**Early Help Assessment (EHA)**

**Guidance notes for completing the EHA**

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**1. Introduction**

In Brent, we want to make it as simple as possible for professionals to make referrals to Children and Young People’s (CYP) services, to help ensure that families get the right help, at the right time and as quickly as possible.

To help us do this, the Common Assessment Framework (CAF) has been simplified and updated to reflect the Signs of Safety (SoS) approach. The name has also been changed to the Early Help Assessment (EHA). SoS is a risk-based assessment process being used across all CYP services to help families achieve positive outcomes.

In order to intervene at the earliest point, and target help and support in a way that makes a difference to the lives of families, a good quality assessment and action plan are required. The EHA is part of Brent’s strategy to provide help to families at the earliest point of identification, and to reduce the need for more costly specialist or statutory service interventions at a later stage.

The EHA provides a common approach, common language and a holistic assessment of the family’s needs, which is meaningful to the family because they have been supported to tell their story and they will work in partnership with professionals to help achieve their goals. The EHA can be used:

* To assess, plan and review a package of support to meet the family’s agreed needs and goals.

And/or:

* As a referral for targeted services across Brent’s Children and Young People directorate. Information on how to check which services accept the EHA is included in section 4.1.

And/or:

* To nominate families as part of Brent’s Working with Families (WwF) programme.

Professionals completing the EHA are strongly advised to complete the online EHA training available from the LSCB. There is also a classroom based 1-day training programme, which demonstrates how to complete an EHA. Details of how to access the training are included in section 7.

**2. Principles underpinning a good assessment**

A good quality assessment provides a holistic analysis of the family’s strengths and needs, and is also:

* **Accurate** –The assessment provides an accurate representation of the strengths and needs of the family
* **Clear** – The assessment is concise and understandable by all those involved, particularly the family and any professionals who may be involved or who take responsibility for the case at a later stage
* **Inclusive** – The assessment represents the views and opinions of the children/young people and their parents/carers
* **Promotes equal opportunities** – The assessment is not biased, and gives positive expression to the opinions and experiences of the family without prejudice or discrimination
* **Authentic** – The assessment is an accurate and evidence-based record of the discussion
* **Professional** – The assessment is non-judgemental and follows organisational codes of practice for recording/writing public documents
* **Solution**-**focused** – The assessment focuses on what the family wants to achieve
* **Systemic** – The assessment focuses on the various systems within which the children or young people operate (home, setting/school, community, etc)
* **Practical** – The assessment clearly identifies the strengths and needs of the family, and there is an appropriate action plan to address those needs, as well as information on what could happen if no action is taken
* **Culturally sensitive** – The assessment is sensitive to the diverse ethnic, cultural and religious mix of Brent’s families

**3. The EHA process**

The process begins by gaining consent from the parents/carers of the children and young people you are referring.

**4. How to complete the EHA form**

The EHA form is divided into nine sections, as follows:

1. Purpose of the EHA
2. Family’s details
3. Referrer’s / Assessor’s details
4. Signs of Safety assessment
5. Services already involved with the family
6. Goals and actions
7. Family’s views (including the voice of the child)
8. Consent for information sharing and storage
9. Additional information

Appendix 1 includes examples of completed EHAs to help demonstrate how to complete the form.

**4.1 Purpose of the EHA**

The EHA can be used:

* To assess, plan and review a package of support to meet the family’s agreed needs and goals. And/or:
* As a referral for targeted services across Brent’s Children and Young People directorate. Information on how to check which services accept the EHA is included in section 4.1.

And/or:

* To nominate families as part of Brent’s Working with Families (WwF) programme

**Using the EHA to refer to another agency**

The EHA can be used to make referrals to the Early Help service and it is anticipated that more services will accept the EHA as a referral as implementation progresses. If you have queries about the agency you are referring to, please contact the lead member of staff from the agency for further information and to discuss your referral in more detail. If the agency you are referring to is not on the list detailed in section 1 on the EHA, please check that the receiving agency has agreed to accept the EHA as a referral before you complete the form.

