Good Practice Guide for completing an Early Help Assessment

This guidance is intended to be used before the completion of an Early Help Family Assessment to support the practitioner in gaining a better understanding of what support a family might need.

Completing an Early Help Assessment (EHA) is simply about having a good quality, guided conversation with a family about different aspects of their lives such as home, school, work, college, social/community, health and well-being. The focus should be on what’s working well and what can be done where things need to change. These quality conversations need to happen as early as possible, as soon as we think a family needs support before problems get worse.

When working with a family to bring about change at any level, but particularly in Early Help, it is very important that we work collaboratively with the family, that we seek to build on strengths as well as address difficulties and especially that we engage them in an empowering and positive experience.

A good quality, effective Early Help intervention will include:

- A comprehensive assessment of strengths and difficulties for all family members living in the home and those who impact on the family
- Leading to a SMART and robust action plan with clear intended outcomes
- Regular and challenging reviews of progress via team around the family meetings (TAF)
- Re-planning where necessary
- Escalation when appropriate
- Celebration of success when outcomes are achieved.

Good Early Help Assessments (EHAs) will generally:

- Look beyond the current presenting issues to see what else might be evident as underlying or contributing
- Be written in plain, family friendly language, using their words as well as the authors
- Look beyond the individual/family and seek to understand who else might be impacting upon them and how
- Look beyond the recent problems to consider previous problems and trends
- Focus on the child’s daily lived experience – what is life really like for them? How do their parent’s issues and difficulties impact on them – in particular mental health, substance misuse domestic abuse and neglect
- Not necessarily be completed by just one person. It makes far more sense for those with the most information and knowledge of the family to contribute to a particular section in the assessment.

The new Early Help Family Assessment has been developed following lessons learned from other areas of the country and with practice-based testing locally. It is designed to work alongside and be an aid to progressive conversations between professionals and the family, to identify strengths and difficulties and to be family friendly leading to a clear and agreed course of action that will address issues identified.

It is important to remember that the Early Help Assessment is a process of engagement and ongoing support with a family. The form is merely a tool to capture different elements of this engagement. Families need to find the process helpful and not a requirement. The intensity of assessment should match the level of change needed.

A note about consent - please remember we need to explain to families that the EHA is simply a form which helps decide, through a conversation, what support (if any) a family needs. You only need consent at the point where you upload the document onto EHM and share information with other agencies. If you find after you have completed the full document that there are no issues you can simply dispose of the document.
This step by step guide is designed to support you as you complete the assessment form. It covers all sections of the assessment form and includes some handy tips and examples.

Early Help Family Assessment Page 1

Details of professionals recording the assessment
It is important that all details are completed fully – Agency is the name of the organisation or team you work for e.g. school, health, housing etc.
Always include your email address and phone number

Information sharing and consent
It is the responsibility of the professionals to ensure that families understand information sharing and consent - Information will be shared with or without consent if it is in the best interest of the child or vulnerable adult where there is a safeguarding concern.

Signatures
In Rochdale we expect professionals to gain explicit signed consent.
If you are completing the assessment on the EHM system, please attach a signed PDF version of page 1 of the assessment.

Is there any individual or agency you do not wish information to be shared with
Families can specify particular agencies they do not want information sharing with, however professionals should explain that information is shared in order to ensure that families get the support they need. Information can and will be shared with or without consent in the best interest of the child or vulnerable adult where there is a safeguarding concern.

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Family Details and other significant family members
What works well in Early Help is working with the whole family, it is really important that all family addresses and details are correct, please include telephone numbers. This information can be significant when looking at wider support networks and influences within the family unit.
Remember to include information for adults/children who are carers or also reside in the property, even though they may not need to be included in the assessment. The relationship with an absent parent can be significant so please remember to include these details. Very often family members who do not live at the property have a significant impact on the family and this can be both positive and negative. This has been a key theme raised in Serious Case Reviews.

