



**Early Help Assessment**

**About the Early Help Assessment**

The Early Help Assessment and Plan is the common process for supporting children, young people and families with additional needs through early identification of difficulties, swift intervention and a planned, coordinated response. Early Help is a voluntary process, and agreement from the family is the key to achieving successful outcomes.

The purpose of this assessment is to work together to create an Early Help Plan for you and your family. We want to get to know your family, and really understand the challenges you are facing. This will help us to work with you to find ways to work through your challenges. Building on your family's strengths, we will agree an action plan with you, to support you, which may involve other agencies. The aim is to focus on the strengths in your family and approach this with solutions in mind.

Here is what to expect from the Early Help process:

* **Assessment** – *discuss with a professional what is going well for you as a family, as well as the challenges you are facing, and complete the Early Help Assessment together.*
* **Plan** – *agree goals and actions from the assessment at an initial Team Around the Family.*
* **Do** – *work with your Team Around the Family to make progress on the actions you identify together.*
* **Review** – *work with your Team Around the Family to review how things are going for your family, and identify what further support you need moving forward.*

# Your agreement

I agree to participate in an Early Help Assessment. I understand the information I give will be used to help me and my family. I understand that this information will be shared and stored with other professionals to plan what is needed as necessary. I understand this information will be shared with other schools should my child/ren move to a different school.

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| **Parents/Primary Carers of Child/Child’s signatures and printed names:** |
| Primary carer 1 Signature: | Printed Name: |
| Primary carer 2 Signature: | Printed Name: |
| Young person/child signature (if appropriate):  | Printed Name: |
| Date:  |

Parents will receive a copy of the completed assessment.

##

## We will be careful with your information

The information you provide will be held on our database to help deliver the service we provide. We share and or gather information from other organisations who may be involved in working with you and your family. Information on our secure database can only be accessed by SBC employees working within Children, Families and Community Health. Please note the only reason that information will be passed on without your consent is if there is a legal requirement to do so, or if there is a risk of serious harm or threat to life. Under the Data Protection Act you can see your own personal information. If you would like to know more about this, please ask for our leaflet, ’Access to your personal information’ or contact the Data Protection Officer at Swindon Borough Council, Civic Offices, Euclid Street, Swindon SN1 2JH. Further information and a copy of our privacy notice is available at: <https://www.swindon.gov.uk/directory/46/privacy_notices/category/219>

**If safeguarding concerns were to be identified, we would have a duty to complete a safeguarding referral to Contact Swindon** **contactswindon@swindon.gov.uk** **01793 46 46 46**

# Your agreement – Practitioners:

I agree to help you complete the Early Help Assessment and make plans with you to get things working well. This means I will:

* Help you to record what is working well and what could be better
* Liaise with agencies and other professionals involved in your life. E.g. GP, Health Visitor, Housing Advisor if needed
* Explain and organise a meeting called a ‘Team Around the Family’ meeting if needed
* Provide support from my agency
* Request specialist support if needed

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| **Professional completing Assessment signature and printed name:** |
| Signature: | Printed Name: |
| Agency: | Contact Number:  |
| Email: | Date: |

1. **Family Background and Information**

**3.1 Date assessment started:**

Click or tap to enter a date.

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| **3.2 Communication needs of anyone in the family?** *Including language, PECs, sign* |
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|  | **3.3 Details of all children in your family***Please include all the children (everyone under 18) in the family.*  |
| **Name**  | **Relationship to EHA child** | **DOB / Due date** | **GenderM/F** | **Address/telephone/email** | **Ethnicity** | **Religion** | **Name of school or educational /early years setting/EHE** | **Attendance %** | **EHCPY/N** | **DisabilityY’N** |
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| **3.4 Details of all adults in your family***Please include all the adults (everyone over 18) in the family.*  |
| **Name**  | **DOB** | **GenderM/F** | **Address/telephone/email** | **Ethnicity** | **Religion** | **Relationship to EHA child**  | **Parental Responsibility Y/N** |
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| **3.5 Which agencies and professionals are/have been involved in supporting your family?** *This could include school, health (GP, Health Visitor, School Nurse), or anyone else working with your family, like a housing adviser or another worker. Try to complete as much as possible. If you need to leave some bits blank, or put in approximate dates, that’s fine.* |
| **Name** | **Supporting who and how?** | **Role /agency** | **Contact details** | **Contributed to the assessment? Y/N** | **Support start date** | **Support end date** |
|  |  |  |  | Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |
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| **3.6 Who is in your family, and who lives in your home?** *Please describe use a family tree/genogram to show this. Family, pets, anyone important to you, family networks, community, anyone who may have left the home.**Please describe the care and support needs of any child or young person with a disability.* |
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| **3.7 What has led to this assessment taking place?** |
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| **3.8 Who has been impacted and how?** |
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| **3.9 What resources have you accessed in the community and what actions have you taken as a family?**  Please describe support network (friends, family and community).*What has helped? What hasn’t helped?*  |
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| **3.10 What support have you received from other agencies?** *What has helped? What hasn’t helped?**Include information from other professionals supporting the family.*  |
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| 3.11 What is the reason for the assessment? *Please select all areas that might require support*

