**Early Help Assessment (EHA) for Children, Young People & Families**

**Guidance - please ensure you read the below before proceeding.**

**The EHA is not a referral for a service**. It is an assessment that professionals should complete with the family, where it has been ***identified there are two or more unmet needs***. The completion of the assessment will assist in identifying the needs of the family, devising a plan to address these needs and identifying who is best placed to meet them.

The Early Help Assessment should always be completed on the Early Help System (EHM) if you are a trained user working within Sandwell. Email / Paper copies will only be accepted from professionals within the Sandwell Borough who can evidence they are awaiting Early Help System training. It is an expectation that all professionals within Sandwell supporting Children, Young People & their families complete the training on the Early Help System to allow Early Help Assessments to be completed online. Early Help Assessments completed by professionals working out of the Sandwell borough will be accepted via email / post. Please email the completed form to [EarlyHelp\_MASH@sandwell.gov.uk](mailto:EarlyHelp_MASH@sandwell.gov.uk).

**The assessment should always be completed with the Child, Young Person and Family.** Other professionals involved with the family should also contribute. All boxes are **mandatory**, the assessment will be returned if a box is left blank. If a question is not applicable, please state giving the reason why.

Once the EHA is completed, if the needs can be met by the professionals already involved, the EHA does not need to be submitted to the Early Help Desk (EHD) and a Around the Family (TAF) meeting should be started and led by the professionals involved. The EHA should only be submitted to the EHD if it is felt the needs are too complex to be met by those currently involved or bespoke family support is required. Submission of the EHA to the EHD does not guarantee an alternative Lead Professional will be identified.

**If you become concerned that a child/young person is at risk of significant harm, the Sandwell Safeguarding Children Partnership Multi-agency child protection procedures, as identified in the threshold document, should be followed. It can be accessed here:**

**Click here to download Sandwell’s ‘**[***Multi Agency Thresholds Guidance: Continuum of Help & support***](https://www.sandwellcsp.org.uk/wp-content/uploads/2022/06/Threshold-Guidance-Continuum-of-Help-Support-June-22-002.pdf)**‘ document.**

**Section 1 – Consent to complete EHA and Information Sharing**

Consent must be given from the family for the assessment to be completed, subsequent support and information to be shared with agencies who it is felt can provide appropriate support to the family. Please confirm details of who has given consent and when. Written consent to be obtained where possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Consent type (please circle) | Signature | Date |
| Young person |  | Verbal / Written |  |  |
| Young person |  | Verbal / Written |  |  |
| Parent |  | Verbal / Written |  |  |
| Parent |  | Verbal / Written |  |  |

**Section 2 – Details of Person Completing Assessment**

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Agency |  |
| Address |  |
| Email (MANDTORY) |  |
| Telephone Number (MANDTORY) |  |
| Date of Assessment |  |

