
*Early Help
Assessment
Guidance*

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This guidance has been written to support professionals when writing an Early Help Assessment (EHA). The EHA is a tool that professionals can use from an early stage to detail a family’s need and identify approaches to supporting them. Over time an updated Early Help Assessment will show how the needs of the family has changed and what support has been provided to assist them.

Should you require further support on completing an Early Help Assessment please contact familyworkerschools@swindon.gov.uk. This team is available to support all professionals in the partnership.

Section 1: Your Agreement

It is important in this section to explain to a parent:

- Why you are undertaking this assessment
- What the information will be used for
- Who this assessment will be shared with and why

Where appropriate both parents should sign the Early Help Assessment and both should have a copy. A lot of time we gain consent from the person that is in front of us but to make any plan work it is important to have the consent of the main people who have parental responsibility for the child.

The child should also be invited and encouraged to sign the agreement and may require a different approach to tell them why the assessment is happening. They need to know that this is a plan to support them.

Section 2: Your Agreement – Practitioners

Parents should be aware of what your role is as the person completing this form. When you sign in this section, you are agreeing to carry out the completion of the EHA and will be responsible for keeping this plan and the family up to date. Providing your contact details will give the family a contact point should they need it.

Section 3: Family Background and Information

This is a very important section and one that should invoke **professional curiosity** about the make-up of the family.

3.1: Date Assessment Started

Please put the date that you started this Early Help Assessment.

3.2: Communication Needs of Anyone in the Family?

In this section you are looking for any barriers to communication with any of the family. This will be wider than the child of concern or the parents, but may include anyone that will form part of this plan. Here are some examples:

- Sensory impairment issues – blind, deaf, non-verbal
- Neuro divergent – needs time, no eye contact, requires an advocate
- English as an additional language – needs an interpreter
- Non availability – for example works away on an oil rig or nursing shifts
- Literacy needs

3.3: Details of all children in your family

Try to be comprehensive about the children in the family. This should include all siblings to the child of concern including half siblings, step siblings and those no longer in the parent/carers care.

Sections here to be complete and reasons for the information are below:

- Name – so we are clear when writing notes who we are addressing – the Early Help Assessment Child/children should be named first
- Relationship to the main Early Help Assessment child
- DOB/Due Date – this enable's a bigger picture of effect on them and others as well as ensure the child/young person receives appropriate support
- Gender – Male/Female/Other
- Contact details – for correspondence and bigger picture

- Ethnicity and religion – to inform of any cultural needs or differences or religious needs that need to be taken into consideration and to provide further insight into the holistic family picture. If the ethnicity or religion is not stated, please include this in **Section 3.6**.
- Name of school – for further enquiries if needed
- Attendance, EHCP and Disability – these are often areas that can be impacted or impact need.

3.4: Details of all adults in your family

The adult section is very similar to the child's section but enquires about the relationship to the child. This is the relationship between the adult and the main child that is the subject of the referral.

We need to know about all significant adults that live with or are involved with the child's life. This may include:

- Parents/Carers
- Aunts/Uncles/Grandparents
- Family members such as cousins and siblings over 18
- Family friends who are significant, they may be staying at the house or be looking after the child on a regular basis.
- Step families
- Fostering arrangements
- Neighbours

3.5 Which agencies and professionals are/have been involved in supporting your family?

When we start out completing the EHA as needs first emerge, there may not be many or any agencies that are involved with the family. It could just be you, but over time this may grow as the needs become clear. At a minimum for a child there should be (depending on age):

- Education or childcare provider
- Health visitor and/or GP
- Details of the person that is filling in the form
- Dentist
- Optician

You may also want to consider the following:

- Paediatrician
 - Speech and Language Therapists
 - Community Navigator
 - Housing Officer
 - Mental Health Worker
 - Family Worker
 - Youth Engagement Worker
 - Debt Recovery Advisor
- (These are examples, there are many more)

3.6 Who is in your family, and who lives in your home?

This should be a question that is led by you to piece together what the relationship tree looks like. You will have some of the detail above in section 3.4 but this is the opportunity to expand. We would encourage the author of the Early Help Assessment to refer to individuals by their name to avoid confusion and to respect them as individual people, however the first time you mention their

name you could put their relationship role in brackets. Here are some professional curiosity questions you could ask at this point:

- Where does your Step Brother live? And how do you get on with him?
- How often does Sarah look after your children? Does she stay over often? Where does she stay when she stays over?
- So you have described 10 people who are living in the house, where to they sleep? Does this mean that your child has a bed of their own?
- I can see that dad is not living in the home, how is that for the family?
(Examples only)

Karen (Mum), Danny and Sally live together – Aaron (Dad) is currently in prison. The children do not currently see dad due to past domestic abuse which led to his incarceration.

