



**Early Help Assessment**

**About the Early Help Assessment**

We want all children in Oxfordshire to have the best start in life, to enable them to reach their full potential. Sometimes children and families need additional support to achieve this. The aim of this Early Help Assessment (EHA) is to work with you and those around you, to help understand what is going on and to decide the best way forward. Where possible the needs of children and families will be met by universal services and your wider family/support networks.

The person filling in this Early Help Assessment will guide you through the process. They will make sure it includes the views of everyone in your family and all those who support you.

# Your agreement – Parents:

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 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: |

Parents will receive a copy of the completed assessment and [An Early Help guide for parents and carers](http://www.oscb.org.uk/wp-content/uploads/Oxfordshires_Early_Help_Guide_for_families_v3_web.pdf).

## We will be careful with your information

Your information will be stored electronically and shared only to support you or improve our service. The Office of National Statistics is carrying out a national evaluation on some of this work, and your personal information, including name and date of birth, may be shared with them. You can opt-out of information sharing for research and evaluation at <https://www.oxfordshire.gov.uk/cms/content/consent-share-information>. For more information on storage of your information please go to: <https://www.oxfordshire.gov.uk/privacy>

# Your agreement – Practitioners:

I agree to help you complete the EHA 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 if needed
* Explain and organise a meeting called a ‘Team Around the Family Meeting’ if needed
* Use the Locality and Community Support Service (LCSS) for advice – contact details can be found here: <http://www.oscb.org.uk/professionals/early-help-locality-community-support-service/>
* Provide support from my agency
* Request specialist support if needed

**Signed:**

**Print Name:**

**Date:**

**Agency:**

**Contact Number:**

**Email:**

**When you have completed the EHA together, please sign and tick consent at the end of this form before sending to LCSS**

**Family Background and Information**

**Date assessment started:**

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| **Communication needs of anyone in the family? (Including language)** |
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| **Details of all children in your family** | | | | | | | | | |
| **Name** | **DOB /  Due date** | **Gender** | **Ethnicity** | | **Religion** | **Name of school or educational setting** | **Does the child have an EHCP?** | **Does the child have CAMHS involvement?** | **Does the child have a disability?** |
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| *Please include all the children (everyone under 18) in the family. Try to be as complete as possible. If you need to leave some bits blank, or put in approximate dates, that’s fine.* | | | | | | | **Please attach EHCP/IEP/IBP** | **Please attach CAMHS assessment** | **Please attach any assessment letters e.g. paediatrician** |
| **GP details:** | | | | **Dentist details:** | | | **School Health Nurse/Health Visitor:** | | |

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| **Main family address of child (including postcode)** | **Family phone numbers  and email addresses** |
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| **Details of parents/carers, other family members and significant people (including non-family members)** | | | | | | |
| **Name** | **Date of birth** | **Gender** | **Ethnicity** | **Religion** | **Relationship to child - state Parental Responsibility** | **Address  (if different from main family address)** |
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| *Please include all the adults in the immediate family, living in the house or involved in looking after children. Try to be as complete as possible. If you need to leave some bits blank, or put in approximate dates, that’s fine.* | | | | | | |

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| **Who is in your family, and who lives in your home?  You can write or draw this (e.g. a family tree/diagram of household/genogram)** |
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| **What is your family history?  Include information about important things that have happened to you and your family (e.g. house moves, bereavement, illness)** |
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| **Which agencies and professionals are/have been involved in supporting your family?** | | | | | | |
| **Name** | **Supporting who and how?** | **Role /agency** | **Contact details** | **Contributed to the assessment? Y/N** | **Start date** | **End date** |
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| *This could include school, health, or anyone else working with your family, like a housing adviser or another worker. Try to be as complete as possible. If you need to leave some bits blank, or put in approximate dates, that’s fine.* | | | | | | |

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| **What has led to this assessment taking place?** |
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| **What actions have you taken as a family, what has helped?** |
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| **What support have you received from other agencies, what has helped?** |
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**How to include everyone’s views in the Early Help Assessment - parents, children and practitioners**

**In order to understand what everyone needs to move forward, a restorative approach can help us hear everyone’s perspective and ensure that people can take ownership of the plan. It is important to consider a family’s strengths as well as needs.**

**Parents/carers can record their views together or separately.   
Additional Parent’s View sheets are available from** <http://www.oscb.org.uk/themes-tools/>

**It is important that each individual child can share their view.**

**For children who are too young to give a verbal opinion, parents/practitioners may need to fill in how they feel life is from their child’s perspective. You may find it helpful to use the tools such as Wizard/Fairy or house to help capture the child’s voice.   
Child’s Voice Tools are available from** <http://www.oscb.org.uk/themes-tools/>

