**Isle of Wight Children’s Services**

**Early Help Assessment (EHA)**

*The EHA is a shared assessment and planning framework to support children and families, helping to identify unmet needs and services earlier. Using the EHA helps us develop a common understanding of strengths, as well as needs and how to work together to meet them.*

*The Early Help Service monitors and supports this multi-agency response and offers guidance to professionals who contribute to the assessment and ongoing planning and reviews.*

**Guidance for completing the EHA:**

Wherever possible, assessments should be completed by a professional who has attended the Early Help and Information Sharing training course, provided by the Isle of Wight Council’s Early Help Coordinators. Information on this training can be found on [www.iwight.com](http://www.iwight.com) by using the following link;

<https://www.iwight.com/Council/OtherServices/Childrens-CAF/CAF-Best-Parctice-and-Tools>

If you have not completed the training and you are unable to identify a professional who has and is able to complete the EHA, please contact the Early Help Coordinators.

An EHA cannot be accepted until it has been considered by the Children’s Reception Team (Hants Direct) and is therefore allocated to the Early Help team. Please follow the flowchart on page 2 for more information and the contact details.

Please ensure that all children are considered as part of the EHA. You may wish to speak to other professionals for children who you do not directly work with (such as children attending a different school) in order to write a more holistic assessment for the family. Where a child is under the age of 5 years, please confirm that the named Health Visitor has been contacted and invited to the first TAF meeting.

It is important to remember that all sections of the EHA must be completed before submitting it to the Early Help Coordinator; there is a checklist to help you.

You will find prompts for each section on pages 6, 7 and 8. These are just a guide to assist you; you do not have to answer all of these. Consider each of the elements to the extent they are appropriate in the circumstances. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too. Complete for all children in the family where there are additional needs/concerns. *Please note, the boxes expand to accommodate information.*

Signed consent is extremely important; otherwise the EHA will not be processed.

**If you have any queries about the EHA process at any time, please contact the Early Help Coordinators on (01983) 823171.**

**Isle of Wight Early Help Assessment**

**Process Flowchart**

 If at any time during this process you suspect or find that a child is suffering or is likely to suffer from

 significant harm, stop and contact the Children’s Reception Team (Hants Direct) on 0300 300 0901.

Additional needs or concerns regarding a child identified that cannot be met by a single agency approach.

If you are unable to gain consent, record in your notes and continue to support at a universal level.

If failure to gain consent leads to safeguarding concerns contact Hants Direct.

0300 300 0901

Please forward ALL Early Help Assessments and Action Plans to:

Early Help Coordinators,

Floor 3,

County Hall,

High Street,

Newport,

Isle of Wight.

PO30 1UD

(01983) 823171

Earlyhelp@iow.gov.uk

Needs or concerns discussed with parents/carers and child and consent gained to contact the Children’s Reception Team.

Contact Hants Direct on: 0300 300 0901 to check if EHA already in place, and if not, would it be an appropriate assessment?

Early Help Coordinator will call or e-mail you to confirm that consent to proceed has been given by Hants.

If EHA already in place and appropriate, contact author of EHA or Lead Professional

Complete EHA with the parents/ carers and child. All children should be considered and included in the assessment.

Send a copy of signed Assessment to Early Help Coordinator, Floor 3, County Hall, Newport, IW. PO30 1UD

If consent is withdrawn at any stage, complete closure form. If withdrawal of consent or lack of engagement in the Early Help process leads to safeguarding concerns contact Hants Direct.

0300 300 0901

Convene a Team Around the Family (TAF) meeting within 1 month of completing EHA.

At the TAF confirm the Lead Professional and complete Early Help Action Plan/Review.

Send copy to Early Help Coordinator and all TAF members including parents/ carers and child. Set review date within 3 months.

Continue to review action plan at TAF meetings at least every 3 months, until all needs are met.

Send a copy of the Early Help Plan to the Early Help Coordinator, family and other professionals each time it is reviewed following a TAF meeting.

When needs are met, complete closure form and send a copy to the Early Help Coordinators.

