



Medway Early Help Tool Kit – a reference resource April 2017

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PURPOSE

The purpose of this Medway Early Help tool kit is to provide in one reference document:

- hints and tips about undertaking an Early Help Assessment (EHA) (having an Early Help conversation) with a family
- instructions/explanations for completing an Early Help Assessment
- guide to the definitions for each element of the Early Help Assessment
- example questions that could be used
- hints and tips and instructions/explanations for completing the EH Review document

Together with the Checklist for Early Help Leads, medway.gov.uk link the tool kit will provide all the information you need to use the Medway Early Help process from start to finish to support families.

Early Help resources

All Early Help resources are available on medway.gov (insert link)

Early Help Transformation Team (EHTT)

If at any stage, you need support or advice please contact the Early Help Transformation Team on 01634 338746 or email ehsupport@medway.gov.uk .

Sharing Early Help documents

Early Help documents can be sent

1. Via Egress link to Egress doc

2. Preferred method if secure email available

- a. if you have a medway.gov.uk email address you can send an email securely to other medway.gov.uk addresses
- b. if you are able to use the secure CJSM platform then you can send a secure email to ehsupport@medway.gov.uk.cjasm.net and other cjasm.net addresses (if you are not part of the CJSM set up your email will bounce if you try to use a cjasm.net address)

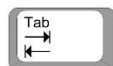
3. By post, or via the school courier – in an envelope marked “Private and Confidential”

To: The Early Help Transformation Team, Medway Council Gun wharf, Dock Road, Chatham, ME4 4TR

Adult/Child/Young Person 1 etc.

Always use the same boxes for each of the people within the EHA e.g. if you start with Eric as Child 1, every box for Child 1 throughout the EHA must be about Eric

Tab key use



If you use the tab key

At the end of any sections in any of the documents it will create another line e.g.

Before tab key has been used:

Details of private fostering / kinship arrangement

--

After tab key was used:

Details of private fostering / kinship arrangement

To remove the extra lines (if they are unwanted) go to Edit near the top of your screen and choose option Undo Typing.

Checkboxes

To complete a checkbox i.e. put a cross in the box you have selected click on the box

Gender	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Text Boxes expand when typing

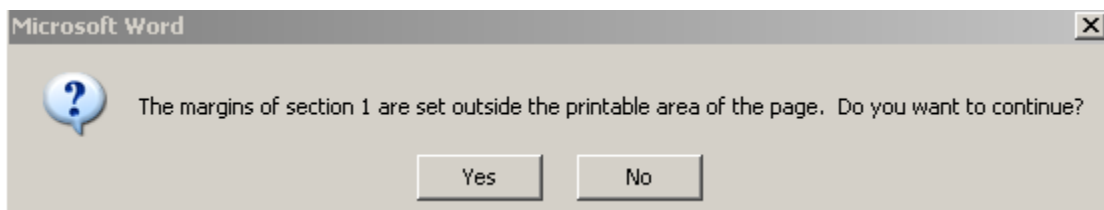
When you type into the boxes on the documents they will expand.

Spell check

The spell check function will operate throughout the documents

Printing

When you have completed the document and want to print it out – the following message/prompt may appear (possibly several times!)



Just click on “yes” each time and then the document will print.

If you want to print on both sides of the paper and you have a duplex option select “open to left”.

Voice of the child/young person and family

Please make sure that you record information given by the family and their views. We need to ensure that the voice of the child and family is included at every stage of the Early Help process

Before you start a piece of Early Help work with a family make sure you prepare.

Preparation

Do

- Use Checklist for Early Help Leads medway.gov.uk It is recommended that you print out a new version to use for each family and keep it on file to check your progress (particularly helpful if the case needs to be transferred to someone else)
- Risk assess – make sure that the venue and circumstances are safe for everyone involved (including you)
- Choose a venue where your conversation can't be overheard and you won't be interrupted
- Have all the resources you need ready - blank EHA, refreshments, tissues, etc.
- Remember you are working with the family to try to improve outcomes
- Keep it simple. Try not to use jargon and acronyms
- Remember to smile and encourage as appropriate to put everyone at ease
- Be aware of cultural issues
- Remember that the EHA can be used for unborn babies and for up to 18 year olds or up to 24 years if there is a learning disability or difficulty, so not all questions are relevant to all children or young people – use your judgement on which questions to ask for each family member.
- Leave time and space for the family to think before they answer - don't ask too many questions at once
- Remain positive but don't make any promises about what can definitely be achieved
- If information is not provided record it as "Not given"
- If a section is not applicable to a family member put "NA"

Don't

- Try to solve problems or suggest solutions as you go, listen and make notes ready for the 'What needs to change?' section near the end of the EHA
- Think that you have to ask every question – use your judgement to decide on what is important/relevant

Support

The family can have a friend with them to provide support and help them feel more confident. Friends/supporters must be made aware that the information should not be repeated without consent.