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Other relevant family information and support offered by extended family, friends and neighbours.
This section is very useful for adding anything else that hasn't been covered in the previous boxes. It can be particularly useful for gaining an understanding of large and complex families, separated families, wider support networks or the lack of, language considerations etc.)
Ask about relationships between family members, friends and neighbours

- Who are you closest to?
- What is/ was your relationship like with...?
- How often do you see...?
- Where does... live now?
- Is there anyone in particular that really helps you such as a friend or neighbour?
- Is there any one here that you really don't get along with?
- Is there anyone else who is very close in the family? Or who you really don't get along?

You must also consider all adults/visitors who have regular contact with the family. The family can provide you with this information you do not need to seek consent from the visitors.
Details of professionals who are or have been involved with any of the family members
You need to include both adult and children’s professionals, please include as much information as possible, including contact details, agency and telephone number, having a complete picture of agencies working with the family and issues; helps identify areas of need for the practitioner and the family.
Invite those professionals who are still involved with the family to the TAF meeting, if they are unable to attend please request a report detailing their involvement and work being undertaken. This can help in reducing duplication of work.

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Please explain why you have started the Early Help Assessment
Use this box to explain as best you can why the assessment was started. You don’t need to write in any great detail just explain the main reasons.

Strengths and difficulties
The assessment takes you through a series of strengths and difficulties which you will need to discuss as you complete the form with the family.

The sections have been simplified and are grouped as follows:-

- Education
- Work, home and finance
- Health
- Engagement and motivation
- Crime and anti-social behaviour
- Relationships

There are some suggestions for things to talk about with the family in Appendix 1 which you will find at the end of this document. Please remember to talk about each family member in each section, focusing more on those with the greatest need.

You need to tick that the section is either a strength or a difficulty as it cannot be both. If it’s a difficulty for one member of the family then we will always tick the difficulty box. We still need to remember to talk about the strengths in the text below the tick box so that positives are noted and celebrated. For example if the family have 3 children and 2 attend school regularly, are doing well educationally but 1 child is having difficulties and not attending regularly you might want to write something like this:-

“Amy (8) and John (5) attend St James Primary School. Their attendance is 98% and both Mum and Dad are really happy and proud of their progress. They have lots of friends and both talked enthusiastically to me about their school experience. Both children are meeting age expected targets. They both have a favourite teacher and complete their homework when asked by their parents, who both get involved with homework. Amy and John take a healthy packed lunch every day which is prepared by Mum. Mum walks them to school each day. Dad leaves for work earlier than Mum so doesn’t take them to school but always takes time off for school events such as assemblies and parents evenings when he can. Michael (14) attends Rochdale High School and his current attendance has dipped to 76%. Mum says that she is really worried about Michael’s attendance and feels as if things are getting worse. Michael worked really well throughout primary school and things were also good in years 7 and 8. This last 6 months however Michael has been refusing to go to school some days and Mum and Dad have both really struggled to get to the bottom of the problem. Michael has been accused of stealing a mobile phone from another student’s PE bag. Michael denies this despite the fact that he bought a new pair of trainers that weekend and couldn’t explain where the money came from. When challenged Michael became aggressive towards a school mentor. Mum and Dad have met with the head of year 9, John Talbot, who states that Michael is sometimes off task during certain classes (Maths, English and PE). Michael has been provided with a mentor in school but hasn’t been making the most of the support available as he doesn’t feel there is an issue. Michael told me during a conversation we had whilst we were completing the EHA that school is rubbish, his teachers are getting at him and he just wants to be at home because he feels tired all the time and the work is too boring.
Michael also said to me that he feels that he should just be left to get on with it. I asked Michael about what he likes about school life and he said he is happy most of the time at school and likes some subjects (art, music, history) but feels that he struggles to concentrate in certain lessons and gets frustrated with the work. I feel this needs further exploration by someone who Michael can build a relationship with so we can ascertain why Michael is struggling with school at the moment and what can be done to make things better.”

So, despite Amy and John’s good progress and attendance you would still need to tick the difficulty box because it’s still a difficulty for Michael.

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Family Comments
The views of the family are important and need to be captured throughout the EHA. This section is a chance for the whole family to comment on what they hope will change and what really matters to them. Please remember that we want to ensure all parents are given the opportunity to be part of the solution to any difficulties facing the family. It’s really important that children’s views are heard and recorded – what is it that they want to change and why?