**EARLY HELP ASSESSMENT**

Please sign and date to confirm that you have notified Hants

Please confirm the date that you have notified Hants

Direct of your intention to undertake this assessment:

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| **Details of all children in the family (please insert additional rows if required)** |
| *Name* | *DOB or EDD* | *Gender* | *Address and postcode* | *Ethnicity* | *Education setting and/or named Health Visitor (if applicable)* | *State if parents* ***would not like*** *the child to be included and why:* |
|  |  | *M/F* |  |  |  |  |
|  |  | *M/F* |  |  |  |  |
|  |  | *M/F* |  |  |  |  |
|  |  | *M/F* |  |  |  |  |
|  |  | *M/F* |  |  |  |  |

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| **Details of parents and carers of the children in the family** |
| *Name* | *DOB* | *Parent of which child(ren)* | *Gender* | *Address and postcode (if different)* | *Ethnicity* | *Are they involved in the EHA?* |
|  |  |  | *M/F* |  |  | *Y/N* |
|  |  |  | *M/F* |  |  | *Y/N* |
|  |  |  | *M/F* |  |  | *Y/N* |
|  |  |  | *M/F* |  |  | *Y/N* |

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| **Any other significant people actively involved with the family**  |
| *Name* | *Gender* | *Address and postcode* | *Relationship to children* | *Are they involved in the EHA?* |
|  | *M/F* |  |  | *Y/N* |
|  | *M/F* |  |  | *Y/N* |

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| **Details of person(s) undertaking assessment** |
| Name | Role | Contact details | Lead Professional? |
|  |  |  |  |
| **Assessment completion date …………………………………………………..** |

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| **Agencies currently working with the child and family** |
| Name | Role | Contact details  | Description of current involvement and which member of the family they are working with |
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| **Why has this assessment been started?** (please select all of the areas which would benefit from support) |
| Relationship difficulties at home |  | Domestic abuse |  |
| Relationship difficulties at school |  | Parenting |  |
| Behaviour: home/community |  | Risk Taking Behaviour |  |
| Behaviour: school |  | Teenage pregnancy |  |
| Attendance at educational setting (please record current attendance) |  | Housing/ Economic issues |  |
| Exclusion from educational setting |  | Mental health (parent/carer) |  |
| Not in education, employment or training |  | Concerns regarding emotional wellbeing (child) |  |
| Child's development/ learning |  | Child disability |  |
| Drug/alcohol issues (child) |  | Parental disability  |  |
| Drug/alcohol issues (parent/carer) |  | Low level/ emerging neglect |  |
| Offending behaviour (parent/ carer) |  | Offending behaviour (child) |  |
| Young Carer |  | Missing episode(s) |  |
| Other: (please describe) |

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| **Reasons for commencing an EHA***This could include:* * *how the information has been obtained*
* *actions you have taken to date*
* *what you are hoping to achieve from the EHA*
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**Development of the child or children**

**Health**

**General Health** *– Does the child have any conditions or impairments? Does the child have access to and use a dentist, GP, optician? Are the child’s immunisations and developmental checks up to date? Does the child attend regular health appointments? Are there any recent hospital admissions or accidents? Does the family require health advice and information? Are the child’s essential health needs being met? Are there any untreated health conditions?*

**Physical development –** *Does the child receive sufficient nourishment? (E.g. only eats certain foods, has a specific diet, food intolerance or allergies). Is the child involved in regular activities? Is there sufficient relaxation time? Does the child have vision and hearing impairments? How is the child’s fine motor skills development? (i.e. Difficulties with mobility, playing games and sport etc)*

**Speech, language and communication –** *What is the family’s**preferred method of communication and language? Can the child engage in conversation, demonstrate expressions, ask questions, and participate in games, stories and songs? What level of listening, responding, and understanding does the child have?*

**Emotional and social development -** *Is the child made to feel special? Does the child have positive attachments with main carers?*

*Is/ were there early attachments concerns? Are there any concerns relating to possible or actual self-harm? Does the child have any phobias, psychological difficulties or problems coping with stress? Are there any concerns about the child’s motivation, attitudes, confidence or relationships with peers? Does the child feel isolated and solitary and express fears? Is the child often unhappy?*

**Behavioural development-** *Is the child’s lifestyle stable? Does the child demonstrate self-control? Are there concerns about reckless or impulsive activity, behaviour with peers, substance misuse, anti-social behaviour, sexual behaviour, offending, violence and aggression, restlessness and over-activity? Does the child become easily distracted or have a short attention span/limited concentration? Is there any diagnosis relating to behaviour or development of the child?*

**Identity, self-esteem, self-image & social presentation –** *Does the child have positive perceptions of themselves? What level of knowledge does the child have in relation to personal/family history? Is the knowledge positive or complex? Does the child demonstrate or express a sense of belonging? Are there any experiences of discrimination due to race, religion, age, gender, sexuality or disability?*