**Section 3 – Reason for Completing Assessment**

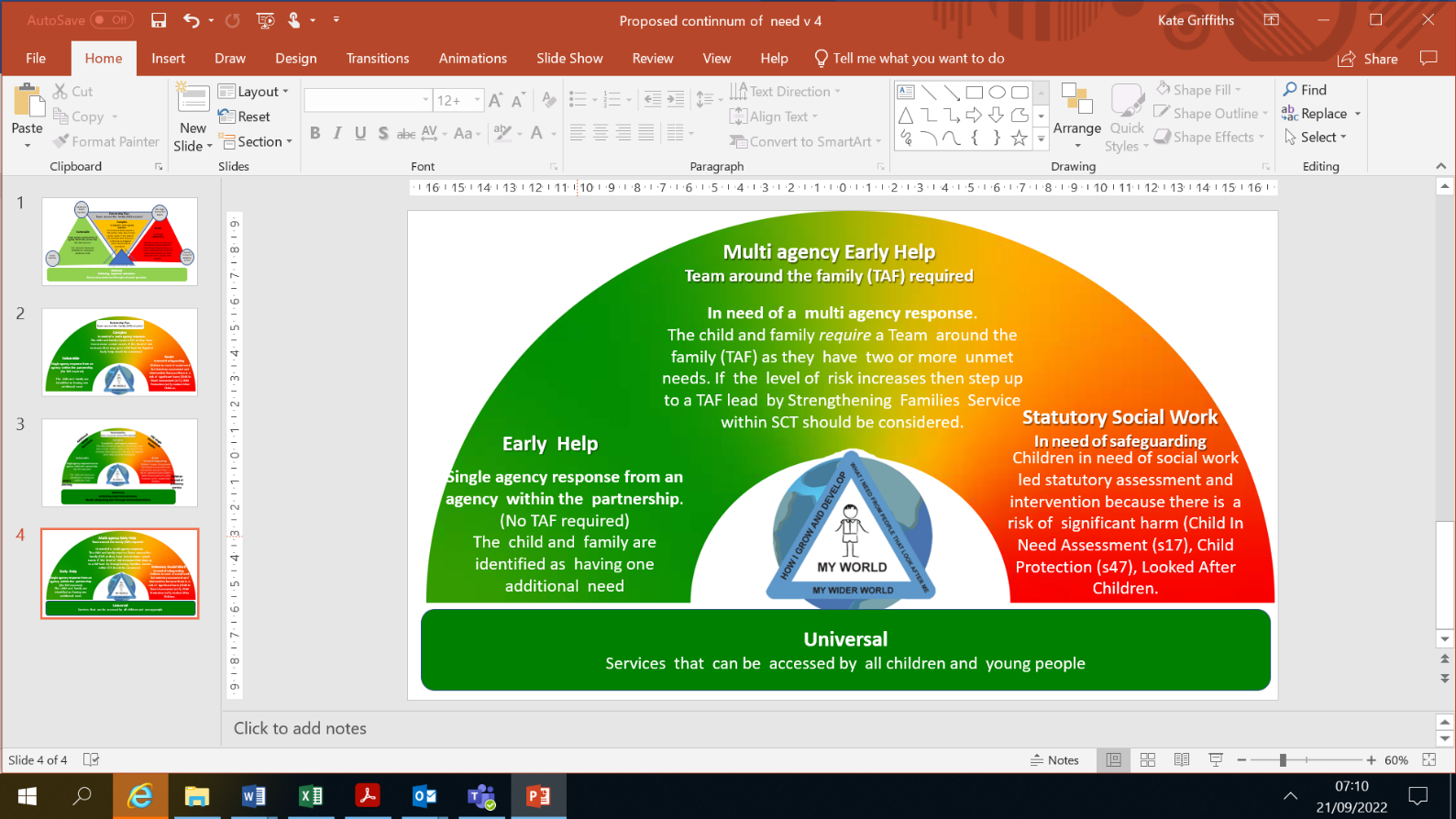
|  |  |
| --- | --- |
| What are the reasons for this assessment being completed? Include current concerns of parents/carers/professionals. | |
|  | |
| What does the Child(ren) feel they need support with? Where possible phrase or paraphrase the actual voice of the child. | |
|  | |
| Has there been any historical Children Social Care or Early Help Involvement? | Yes / No |
| If Yes, please explain what historical involvement there has been, dates if known, what the concerns were and impact of support. | |
|  | |
| What support has already been offered/tried to address the current/presenting issues? Please include the parent and family’s efforts as well as these made by professionals. Include what was offered, when it was offered and the impact the support had. | |
|  | |

