be mindful of considering who is best to undertake the actions identified and record when you think this should be completed by.
- Make the planning SMART Specific, Measureable, Achievable, Realistic and Timely.



Family and

Environmenta





Analy	vsis	and	Recom	mend	ations:
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What are the parents/carers concerns views about the Early Help Assessment?	What are the child/young person/s (including siblings) views about the Early Help Assessment?

- Be clear in recording what views the parents/carers have about your plan and the outcome of the assessment.
  - o Did they agree? If not why not?
- Be clear in recording what views the children have about your plan and the outcome of the assessment.
  - o Did they agree? If not why not?

### **Consent:**

Consent for Information Sharing & Storage										
The section below must be completed for each family or	nember. Fles	se print add	itional pages	if required.						
agree to the Early Melp process taking place and I understand that my personal information will only be shared with agencies where I have given my consent. Please of or # to confirm which of the agencies listed below you consent for your information to be shared with:										
Name of Family Member:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Children's & Adolescent Mental Health Services (CAMHS)	D		0							0
Adult's Mental Health Services										
Housing										
SEN Team										- 0
Education Psychology										
Sensory Impairment Service			0							0
Aicahol Abuse/Support Service			0							0
Drug Abuse/Support Services										
Damestic Violence Support Services										
Education Investigation Team										
Folice										
Probation	0		0	0						0
Youth Offending Service										
Connexions			0	0						0
Youth Service	- 0									
Family Centre										
Oticers Advice Sureau										0
Department for Work & Pensions			D							
Health Visitor										
Education provision										
School Nurse										
General Fractitioner										
Midwife			D							0
Other; please state	0		0							
SIGNATURE										
DATE:										

- Ensure that you have obtained signatures for the sharing of information and recorded clearly who has given consent and which services information can be shared with. Please note that the sharing of information also includes obtaining information from other professionals.
- If no consent is given by either parent/carer then ensure that you explain that the family may not receive all the services needed to meet their needs. This includes not being able to share information at Multi Agency Action Meetings.







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- Consent should be signed by all household members who are aged 14 years and over.
- This must take into account an individual's capacity to give informed consent.







Please email your completed Early Help Assessment form to the relevant Family Centre inbox below, based upon the area within the borough the family reside.

If you are sending information from an nhs.net, pnn.police.uk or gsi.gov.uk email account, please ensure this is sent to the GCSX email address below to ensure the information is sent securely.

Family Centre Email address:	Telephone No.
Fs.brierleyhill@dudley.gov.uk	01384 813322
Fs.dudleycentral@dudley.gov.uk	01384 812440
Fs.dudleynorth@dudley.gov.uk	01384 813096
Fs.halesowen@dudley.gov.uk	01384 813954
Fs.stourbridge@dudley.gov.uk	01384 818780

GCSX/Secure Email address: Fs.secure@dudley.gcsx.gov.uk

If you are unable to return your completed Early Help Assessment via secure email, please hand deliver to your local Family Centre.

If you require support in the completion of the Early Help Assessment, please contact the Early Help Enabler at the relevant Family Centre via the contact numbers above

This document will be reviewed 15/06/19