**The practitioners supporting parents & carers, children to give their perspective in this assessment are asked to:**

1. **Listen respectfully and impartially and support everyone to feel comfortable to share their views**
2. **Repeat back, summarise and check to make sure they have heard and understood**
3. **Record what has been said and then check with the parent/carer or child that this accurately reflects their views amending as necessary**
4. **Use TED to support your conversations: Tell Me, Explain, Describe and ensure you use the PROMPT sheet at the end of the EHA to gain a better understanding of the family’s needs.**

**The professional completing the EHA should fill in the professional view section within this assessment.   
Any other professionals involved in supporting the family may also fill in a professional view.  
Additional Professional’s View sheets are available from** <http://www.oscb.org.uk/themes-tools/>

**You can fill in the views separately or together, depending on what works best for the family and the child.**

**Parent/Carers View: Name**

*Please use the prompt sheet at the end of the form to help fill in this section (standalone prompt sheet can be found on OSCB website).* <https://www.oscb.org.uk/themes-tools/>

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| **Areas of your life** | **What could be better and why?**  Think about what’s important to you and your family. What could be better for you and your children? | **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? |
| **Home and Family relationships** |  |  |
| **Work** |  |  |
| **School/College** |  |  |
| **Social/Community** |  |  |
| **Health and Wellbeing** |  |  |

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| **Are there members of your household who are unemployed or who are facing financial difficulty?** | **Is domestic abuse impacting your family?** | **Is school attendance below 90% for any of the children in your family?** | **Is there crime/anti-social behaviour impacting your family?** | **Are there family health issues for either parent/ child/ren? (e.g. mental health, teenage pregnancy, drug/alcohol misuse)** | **Is the child/ren a Young Carer?** | **Is the family at risk of homelessness (duty to report)?** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

**NB If Yes to any of the above, please ensure this is discussed and plans made to address these in the Whole Family Action Plan within the EHA**

**Child/Young Persons View: Name**

*Please use the prompts at the end of the form and/or the Child’s Voice Tools on the OSCB Website* <https://www.oscb.org.uk/themes-tools/> *to help fill in this section (standalone prompt sheet can be found on OSCB website).*

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| **Areas of your life** | **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’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? |
| **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? Are you engaged in any hobbies? Do you have good friends?) |  |  |
| **Health and Wellbeing**  Who helps you stay healthy? Do you have a disability or problem? Who can you talk to about your feelings? |  |  |

# 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.

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| **Child/Children’s name** |  |
| **Professional’s name** |  |
| **Organisation** |  |
| **Role** |  |

Please comment on how things are going for the child/children in this family.

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| **What could be better and why?** |
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| **What’s working well?** |
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| **What do you have in place currently, for things to be better for the child/children?** |
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| **If significant concerns have been raised during your conversation with the family what have you done to address these? What else is needed?** |
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| **Whole Family Action Plan**  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.

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| **What will the outcome be? (BENEFIT)** | **What needs to be done? (ACTION)** | **Who will do it?** | **Who will help?** | **By when?** |
| EXAMPLE Childs attendance will go above 90% | EXAMPLE Get up earlier to prepare for day  Family member to make breakfast and support getting child to school  Have a meeting with the teacher where relationship breakdown has taken place  Contact the Education Inclusion team | Mrs EXAMPLE (Mother)  Mr EXAMPLE (Father) | Mrs EXAMPLE (Teacher) |  |
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**N.B. The above should include parent/carers, child and professionals’ views**

**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 LCSS |  |
| EHA closed |  | Other (specify) |  |

**Reviewing the EHA Plan**

* If moving to TAF you must review plan using TAF form within 6 weeks.
* Continue to review every 12 weeks in a TAF until outcomes are achieved.
* 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: |

**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.

**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 LCSS 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:** |  |

Please send copies of your completed documents to your local Locality and Community Support Service. North: [LCSS.North@oxfordshire.gov.uk](mailto:LCSS.North@oxfordshire.gov.uk) South: [LCSS.South@oxfordshire.gov.uk](mailto:LCSS.South@oxfordshire.gov.uk) Central: [LCSS.Central@oxfordshire.gov.uk](mailto:LCSS.Central@oxfordshire.gov.uk)

The Early Help Assessment and Team Around the Family Processes are vital components of ensuring that Children and Families get the right support at the right time. This is sponsored by all partners making up the OSCB.