Absent parent consulted?
Some parents may not want the non-resident parent contacted as part of the Early Help process, but where possible, we would always want to try and support whole family interventions - even when a child’s parents are no longer together. This may not be possible where it’s unsafe to do so and/or not in the best interest of the child. Reasons for not wanting to consult the absent parent should be sensitively queried with professional curiosity. For further information please go to https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/separation-divorce-and-contact

If the non-resident parent isn’t contacted you’ll need to make a note of the reasons why. If you feel that the parents need professional support to make arrangements for their child/ren you can signpost to family mediation. www.familymediationcouncil.org.uk here you will find a list of local family mediators.

Actions and Priorities
Please use this section to outline and prioritise the goals and support needs for the family in a family friendly way. Focus on the areas of greatest resilience and on the priorities that will have the greatest impact on the family’s needs and circumstances. Remember that this is the family’s action plan and each person needs to state what the priorities are for them. Try and remember, where possible, to use the words of the family when writing the plan and avoid jargon.

It’s really important that the plan is SMART. SMART principles help families and practitioners develop plans that are clear and address the identified risks and needs. The development of the plan is everyone’s responsibility; practitioners and the family. It should draw upon the resources available to both the family and the practitioners; their skills, expertise and knowledge and should demonstrate the wishes and feelings of the child. Practitioners should feel able, and committed, to challenging each other about aspects of plans that they feel are not SMART.

The action must be specific, as should the language to describe it. What exactly do we want to achieve and what will it look like when it’s done?

Establish a benchmark against which progress can be measured. If not, why have it in your plan? Think in terms of the child’s daily lived experience and their developmental milestones. Try to avoid outcomes that are ‘ongoing’.

Is what we asking family to do achievable? Try to visualise the outcome. Always try to break down into smaller bite size chunks - immediate, short term, long term. Build on existing strengths.

Be realistic - concentrate on the immediate issues and put in some quick wins to help the family build confidence in the process. The family plan is meant to be flexible and too many tasks will feel overwhelming. It’s not realistic, for example, to have an alcohol/substance dependent adult with an action to stop drinking completely by the next TAF meeting. Realistic plans are more likely to be successful.
All aspects of plans should contain realistic **timescales** with some being broken down into stages to make them more achievable. This will enable everyone to be clear on what is expected of them and by when, as well as allowing progress to be monitored.

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**Level of need – what happens next?**
Please refer to the Children’s Needs and Response Framework (CNRF) to determine the level of need. Once you have consulted the CNRF and feel the family need support above level 2 then please follow your safeguarding procedures.  

Once the assessment is fully completed please ensure that it is entered on to the EHM system. If you have not yet registered to access EHM then please forward your completed paper assessment to: early.help@rochdale.gov.uk

If you are emailing from a GCSX or nhs.net email address please use early.helpgsx@rochdale.gcsx.gov.uk