Karen, Danny and Sally are currently sharing a bedroom.

Danny and Sally have a good relationship with Bob (Grandad) and spend regular weekends at his house. Sally is a young carer for both Danny and her mother

3.7: What has led to this assessment taking place?

Some detail is needed here about why you are completing this assessment **here and now**. For some this may be your way of working and you complete parts of this when you are introduced to a family so you have a running record, but for others, there may be a specific event that has led to this particular point in time. Try to be as specific as you can. There may be a lot going on for this family so summarise the past but focus on the actual reason you are completing this now.

It is expected that an Early Help Assessment would be completed before a Request for Help and Support, however if it has happened the other way around, please do not copy from the RHS due to the length detail. It is important to be as specific as possible here.

3.8: Who has been impacted and how?

- Who can't do something now that they could previously because of this? How is this going to impact them?
- Who is behaving in a way today that has increased in risk/gravity from last week and how is this going to impact them or others?
- Who is displaying a new behaviour that is concerning you and what is concerning you?
- Who is at risk if something is not actioned and how are they at risk?
- Who may escalate to statutory services if there is no intervention?
- Who got hurt?

One way to complete this form is to go through the family members to identify **if** they have been impacted and **how**. Please start with child first.

Who has been impacted and how?

Karen (Mum) reports Danny has been effected by watching Bobs (dad) behaviour towards her. He has started to copy some of Bobs actions such as shouting and swearing, punching doors and 'getting in my and Sally's face'. Danny is not sleeping which is keeping everyone awake and he is not able to get up in the morning. He is unable to motivate himself and is not attending school. Danny is struggling to control his emotions and this is leaving feeling upset.

Karen tells us that Sally has become withdrawn and seems to be clinging to Karen as she doesn't want to leave her alone. Sally's sleep is disturbed by Danny playing videos in the early hours of the morning because he can't sleep. Sally is 13 and has just started her periods and has no privacy because she is sharing with her 8 year old brother. Sally sometimes goes out with friends but this has become much less recently. School have reported that Sally is not able to complete any homework tasks which Karen feels is down to her caring responsibilities.

Karen is not feeling like she can parent as she should with her fibromyalgia and feels guilty because she stayed in the relationship with Bob until he went to prison. Karen is finding it difficult parent and bond with Danny due to his increasing violent behaviour and finds it is easier to allow him to stay home rather than get him to school. Danny's behaviour is a trigger point for Karen and she suffers from poor mental health as a result.

3.9: What resources have you accessed in the community and what actions have you taken as a family?

Sometimes it is easy to jump to finding a solution outside of the home, but it is important that the family have tried things available to them first. This section will give the person who is completing the form some information to press again using their professional curiosity.

- What things have you tried already? Were there any changes from what you tried?
- Who have you spoken to already and what was the outcome of your conversations?
- When did you do something and have you tried it again since?
- What happened when their behaviour was most concerning and what have you tried in those instances?

This will give you some information on what has been tried already from within and you will be able to complete part of the plan with other things that the family might like to try before they are referred to services. It is important to remember that **families do better when receiving the lowest level of intrusion.**

3.10: What support have you received from other agencies?

This may not be the first time you have visited the Early Help Assessment or you may be completing the EHA after issues have increased for the family, this may mean that other professionals have already been involved with the family. You may also find that there has been a lot of lower level support that when put together provides a picture of a family that has been struggling for some time.

- Who has the family been involved with so far?
- What was it for?
- Did it help or did it not help?
- Was there something that the family felt could have worked if the delivery was different?

If the family has been consulted and you are still unsure if the family has had previous involvement from other professionals, you could get the parents' consent to ask a Family Worker Partnerships and Schools to access the Local Authority System.