**4.2 Family’s details**

Record the details of each unborn baby, child and/or young person aged 0-18 being assessed or referred, and include their siblings’ details. Where known, please include the following:

* DoB – Date of Birth
* EDD – Estimated Delivery Date
* UPN – Unique Pupil Number
* NHS No – National Health Service Number
* SEND – Special Education Need and/or Disability
* Young Carer\* – if there are any young carers in the family

*\*A young carer is a child or young person aged under 18 who provides regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled, or who misuses substances.*

Record the details, where known, of each parent/carer and any significant others involved with the unborn baby, child or young person. Include details of who has parental responsibility for the unborn baby, child or young person and if a significant other is included, record what their relationship is to the unborn baby, child or young person.

Record details of the family’s first language and the family’s immigration status. Please include other relevant information, for example:

* Do the family require an interpreter or signer?
* Are there any risk factors that need to be considered before a home visit is made? A copy of the EHA will be shared with the family and other professionals once it is completed, so please be sensitive as to how this information is recorded

**Dads**

In some families, the dad may not be living with the family. In this case, you are advised to seek consent from the primary carer to contact the dad, so that you can ask him to be involved with the EHA. Ensure you are fully aware of the family’s circumstances before you do this however, as there may be particular risks to consider before contacting the dad, such as in cases of Domestic Abuse.

**4.3 Referrer’s / Assessor’s details**

Please add your own details here, as you are the Referrer / Assessor. Include your contact details, details of when the assessment took place, and which professionals and family members engaged with the assessment.

**4.4 Signs of Safety assessment**

Accurately assessing the strengths and needs of the family is important in deciding which services need to be involved. We understand that you may not be able to complete all sections of the form in full, however you are encouraged to complete all sections as fully as possible, based on your professional knowledge of the family. One aim of the EHA is to avoid the need for families to keep retelling their story, so the more information you can include at this stage the better, as this will save time further down the line.

The assessment follows the Signs of Safety approach and explores:

* What’s working well?
* Family strengths
* Safety in the family
* What are we worried about?
* What is happening now?
* Past worries
* Other factors to consider
* Next steps
* Well-being goals

Additional training on the Signs of Safety assessment approach is available online via the LSCB website, as well as a 2-day classroom-based course.

Consider each of the assessment areas from the whole family’s perspective, starting with the strengths and then concentrating on the presenting issues/concerns. Wherever possible, base comments on evidence, not just opinion and indicate what the evidence is. It is important to distinguish between fact, opinion and observation when recording the information. The views of the children, young people and their parents/carers need to be sought when completing the assessment, and should be recorded on the EHA form.

The content of the EHA should be open and transparent, and written using language that the family will understand. Parents should be given a copy of the completed EHA, unless there are safeguarding concerns and to do so could put a child or young person at risk. You should also make it clear what the consequences might be if no action is taken to address the family’s needs.

When assessing families, it is advisable to use a motivational interviewing approach covering the 4 basic skills areas, known as OARS:

* **O**pen questions
* **A**ffirm what the person says
* **R**eflect back on what the person says
* **S**ummarise and draw together the person’s own perspective on change

Further information on the OARS motivational interviewing approach is included in Appendix 2. To help you complete the EHA, the appendix also includes examples of the types of questions you may want to ask.

**Scaling question/s**

The scaling question/s are intended to highlight your concerns as the professional completing the assessment and the family’s engagement with their concerns. The concern needs to be phrased in a question which indicates the best and worst case scenario, and requires you to define the concern numerically.

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| **Scaling question/s:** | **Safety scale:**  (0 is least safe,  10 is most safe) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completing the scale will provide a picture of where the family are at the time of the assessment, and will help to ensure that the action plan and interventions are relevant to the family’s needs. Examples of scaling question/s are contained in Appendix 1.

**Working with Families nomination criteria**

Please indicate, where known, which of the Working with Families criteria the family meets. Further information on the national and local criteria are detailed in Appendix 3.

**4.5 Services already involved with the family**

Record the details of other services already involved with the family, particularly involvement with schools, health and social care.

**4.6 Goals and actions**

There should be a clear link between the assessment information gathered, the family’s goals, and the Action Plan. It should also be clear which family member each action applies to, who is going to complete the action and by when. The family need to be fully involved in designing their Action Plan and the actions need to be SMART:

* **S**pecific
* **M**easurable
* **A**chievable
* **R**elevant
* **T**ime-bound

It is good practice – and a way of empowering a family – to give actions to individual family members. The purpose of the EHA is not to make a family dependent on a professional and/or a service intervention, it is to empower family members to achieve positive outcomes for themselves.