**Appendix 1 Rochdale Early Help Family Assessment**

**Strengths and difficulties - guided conversation suggestions and prompts**

<table>
<thead>
<tr>
<th>Nursery, school/college</th>
<th>Attendance, fixed penalty notices, managed moves, punctuality, level of parental interest, attainment, achievement, motivation, aspiration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Type of employment, looking for employment, barriers to employment.</td>
</tr>
<tr>
<td>Progress in education - children</td>
<td>School attendance, punctuality, learning and progress, SEN support, behaviour plan, Educational Health Care Plan, difficulties in school, attainment levels, attitude in school, risk of exclusion.</td>
</tr>
<tr>
<td>Progress in education - adults</td>
<td>Type of studying, voluntary work or training, learning difficulties, literacy, numeracy levels.</td>
</tr>
<tr>
<td>Alcohol use - adults</td>
<td>Alcohol use, support in place, impact on family life, impact on behaviour, working with services, any historical use, family history.</td>
</tr>
<tr>
<td>Alcohol use – children</td>
<td>Alcohol use, support in place, impact on family life, impact on behaviour, school and attainment levels, peer patterns/pressure.</td>
</tr>
<tr>
<td>Drug use – adults</td>
<td>Substance use / misuse, history, past and current treatment, impact on family life, impact on children, impact on behaviour, functioning and parenting.</td>
</tr>
<tr>
<td>Drug use - children</td>
<td>Drug use, support in place, impact on education, impact on family life, behaviour, peer patterns/pressure.</td>
</tr>
<tr>
<td>Offending - adults</td>
<td>Type of offending, previous or current custodial/non-custodial sentences, impact on family life, probation involvement.</td>
</tr>
<tr>
<td>Offending - children</td>
<td>Type of offending, previous or current custodial/non-custodial sentences, impact on community, family life and education, YOS involvement.</td>
</tr>
<tr>
<td>Anti-social behaviour - adults</td>
<td>Injunctions/orders, impact on community and family life, type of behaviour.</td>
</tr>
<tr>
<td>Anti-social behaviour – children</td>
<td>Injunctions/orders, risk of exclusion, behaviour with peers and in the community, impact on family life.</td>
</tr>
<tr>
<td>Positive activities/engagement in community</td>
<td>Access to community provision, ability to access all available services, culture and religious involvement, perception of local area, clubs and groups, social activities.</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>Attendance at appointments and meetings</td>
<td>Missed appointments, ability to attend.</td>
</tr>
<tr>
<td>Motivation to change</td>
<td>Commitment to change, ability to change.</td>
</tr>
<tr>
<td>Family relationships</td>
<td>Stable family relationships, conflict in the home, how people get on together, attachment, family harmony or discord, parental alienation, positive stimulation, sibling relationships, support from wider family, quality time spent together.</td>
</tr>
<tr>
<td>Violence in the home</td>
<td>Domestic violence or abuse past or present, child to parent violence past or present, support received, situation in the home at the present time. Impact on the child.</td>
</tr>
<tr>
<td>Physical health</td>
<td>Health issues, use of GP, dentist, optician, immunisations, developmental checks, hospital admissions, accidents/injuries, health advice and information (including sexual health), teenage pregnancy.</td>
</tr>
<tr>
<td>Accessing GP/dentist/clinic</td>
<td>All family members registered and attending.</td>
</tr>
<tr>
<td>Accommodation / Housing</td>
<td>Home conditions, water, heating, sanitation facilities, adequate sleeping arrangements, suitably furnished, owner occupier, tenant, social housing, rent arrears, living with extended family, threat of homelessness.</td>
</tr>
<tr>
<td>Finances and debt / Income</td>
<td>Income meets expenses, appropriate benefits and tax credits accessed, managing money, level of debt impact on meeting basic needs. Debt services involved, payment plans. Recourse to public funds.</td>
</tr>
<tr>
<td>Emotional health and well being</td>
<td>Attachment, confidence, positive attitude, psychological difficulties, coping with stress, motivation, mental health, feeling good about yourself, self-harm, phobias, relationships with peers, interpersonal skills, feeling isolated, fears and happiness.</td>
</tr>
<tr>
<td>Child behaviour</td>
<td>What they are good at, what they like to do, general lifestyle and self-control, risk of educational exclusion, behaviour with peers, sexual behaviour, violence and aggression, restless and overactive, easily distracted, attention span/concentration; drug / alcohol use.</td>
</tr>
<tr>
<td>Basic needs being met</td>
<td>Home conditions, provision of food, drink, warmth, shelter, appropriate clothing, ensuring safety, engagement with services, safe and healthy environment, emotional warmth, guidance, boundaries, encouragement, suitable and safe sleeping arrangements, modelling positive behaviour, effective and appropriate discipline, avoiding over protection, supportive of education and positive activities, stimulation.</td>
</tr>
<tr>
<td>Sexual exploitation</td>
<td>Parental monitoring of social media, internet safety, parental controls, change of behaviour, missing from home episodes, aware of friendships and new relationships, unexpected gifts or unexplained gifts and money.</td>
</tr>
<tr>
<td>Parenting</td>
<td>Ability to implement appropriate parenting strategies effectively, needing support with parenting, any previous support/programmes completed, clear boundaries and routines, positive / negative interaction, spending quality time with each child and as a family.</td>
</tr>
</tbody>
</table>