3.11: What is the reason for the assessment?

Swindon has signed up to a commitment to deliver the Supporting Families programme and this encompasses 10 areas of concern that a family may come to us seeking support for. These include:

1. To get a good education
2. To be safe from domestic abuse
3. To have good early years development 0-5
4. To improve mental and physical health
5. To prevent and/or tackle crime
6. For the child to be safe from abuse
7. To promote recovery and reduce harm from substance misuse
8. To have housing
9. To improve family relationships
10. To have financial instability

For this you should tick all the boxes that apply but be clear on what you are wanting from this process.

Section 4. Child/Young Person View

When completing this section it is important that you use your own words to talk to the child and not read from the table, ensuring they are suitable for the child/person that you are talking to.

4. Child/Young Persons Name:		
Child/Young Persons View		
Areas of your life	What's working well? <i>This is where you record the good stuff! Think about what you're good at; your successes. Who looks after you and helps with problems?</i>	What could be better and why? <i>Think about what's important to you and your family. What could be better? What would help you?</i>
Home <i>What is it like at home? Are you warm, comfortable, safe?</i>		
Family relationships		

The table above asked **Home: what is it like at home? Are you warm, comfortable and safe?** It is rare that we would use a sentence like that when talking to a child or young person. You may want to probe a little deeper on each of the areas and ask for examples:

- So you live at home with your two mums and your sister, how is that for you?
- What is your favourite thing in your home?
- Is there anything that your mums could do differently to make it better at home?
- What is your own space like at home? Ah you share a room, with your 19 year old sister, what is that like?
- Is there anything or anyone in your house at the moment that makes you feel uncomfortable or unsafe? How does that make you feel?

Remember it is important to ask open questions where possible and **keep it age appropriate**.

Always start with what is working well as this will give you some ideas of what you can build on but give them space to also talk about what is not working so well.

Capturing a child's voice doesn't have to be a verbal activity. You could use art, games or signs – use something that will meet the child's needs.

If the Child's voice section is left empty provide an explanation as to why – for example: *“Paul did not want to engage with the EHA process and was very angry and defensive when anyone tried to speak to him about it. His body language and refusal to speak shows us how he is feeling towards the process.”*

Child's or young person's view

Danny's view on his home: Danny has said several times that he is the “man of the house” and feels like he has to look after his mum and sister. **It would be better** if I had my own room as I don't like sharing a room with Sally she shouts at me to get off my game when she is sleeping’.

Sally's view on her home: ‘I love spending time with my mum because we watch Friends together.’ Sally says she wakes up screaming because Danny is playing war games with lots of loud bangs which reminds her of when dad was living at home. She occasionally wets the bed. Sally said she was worried about her mum because she said she “seems sad and often in pain”. **It would be better** if mum was not in pain.

Danny's view on Social and Community: ‘My best friend is Freddie. I like seeing my granddad. Sometimes, we play football in the local park.’, “I don't like Archie at school. He is always mean to me. He called me stupid last week and pushed me” Archie said **It would be better** if I Archie didn't go to my school.

Sally's view on Social and Community: “I have two good friends Jessica and Megan. I like hanging out with them.”, Sally is sharing that she can't see her friends sometimes, especially, when mum has a bad day. She feels worried to leave mum and Danny on their own. Sally also says that sometimes she doesn't go out with her friends, because they want to go to McDonalds and Sally doesn't want to ask mum for money. **It would be better** if Sally had some personal space, so she can speak to her friends without

If you need to add a second child's view please click the + sign in the bottom right hand corner of the table.

Section 5. Parent/Carers View

Please complete this section in the same manner as section 4 above. It is encouraged where possible to complete for both parents by adding a box below using the + at the bottom right hand side. Nothing CHANGES

Family's view:

Working well: Home

Karen reports her and Danny can enjoy time together he has a good sense of humour and "makes me laugh" He really enjoys playing on his x-box which his Grandad bought him for Xmas last year.

Karen and Sally have a close relationship and they enjoy lots of things together and will often enjoy watching Friends together. "She is kind and caring and when she leaves school would like to work with animals"

Could be better: Home

Karen (mum) states that Danny shouts and swears at her and Sally and is "making life hard". Karen struggles to understand Danny's triggers and will often remove herself and go into the bathroom and hide. Mum said "Danny sees himself as the man of the house" and the protector of mum and Sally. Karen worries about this as she feels it puts lots of pressure on him.