**4.7 Family’s views**

It is essential that the voice of the child is captured during the assessment, even if the child is aged under 5 or non-verbal. There are a number of tools to help you to capture the voice of the child and examples of these are included in Appendix 4. It is also important to record the parents/carers’ views of the assessment and Action Plan.

**4.8 Consent for information sharing and storage**

Consent should have been gained from the parents/carers of the children and/or young people you are supporting **before** completing the EHA. There are exceptions when consent is not required, for example, if there are safeguarding concerns for a child or young person’s welfare.

When you help parents/carers to understand the purpose and benefits of the EHA, it becomes easier to gain their consent to share information with the relevant agencies that need to be

involved. Sharing information also prevents families from having to repeat their stories to different professionals before receiving support.

There is an increasing emphasis on joined up, integrated working across services, with the aim of delivering more effective intervention at an earlier stage. Early intervention aims to prevent problems from escalating and to increase the chances of achieving positive outcomes for families.

In this section, it is also important to record the details of any agencies or information that the family does not want shared. The 7 golden rules for sharing information appropriately are:

* **Remember that the Data Protection Act is not a barrier to sharing information,** but provides a framework to ensure that personal information about living persons is shared appropriately
* **Be open and honest** with the person (and/or their family, where appropriate) from the outset about why, what, how and with whom information will, or could be shared and seek their agreement, unless it is unsafe or inappropriate to do so
* **Seek advice** if you are in any doubt, without disclosing the identity of the person, where possible
* **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case
* **Consider safety and well-being,** and base your information sharing decisions on considerations for the safety and well-being of the person and others who may be affected by their actions
* **Necessary, proportionate, relevant, accurate, timely and secure.** Ensure that the information you share is necessary for thepurpose for which you are sharing it, is shared only with thosepeople who need to have it, is accurate and up-to-date, is sharedin a timely fashion and is shared securely
* **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

**4.9 Additional information**

If you are using the EHA to refer onto another agency, you may be asked to include additional information in this section specific to the agency you are referring to. As implementation progresses and more agencies accept the EHA as a referral, further guidance will be issued with regards to completing this section.

**5. What do I do once I have completed the EHA?**

Please email your completed EHA and supporting documents to: [EHA@brent.gcsx.gov.uk](mailto:EHA@brent.gcsx.gov.uk)

Eventually, the EHA will be completed and submitted on-line via a secure e-portal. Further guidance will be issued on how to complete and submit the EHA on-line when the system goes live.

**6. What happens next?**

You will be contacted by someone from the team within 5 working days following the submission of your EHA to confirm the next steps.

**7. What training and support is available?**

For further information, guidance or support with completing the EHA, contact a member of the EHA team on 020 8937 2711.

There is a rolling programme of multi-agency training to support you with:

* Completing EHAs (on-line and classroom based)
* Using the Signs of Safety approach
* Taking on the Lead Professional role and facilitating Team Around the Family (TAF) meetings
* Taking on the Lead Worker role for working with families
* Using the Outcome Star

Training can be delivered at your setting if there are 5 or more professionals to be trained. For further information about EHA training, or to discuss your service’s training needs, please contact the EHA Training and Support Officer on 020 8937 2711.

**8. Early Help professionals group meetings**

Early Help Professionals group meetings are arranged by the EHA team and take place termly. They are rotated around different schools and children’s centres across Brent. The meetings provide an opportunity for cross-sector peer support, and the sharing of best practice around the use of the EHA and multi-agency working. In addition, speakers are brought in to discuss particular topics or specific areas of practice. To find out when the next Early Help Professionals group is scheduled to meet, please contact a member of the Early Help service for more information.

**9. Appendices**

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| **No** | **Appendix** | **Document** |
| **1** | **EHA completed examples**   * Brent Family Solutions (BFS) * Under 5 Specialist Nursery Panel (U5SNP) - please be mindful of the EYFS main areas:   -> communication and language -> physical development -> personal, social and emotional development |  |
| **2** | **Motivational Interviewing (OARS)** |  |
| **3** | **Working with Families nomination criteria** |  |
| **4** | **Tools for capturing the voice of the child**   * SoS direct work tools * Examples of completed tools |  |