**Family & social relationships-** *Does the child have stable relationships with family, peers and wider community? Is the child involved in helping others? Do they care for any family members? Does the child have positive friendships? Are there any concerns about negative relationships and peer pressure? What are the family dynamics?*

**Self-care skills and independence-** *Does the child have opportunities to develop independence skills? Is the level of independence age appropriate? (Feeding, washing, dressing, toileting, recreational activities) Are there effective boundaries and rules in place? Does the child have opportunities to seek help, make decisions and gain guidance? Is the child’s presentation clean and tidy? Are there any concerns with personal hygiene? Do they wear adequate clothing? (The right size, appropriate for weather conditions).*

**Learning**

**Participation in learning, education and employment –** *Does the child have access to education and learning? How positive is the child’s engagement with learning? (Attendance %, participation, adult support, access to appropriate resources) Does the child have a range of toys, equipment and activities which encourage learning and provide stimulation?*

**Progress and achievement in learning**

*What is the child’s current progress in basic and key skills? Do they have suitable available opportunities? Are there adequate support measures in place? Are there any issues which disrupt their education? What level of adult interest is shown in the child’s progress? Does the child receive encouragement and guidance to achieve?*

**Aspirations**

*Does the child have ambition and motivation? Do they feel confident that they can achieve?*

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| Using the prompts above, please comment on the children’s learning and development for all children, both the strengths and also areas for improvement: |

**Parents and carers**

**Basic care, ensuring safety and protection –** *Does the child have adequate food and drink? Does this meet the nutritional needs of the child? Does the child have sufficient warmth and shelter? (i.e suitable housing, good home conditions, heating, water) Does the child have appropriate clothing? (Weather and season appropriate) Are the child’s personal hygiene needs being met? Do they have good dental hygiene? Do the family engage with services? What is the health and safety of the living environment? Does the parent have any disabilities or ill health? Is the child expected to provide care to the parent? Are there any episodes of the child going missing? Has the child been formally reported missing? Is there efficient internet monitoring? (Concerns of child’s internet safety) Are there risks of CSE?*

**Emotional warmth and stability-**

*Is the child provided with a stable, affectionate, stimulating family environment? Is the child given praise and encouragement? Are there high expectations placed on the child? Does the child have secure attachments with parent/carers? (i.e the parent/carers respond to the child’s needs, comfort when distressed and show concern). Has the family had frequent house moves? Has the child changed school frequently?*

**Guidance, boundaries and stimulation –***Is the child encouraged to demonstrate self-control and regulate emotions? Do parents/carers model positive behaviour, use effective and appropriate discipline? Is the parent/carer over-protective? Is there support for the child to participate and access positive activities? Is the parent/ carer aware of the need to protect the child from danger? (home environment, internet, external activities).*

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| Using the prompts above, please comment on the parental capacity for all children, both the strengths and also the areas for improvement: |

**Family and environmental**

**Family history, functioning and well-being-**

*Has there been any illness or bereavement which may impact on the child? Is there any domestic abuse, coercion or control in the family? Is there any parental substance misuse, offending behaviour or anti-social behaviour known in the family? What is the family’s culture, size and composition of household? Are there any absent parents or relationship breakdowns within the family? Do any family members have physical disabilities or mental health conditions, or have suffered abusive behaviour?*

**Wider family**

*Does the family have formal or informal support networks from extended family and others?*

**Housing, employment and financial considerations-**

*Does the home environment have sufficient water/heating/sanitation facilities? What are the sleeping arrangements for the child? Are there any issues around homelessness? Do the parents/carer work, if so what are their main hours of employment? (i.e shifts)? Is the family’s income sufficient or do they suffer hardship? Are there implications to this hardship? (i.e poverty, debt or housing issues) What is the quality of home conditions and maintenance of property? Is the home environment safe from accidents and risks to the child? Does the home environment impact on child health?*

**Social and community elements and resources, including education-**

*Does the child access day care? Is there access in the community to places of worship; transport; shops; leisure facilities? Is there any crime, unemployment, anti-social behaviour in area? What are the family networks? (i.e peer groups, social networks and relationships; religion). Is there a risk of social isolation?*

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| Using the prompts above, please comment on any family and environmental factors for all children, both the strengths and also the areas for improvement: |

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| **What are the outcomes the family would like from this assessment?** (Transfer these headings to the first Early Help Family Plan) |
| 1. |
| 2. |
| 3. |
| 4. |

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| **Which new agencies will need to be consulted or involved?** (consider whether they need to be invited to the first team Around the Family Meeting) |
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| **Parent or carers Views** Please evidence the views of the parents or carers – what is going well and not so well for them? What would they like to see different? |