Karen would like to be able to manage and support Danny's behaviours (swearing kicking and getting in Sally and Karen's face) in the home so Danny will feel supported around his emotions and how to manage these in the correct way without hurting Sally and Karen.

Karen (mum) said she would like both children to be able to have their own rooms as this will support Sally around her periods, reduce the bed wetting and stop Danny keeping her up at night. Karen shared that she would like Sally to be able to have a friends to the home as this will increase positive peer relationships and social time away from the family home, but worries about the impact of Danny's behaviour, if they were to be too loud.

Section 6. Professional Views

This is a section where you can begin to pull the information together. You can identify what is working well and what could be better, as well as who is being effected from all the information you have gathered. You can take this from what the parent and the child has said above, but also express your own thoughts, share your thoughts with the family.

Here it is important to put what you are already doing to support the family but also what else the family might need. At this point it would be advantageous to cross reference with the Right Help at the Right Time Guidance to ensure that you are meeting the level of needs of Contact Swindon if you think this needs to be escalated.

What is really important is to understand how things might escalate if you do nothing or if nothing changes and how the children will be impacted. This should be a detailed analysis that is informed by evidenced based impact and/or research. How will the child's health, mental health, family relationships, friendship, development and safety be impacted if nothing changes.

Section 7. Attendance

- In this section please put the date the assessment was started and finished
- The attendance rates of the children who have been involved in the assessments

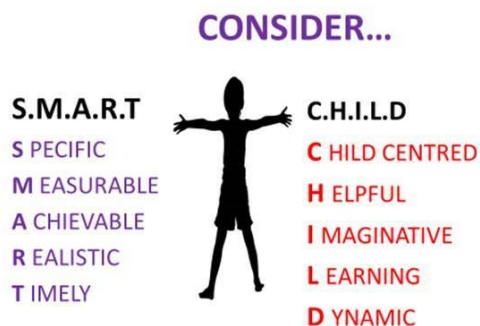
Section 8. Scaling of Current Situation

This is a tool that has been left in to get an understanding of how the child, parent, and professional are scaling the need at this moment in time. If there are complex and emerging crisis and this has been cross referenced with the Right Help at the Right Time guidance, this may need to be escalated to Contact Swindon.

You may find that the parent/child and professional do not agree with the scaling. If you have made a different scale to that of those involved, you must be able to provide your reasons and explain how you got to this point and be able to reassure the parents and child of your assessment.

Section 9. Whole Family Action Plan

This is an important part that needs to be completed with the family. It is really important that any actions that are put into this plan are SMART but also with a child focus.



This is what we mean by SMART:

- **Specific** - Objective clearly states, so anyone reading it can understand, what will be done and who will do it.
- **Measureable** – Objective includes how it will be measured. Measuring your objective helps you determine if you are making progress. It keeps you on track and on schedule.
- **Achievable** - Objective is realistic given the realities faced by the family. Setting reasonable objectives helps set the up for family up success
- **Relevant** - A relevant objective makes sense, that is, it fits the purpose of the grant, it fits the culture and structure of the community, and it addresses the vision of the project.

- **Time-bound** – Every objective has a specific timeline for completion. The family and professionals will understand when something needs to be achieved by

Section 10. What Next?

Once the Early Help Assessment and Plan has been completed and some actions have happened, things may be better for the child, young person and family, but others may need to be referred on for further support. The professional completing this section should indicate what action is going to take place.

We will also need to know who is going to be the lead practitioner and when this plan will be reviewed again. It is important that we stick to these timescales so please make sure you are putting this in your diary.

Section 11. Signatures

To ensure this is a collaboration with parents it is important that they get to sign off the completed document and also that they sign to say they are happy to share this with Swindon Borough Council.

PLEASE DISCUSS WITH PARENTS ABOUT SHARING THIS DOCUMENT WHEN SCHOOL TRANSFERS TAKE PLACE. THIS CAN BE EXTREMELY HELPFUL WHEN PLANNING PROVISION AND TO AVOID STARTING OVER