**Section 4 – About the Family**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The family home** | | | | | | | | | | | |
| Address(including postcode) | | |  | | | | | | | | |
| Young People living in the home(insert more rows if needed) | | | | | | | | | | | |
| Forename | Surname | Gender | Ethnicity | | Religion | | Date of Birth (or due date if unborn) | Relationship e.g. brother, sister, step or half sibling | Contact Number & email address | | Education / Training/ Employment Provider |
|  |  |  |  | |  | |  |  |  | |  |
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| Did both parents contribute to the assessment? | | | | Yes / No | | (If no, please explain why both parents have not been involved in the assessment and what attempts have been made to engage them) | | | | | |
| Other significant family relationships (families support network) (insert more rows if needed) | | | | | | | | | | | |
| Forename | Surname | Gender | Ethnicity | | Religion | | Date of Birth | Relationship to young people in the home | Location to the family e.g. whether they live local to family | Contact number & email address | |
|  |  |  |  | |  | |  |  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nationality |  | | | |
| Main language used in the household |  | | | |
| Is an interpreter required? | Yes / No | (If yes, please state what language) | | |
| Family Status in UK (please circle) | British Citizen  Confirmed settled in UK – EU settlement scheme  Refugee Status | | Visitor Visa  Other  Unknown | (If other, please state) |
| Does anyone have a disability? | Yes / No | (If yes, please state what disability and who has it) | | |
| Are any of the children a young carer? | Yes / No | (If yes who and who do they care for) | | |
| Living Arrangements(please circle) | At home with one parent  At home with both parents  With extended family  Other | (If other, please state) | | |
| Equality, Diversity and Inclusion - consider the families individual needs and what needs to happen in practice to meet these needs e.g. learning style, cultural needs, access issues |  | | | |

**Section 5 – Current level of help and support**



*The levels of support as identified on the windscreen of support are; Universal, Early Help or Multi-Agency Early Help. The Lead Professional is an* ***identified practitioner who takes a lead role*** *to ensure that services are co-ordinated, coherent and achieving intended outcomes of the family.*

|  |  |  |
| --- | --- | --- |
| What level of support are the family currently receiving? Please circle | Universal/Early Help/Multiagency Early Help | |
| Is there a current Lead Professional? | Yes/No |  |
| Lead Professional’s Details (If there is no Lead Professional, please go to Professional Involvements Question) | | |
| Name |  | |
| Agency |  | |
| Contact Number |  | |
| Email Address |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Involvements(Include all professionals that are currently providing support to the family. Insert more rows if needed) | | | |
| Agency | Who in the family are they supporting? | Current Intervention being offered | Have they contributed to this assessment? |
|  |  |  |  |
|  |  |  |  |
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The ten priorities below are the Supporting Families priority needs. You can see further information about these priorities on the [Government’s website.](https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025) We must evidence the needs the family have against these criteria. In each section please evidence what is working well and areas where support is needed in order to explain how the family meet that priority need. Below the free text box please select a cross in the box for all the options that apply to the family.

Remember, all boxes are **mandatory**, you will not be able to finalise this assessment if any boxes are blank. If no support is needed in a particular area, please state this. Please consider all the children in the family/household as well as parents/carers. **Include parent’s, child/young person and professionals views.**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Education  *Children & YP who are not getting a good education, including attendance and/or participation concerns, or with an un-met SEN need. Include attendance level, attainment and aspiration. Does the child/ren have an EHCP?* |  |  |  |

Child in the home with more than 10% unauthorised

Child in the home who is unwilling to participate with education

Child in the home whose special education needs are not being met

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Early Years*Parents/carers expecting or have a child/ren 0-5, in need of additional early years support to ensure development, attachment, health and communication to support a good early year start.* |  |  |  |

Expectant or new Parent/Carer who require additional or specialist support

Child in the home (0-5 years) who’s physical health needs are not being met

Child in the home (0-5 years) who’s developmental needs are not being met

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Health  *Parents/carers, children and young people with a range of mental and/or physical health needs. Please state which member of the family has what needs and what support is required.* |  |  |  |

Child in the home who needs additional support with their mental health

Adult in the home who needs additional support with their mental health

Child in the home who needs additional support with their physical health

Adult in the home who needs additional support with their physical health

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Drugs and/or Alcohol  *Parents/carers/young people with a drug or alcohol problem. Please state which family member is experiencing this.* |  |  |  |

Adult in the home who has a drug and/or alcohol problem

Child in the home who has a drug and/or alcohol problem

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Family Relationships  *Parents/carers in frequent, intense or poorly resolved parental conflict. Families with wider conflict and relationship issues.*  *Consider what family and friends make up the family support network. Include family identity and culture.* |  |  |  |

Parent/Carers require parenting support

Harmful levels of parental conflict

Child who is violent or abusive in the home

Unsupported young carer or requiring additional support

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Abuse and Exploitation  *Children and young people who are at risk of/experiencing abuse and/or harm including neglect, risk of exploitation, radicalisation, peer to peer harm and abuse.* |  |  |  |