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| **Child(ren)’s views** Please evidence the views of all the children – what is going well and not so well for them?Are they aware of the EHA, and if so, what are their views on it? When a child is unable to verbalise their views, please provide observations or other feedback: |

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| **Distance Travelled -** Please complete this form for each child. It should be reviewed every 3 months and on closure and a copy sent to the Early Help Coordinator on each occasion.  |
| Child(ren’s) name(s):Date of birth: |  |
|   | None 1 | Minor 2 | Moderate 3 | Significant 4 | Critical/Complex 5 |
| **1. Development of the child**  |  |  |  |  |  |
| **Health**  |  |  |  |  |  |
| a. General health |  |  |  |  |  |
| b. Physical development |  |  |  |  |  |
| c. Speech, language and communication |  |  |  |  |  |
| d. Emotional and social development |  |  |  |  |  |
| e. Behavioural development |  |  |  |  |  |
| f. Identity, self-esteem, self-image and social presentation |  |  |  |  |  |
| g. Family and social relationships |  |  |  |  |  |
| h. Self-care skills and independence |  |  |  |  |  |
| **Learning** |  |  |  |  |  |
| i. Understanding, reasoning and problem solving |  |  |  |  |  |
| j. Participation in learning, education and employment |  |  |  |  |  |
| k. Progress and achievement in learning |  |  |  |  |  |
| l. Aspirations |  |  |  |  |  |
| **Totals:** |  |  |  |  |  |
| **Total for Development section:** |  |  |  |  |  |
| **2. Parents and carers** |  |  |  |  |  |
| a. Basic care, ensuring safety and protection |  |  |  |  |  |
| b. Emotional warmth and stability |  |  |  |  |  |
| c. Guidance, boundaries and stimulation |  |  |  |  |  |
| **Totals:** |  |  |  |  |  |
| **Total for Parents and Carers section:** |  |  |  |  |  |
| **3. Family and environmental** |  |  |  |  |  |
| a. Family history, functioning and wellbeing |  |  |  |  |  |
| b. Wider family |  |  |  |  |  |
| c. Housing, employment and financial considerations |  |  |  |  |  |
| d. Social and community elements and resources, including education |  |  |  |  |  |
| **Totals:** |  |  |  |  |  |
| **Total for Family and Environment section:** |  |  |  |  |  |
|  |  |
| **Total score** |  |

**Consent and Confidentiality Statement**

**Using your personal information:**

I understand that information gathered regarding myself and my family will be held by the Isle of Wight Council and used only for the purpose of providing, coordinating and evaluating Early Help services to my family and that my consent can be withdrawn at any time.

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide; coordinate and evaluate Early Help services to support the family. I understand that this may include health organisations, education, housing and social care services, police, youth offending team, criminal justice, registered social landlords, the Department for Work and Pensions, and also services that have been commissioned to coordinate, evaluate and provide early help support to families.

I understand that information about me will only be shared without my consent if the information suggests a person is at serious risk of harm or where necessary for the prevention or detection of a crime. Where the information suggests significant harm to an infant, child or young person local safeguarding children board procedures (LSCB) will be followed.

**Signed consent**

Name:

Parent or carer signature(s): Date:

Name:

Child(ren) signature(s): Date:

Name:

Signed by completer: Date:

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| **The first TAF meeting is:** |
| Date : |  |
| Time : |  |
| Venue: |  |

**Early Help Assessment**

**Checklist**

Please ensure that you have completed this checklist before submitting the assessment, to ensure that all of the information required is included. This will prevent delays in working with families and is a productive way of quality assuring the assessments when auditing cases.

|  |  |
| --- | --- |
| Have you completed every section of the EHA in full? |  |
| Has every child been considered and included in the EHA? If not, is there a clear explanation as to why? |  |
| Have you completed the DTT for each child? If not, please complete at the first TAF meeting. |  |
| Have the views of the parents or carers and the child(ren) been included? If a child has not been asked or they have declined, please state this.  |  |
| Where a child is under the age of 5 years, please confirm that the named Health Visitor has been contacted and invited to the first TAF meeting. |  |
| Is there signed consent from the parent or carer? |  |
| Is there a contact number and full addresses for the parent or carer living in the family home? |  |

Please return this EHA to Earlyhelp@iow.gov.uk (either a scanned copy to show the signed consent or an electronic copy with a copy of the consent in the post) or a paper copy to;

the Early Help Coordinators, Floor 3, County Hall, Newport, Isle of Wight, PO30 IUD.