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| **To get a Good Education*** Attendance
* Engagement
* SEND status
 | [ ] [ ] [ ]  | **To be Safe from Domestic Abuse*** Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk
 | [ ]  |
| **To have Good Early Years Development 0-5*** Expectant/New parents requiring additional support
* Physical health needs not met
* Developmental needs not met
 | [ ] [ ] [ ]  | **To Prevent and/or Tackling Crime*** Adult involved in crime/ASB
* Child involved in crime/ASB
* Child at risk of becoming involved in crime/ASB
 | [ ] [ ] [ ]  |
| **To Improve Mental and Physical Health*** Child mental health needs not met
* Adult mental health needs impacting on parenting capacity
* Child physical health needs not met
* Adult physical health needs impacting on parenting capacity
* Child and/or parent/carer require support with learning disabilities, neuro-diversity
 | [ ]  [ ] [ ]  | **For the Child to be Safe from Abuse and Exploitation** * Emotional, physical, sexual abuse or neglect, historic or current, within the household
* Child going missing from home
* Child at risk of exploitation
* Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences)

Child identified as at risk of, or being affected by, radicalisation | [ ] [ ] [ ] [ ]  |
| **To Promote Recovery and Reduce harm from Substance Misuse*** Adult
* Child
 | [ ] [ ]  | **To have secure Housing*** Families affected by unsuitable accommodation
* Families at risk of being homeless
* Young People 16/17 at risk of being homeless
 | [ ]  [ ] [ ]  |
| **To Improve Family Relationships*** Parent / carers require parenting support
* Parental Conflict
* Child / young person violent or abusive in the home
* Unsupported young carer or caring circumstances changed requiring additional support
 | [ ]  [ ] [ ] [ ]  | **To have Financial stability*** Unemployment
* Unmanageable debt
* Young People at risk of becoming NEET
 | [ ]  [ ] [ ]  |
| Other:[ ]   If other, please describe: |

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| 1. **Child/Young Persons Name:**

**Child/Young Persons View** |
| **Areas of your life**  | **What’s working well?** *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?* | **What could be better and why?** *Think about what’s important to you and your family. What could be better? What would help you?* |
| **Home***What is it like at home? Are you warm, comfortable, safe?* |  |  |
| **Family relationships***How do you feel about your family?* |  |  |
| **School/College/Work***How do you feel about school/college/work?*  |  |  |
| **Social/Community***Do you feel safe? Do you have any hobbies or take part in any activities? Do you have good friends?* |  |  |
| **Health and Wellbeing***Who helps you stay healthy? Do you have a disability or something that is difficult to cope with in your life? Who can you talk to about your feelings?* |  |  |

**To add Child (click in box above and press + in the bottom right hand corner)**

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| 1. **Name of Parent/Carers:**

**Parent/Carers View** |
| **Areas of your life**  | **What’s working well?** *This is where you record the good stuff! Think about what you’re good at; your successes. Who makes up your support networks? What has worked in the past?* | **What could be better and why?** *Think about what’s important to you and your family. What could be better? What would help you? What could be better for you and your children?* |
| **Home and Family relationships***How does your family interact with each other? Are you warm, comfortable, safe?* |  |  |
| **Work***Are you able to work? How do you feel about work? Are you managing your money?* |  |  |
| **Social/Community***Do you feel safe? Is your family supported and included in the community? Do you have good friends?* |  |  |
| **Health and Wellbeing***How do you stay healthy? Do you have a disability or something that is difficult to cope with in your life? Who can you talk to about your feelings?* |  |  |

**To add Parent/Carer (click in box above and press + in the bottom right hand corner)**

1. **Professional Views**

This part should be completed by the practitioner filling in the EHA with the family and then given to those working with the family to share their view, additional professionals can add contributions below by repeating this section. To allow for a graduate response to be recognised, please use a new line starting with the date for any updates to provide a chronology.