Emotional, physical, sexual abuse or neglect, within the household

Child going missing from home

Child identified as at risk of, or experiencing, sexual exploitation

Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation

Child experiencing harm outside of the family

Child identified as at risk of, or being affected by radicalisation

Child experiencing harm outside of the family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Crime / ASB  *Parents/carers, children and young people involved in or at risk of involvement in crime or anti-social behaviour* |  |  |  |

Adult (18+) in the home involved in crime and/or ASB in the last 12 months

Young Person (u18) in the home at risk of crime

Young Person (u18) in the home involved in crime and/or ASB in the last 12 months

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Domestic Abuse  *Families affected by domestic abuse. Please clarify how recent the abuse has been* |  |  |  |

Adult in the family who is a victim of domestic abuse

Adult in the family who is a perpetrator of domestic abuse

Child in the home affected by domestic abuse

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Secure Housing  *Consider type of accommodation the family occupy. Are they at risk of homelessness or families not in suitable or sustainable accommodation.* |  |  |  |

Family in local authority temporary accommodation & at risk of losing this

Family not in suitable, sustainable housing and/or threatened with eviction/at risk of homelessness

Young Person in the home aged 16/17 at risk of, or who have been, excluded from the family home

N/A None of these apply to this family

|  |  |  |  |
| --- | --- | --- | --- |
| Area of need  *Please consider all family members when completing this section* | What’s working well?  What are the family strengths? What is the family good at? What is positive for the family? | What are the worries?  What are the families concerns? What impact are these having on the child/YP and family? | What support is needed next?  What support is currently missing? |
| Financial Stability  *Families struggling finically, concerns around poverty and parents/carers/Children and young people 16+ not in either education or employment.* |  |  |  |

Adult in the family who is out of work and reliant on benefits

Family require support with their finances and/or have unmanageable debt

Young person aged 16/17 in the home who is NEET

N/A None of these apply to this family

**Section 6 – Next steps - The Plan** This will form the basis of the initial Team Around the Family (TAF) plan.

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| --- | --- | --- | --- | --- |
| Supporting Families Area | What is the need you require help with? | What needs to happen to make things better for you? | Who will do this? | Impact on the child / Family |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |

|  |  |
| --- | --- |
| Do you (the family) have a trusted professional who you would like to lead the support? | Yes/ No |
| If yes, please provide contact details (name and contact number/email) |  |
| Do you (person completing assessment) feel you are able to co-ordinate the support for the family? | Yes/ No |
| Please explain your reason for the response above: |  |

**Section 7 – Summary**

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| --- |
| Summary of Needs and Risks  Consider all strengths, unmet and complex needs and risk associated to needs not being met. |
|  |
| What would the impact be if the child(ren), young person and family do not receive additional support? |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome Star** | | | | | | | | | | | |
| Are you Outcome Star trained? If no, please move to the next section. | | | | | | | | Yes/No | | | |
| If yes, please complete the below: - | | | | | | | | | | | |
| Outcome Area | Physical Health | Your well-being | Meeting emotional needs | Keeping your children safe | Social Networks | Education & Learning | Boundaries & Behaviour | | Family routine | Home & Money | Progress to work |
| Score |  |  |  |  |  |  |  | |  |  |  |

**Documents to Support Assessment**

|  |  |
| --- | --- |
| Have you completed any of the following documents to support the assessment?  *Please attach any supporting documents that have been completed with the family to the assessment.* | |
| Graded Care Profile 2 (GCP2) |  |
| Child Exploitation (CE) Screening Tool |  |
| Direct work/ Child’s Voice with Young Person  (including wishes and feelings) |  |
| Genogram |  |
| Chronology |  |
| Domestic Abuse, Stalking and Honour Based Violence (DASH) |  |
| Domestic Abuse Risk Assessment for Children (DARAC) |  |
| Education Health Care Plan (EHCP) |  |
| Brief Alcohol and Drugs Screening Tool (BADST) |  |
| Other (please state) |  |

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