**Prompts to support completion of your EHA**

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

**Prompt Sheet**

**When filling in the views of the different people in the family, sometimes all you need to do is listen. But sometimes it can help to have a prompt sheet. This can also ensure that important issues are not missed.**

**Home and Family Relationships**

* *What is the current housing situation? E.g. private rental, any arrears? Is it stable? N.B. If there is risk of homelessness you must refer to the local Housing authority (*[Duty to Refer](https://intranet.oxfordshire.gov.uk/cms/group-content/housing-and-homelessness-support)*)*
* *Any significant life events? (death of a family member, house move, new partners)*
* *Are there family member(s) who struggle with their mental health problems, alcohol or drug dependency?*
* *Has there been any historical or any ongoing Domestic Abuse?*
* *Have there been known concerns about child neglect or abuse?*
* *Home environment – what’s good and bad about it?  
  Does the child have safe space and what they need to develop?*
* *What are parent/child/ren relationships like? Warmth? Routines? Consistency? Boundaries?*
* *How do the child/children behave at home?*
* *Do you feel you have family members who understand your concerns and who will support you, who are they?*
* *For the child: Do you like where you live? Do you have your own space? What is your space like?*

**Work**

* *Are parents / older children employed? If not, what would help?*
* *How are you managing financially?*
* *Are you able to provide for your family’s basic needs? What needs to change?*
* *What aspirations do the adults/older children have?*
* *For the child: What are your hopes for the future*

**School/College**

* *What are the attendance figures for each child/children, is the attendance below 90% - if so why?*
* *Is the child persistently absent from school/missing?*
* *(If over 16) is the child NEET or out of learning?*  **If so contact** [**eetreferrals@oxfordshire.gov.uk**](mailto:eetreferrals@oxfordshire.gov.uk)
* *Are they achieving academically? Anything that make it hard to learn? What could help?*
* *How do child/ren behave at school?*
* *Triggers of behaviour?*
* *For the child: How do you feel about school? What are the best and worst bits?*

**Social/Community**

* *Are there difficulties which make things worse for you or the child/children, such as neighbour disputes?*
* *Any anti-social behaviour or crime impacting your family?*
* *What support networks support the family?*
* *Do you have good friendships?*
* *What do you like doing in your spare time?*
* *Any concerns about emerging threats such as criminal exploitation, radicalisation or Child sexual exploitation?   
  Do you feel safe? Who are your safe people/places?*
* *For the child: Do you feel safe? Are you engaged in any hobbies? Do you have good friends?*

**Health and Wellbeing**

* *Are the child/ren clean, hygienic, well fed?*
* *How often are visits made to the doctor and dentist?*
* *Speech, language and communication skills?*
* *Any other additional health needs? Sexual health needs?*
* *Are there problems for adults about emotional wellbeing? (Stress, anxiety, self esteem).*
* *Are the emotional needs of the child/ren met?*  
  *Are any of the children providing physical or emotional care for a family member due to illness/disability/substance use?*
* *Are there any caring tasks that pose a risk to the child? Or is the amount/type of care the child is providing impacting, or likely to impact on their health, development, education, social opportunities?*
* *For the child: Do you have any illnesses, health problems or disability? Who helps you stay healthy? Are there things that make you feel angry/sad? Who can you talk to?*

**For children under 5:**

* *Are they meeting developmental milestones? (Physical, Intellectual, Language, Emotional and Social)*
* *Do they have additional health needs?*
* *Are they in nursery/pre-school?*
* *Are there difficulties ensuring consistent child care when needed, what are these?*

**For Disabled Children:**

* *What is the disabled child’s diagnosis/condition?*
* *Do they have a severe learning disability? E.g. they are functioning at a much lower developmental age in comparison to their chronological age.*

*What does this mean for daily life for the child, siblings and parents in terms of:*

* *Personal care needs?*
* *Relationships within the family?*
* *Friendships/ leisure activities*
* *Can the child keep themselves safe?*
* *Do they have a degree of independence?*
* *What is the child good at, their aspirations?*
* *Does the child have an EHCP?*
* *Who (which agency) is currently involved?*
* *What support is the family seeking? What does it look like?*

**Documents which would be helpful:**

* Copy of EHCP
* Copy of last paediatric assessment/ review.

**These are not exhaustive prompts but there as a guide to support a full understanding of the family/child’s world.**

**All tools and paperwork including TAF meeting template and Closure/Evaluation can be found on the OSCB website:** [**http://www.oscb.org.uk/themes-tools/**](http://www.oscb.org.uk/themes-tools/)

**For support of specific issues e.g. young carers/housing please go to Oxfordshire’s Practitioners toolkit** [**https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/practitioner\_toolkit.page**](https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/practitioner_toolkit.page)