|  |  |
| --- | --- |
| **Child/Children’s name** |  |
| **Professional’s name** |  |
| **Organisation** |  |
| **Role** |  |
| **What’s working well?** *Strengths/positives* |
| (Insert Date) |
| (Insert Date) |
| **What could be better and why?** *Risks/harm* |
| (Insert Date) |
| (Insert Date) |
| **Who is impacted and how?**  |
| (Insert Date) |
| (Insert Date) |
| **What services are currently in place, for things to be better for the child/children?** |
| (Insert Date) |
| (Insert Date) |
| **If significant concerns have been raised during your conversation with the family what have you done to address these? What else is needed?** |
| (Insert Date) |
| (Insert Date) |
| **Analysis of the current situation: how might the child/ren be impacted if things don’t change?** *Please summarise.* |
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**To add a professional (click in box above and press + in the bottom right hand corner)**

1. **Attendance**

**Date assessment finished:**

Click or tap to enter a date.

Click or tap to enter a date.

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| **Attendance at end of assessment**  |
| **Name**  | **Attendance %** |
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1. Scaling of current situation - add context

On a scale of 0-10 please capture family and professional views at point of assessment

*Child, young person, family and all professionals should score*

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| --- | --- | --- | --- |
|  | **Complex issues or emerging crisis** | **Emerging issues or concerns** | **Recognising things are going well** |
| **Person rating/Score** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Young Person | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Family | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Lead Professional | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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1. **Whole Family Action Plan**

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| *What needs to change? Set actions that will have positive outcomes for the child/ren, say who will lead on the action and what the benefits/outcomes will be.* |

Remember you should set specific actions that are easy to measure, achievable, realistic and timely, which can support positive change. For children and young people with disabilities, this might include considering whether longer-term provisions are required to improve family functioning.

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| **Early Help Plan****Arranging an initial Team Around the Family Meeting allows the family to meet with the professionals involved in supporting them, to produce a plan to help them achieve their goals.** **Summarise all actions in this section. Please use a new line for each action and deadline. You can leave sections blank if you agree there are no actions needed. Deadlines and names can be updated after referrals if necessary.**Outcomes should be linked to the reason why the Plan was started. |
| **Outcome** | **What needs to happen?**  | **Who will lead on this action?** | **By when?**  | **Status**  |
| Actions with outcomes/benefits stated |
| Family members have their developmental, physical and mental health needs met |  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
| Children and young people are accessing their full entitlement to education |  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
| Family members are safe from crime, exploitation and ASB |  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
| Parents and carers feel well-supported, skilled and confident in their parenting |  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
| Family members are free from parental conflict, domestic abuse and violence |  |  | Click or tap to enter a date. | Choose an item. |
|  |  | Click or tap to enter a date. | Choose an item. |
| Families are financially stable, appropriately housed, in work or making progress towards work |  |  | Click or tap to enter a date. | Choose an item. |
| Any other actions |  |  | Click or tap to enter a date. | Choose an item. |

1. **What next?**

For some families, completing the EHA will be enough to help them to make changes. Others may be referred on to Early Help, or get more support, for example through a Team Around the Family.

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| **How will the family be supported?** |
| Single Agency Support |  | Team Around the Family (TAF) |  |
| Signpost to other services |  | Seek advice from Contact Swindon |  |
| Early Help Support closed |  | Other (specify) |  |

**Reviewing the EHA Plan**

* If moving to TAF you must review plan using TAF form within 6 weeks.
* When outcomes are achieved complete Closure/Evaluation with family and send to LCSS

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| **Who will review the plan?**  | **When will this happen?**  |
| Lead professional:  | Date of meeting: Click or tap to enter a date. |

**Lead Professional**

Discussions between professionals and the family should determine who is best placed to be the Lead Professional. The Lead Professional does not have to chair all meetings or complete all paperwork, but they should ensure that these actions take place and be a point of contact for the family.

1. **Please sign upon completion of your Early Help Assessment:**

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| **Primary Carers signatures and printed names:** |
| Primary carer 1 Signature: | Printed Name: |
| Primary carer 2 Signature: | Printed Name: |

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| **If you are sending this form by email to SBC can you confirm that you have consent to share it and hold the original signed copy at your establishment?**  |
| **Yes** [ ]  |

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| **Date of completion:** | Click or tap to enter a date. |

Please ensure Contact Swindon have a copy of all parts of the EHA and Plan

contactswindon@swindon.gov.uk

01793 46 46 46

Please remember to use secure e-mail or password protect this document.

**Please note; the Early Help Assessment is not a referral to access services.** To access advice, support or targeted intervention via the Contact Swindon please submit a Request for Help and Support to Contact Swindon. contactswindon@swindon.gov.uk or 01793 46 46 46

**Prompts to support completion of your EHA**

***Please use the below prompts to support conversations during completion of the EHA***