Notes/recording information

Also with the child/young person and parent/carer's consent you could ask a colleague to take some notes for you to save time. The information can be recorded in whatever format suits you best, for example with a young person you could draw a mind map together. The information needs to be included on the EHA eventually but how you record it initially is up to you. There is no need for a "clipboard" style interview.

You can type the EHA at the same time as you have the Early Help conversation – but don't let your pc/laptop/tablet become a barrier to good communication.

DOCUMENT COMPLETION

Always go to the medway.gov.uk **put in link** download the most up to date version of the Early Help documents. Never use a copy that you have saved previously.

When completing the EHA

Do

- Be accurate – if there has been an issue with non-attendance at school for example, specify how long it's been a problem, 3 weeks or 3 months?
- Use acronyms (but only sparingly) and the first time you use a phrase, for example Medway Council, write or type it in full and put the acronym in brackets after it – Medway Council (MC) – next time you want to use it in the same document you can just write or type MC.
- Use the Early Help Lead Self-Assessment Checklist to help you check that you've covered everything (optional)
- Base comments on evidence – what the family member has said or what you've observed
- Record opinions carefully e.g. "Michael said he thinks his dad is an alcoholic"

Don't

- Write an "essay" in each box – short, succinct, clear information makes it easier for everyone to understand the strengths and needs of the family when they read the EHA.
- Get too worried about which box information goes in – you can always cross reference
- Feel that you have to repeat information in a number of boxes – cross reference instead
- Use service specific descriptions/words that might mean very little to other services or the family

Early Help Assessment (EHA)

There are two versions of the EHA available at medway.gov.uk **add link**

If the EHA is for 1 to 5 children use the version for up to 5 children living in the same household.

If the EHA is for 6 to 10 children use the EHA for up to 10 children living in the same household.

If there are more than 10 children call the Early Help Transformation team on 01634 338746 or email ehsupport@medway.gov.uk and we will send you a larger version.

EXAMPLE QUESTIONS

The example questions are **NOT** intended to be used as a 'script' (and not all questions will need to be asked), but might help you decide what to ask and how. Use your experience and professional judgement to decide which questions to use to explore and evidence areas of strengths and need within families.

Your style of questioning and methods of communication may need to be adapted to suit children and young people of different ages. Many of these questions can also be applied to adults and, where this is appropriate, should be worded accordingly. Stay sensitive to the impact that other, possibly undisclosed, issues such as domestic violence, and may have in relation to how easy it will be for family members to answer questions.

Sometimes there may be issues (such as the undisclosed ill health of a parent or financial difficulties), which parents might not want to discuss in front of their children or vice versa. In many cases children or young people and parents/carers will both be present at an Early Help assessment meeting (conversation), but it should be made clear that both have the right, if they choose, to see the practitioner separately and this should be presented positively.

EHA sections

General

Do not leave any boxes empty – always put something in to indicate that the section was considered. If no information was provided for a particular box, record “not given”. If a box does not apply to that person, record “NA”

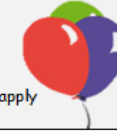
On the next pages, extracts of the Medway EHA are included followed by (where appropriate):

- Hints/tips
- Instructions/explanation
- Example questions

SECTION 1 – IDENTIFYING DETAILS

Parents/carers who have parental responsibility

Early Help Assessment for up to 5 children living in the same household



Notes for use: If you are completing the form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an 'X' in those that apply

BEFORE YOU START AN ASSESSMENT - Call the Early Help Transformation Team on 338746 - to see if there is already one in place

DATE ASSESSMENT STARTED:

Section 1 - Family details

Address where the family live:

Parent(s) / Carer(s) Details - People with parental responsibility. If additional, please use wider family

Adult 1	First Name		Surname		Date of Birth		Ethnicity	
	Religion		Relationship to Child(ren) / Young Person			Contact Tel:		

Parent(s) / Carer(s) Details - People with parental responsibility. If additional, please use wider family

Adult 2	First Name		Surname		Date of Birth		Ethnicity	
	Religion		Relationship to Child(ren) / Young Person			Contact Tel:		

Hint/tip

Make sure you record the date the assessment started.

Pre-fill - if you already know the parents/carers' names and address etc. fill it in before you meet. But always double check with them on the day as addresses, phone numbers and even names can change.

If they do not want to give their date of birth, or religion please record "not given" for those boxes. If there are more than 2 people with parental responsibility you record these in the wider family boxes on the following page

Child/young person details

Child / Young Person Details:

Child 1	First Name(s):	Family Name(s):	DOB / Due Date	Gender		Ethnicity	Religion	Disability		Details of Disability
				Male <input type="checkbox"/>	Female <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child 2	First Name(s):	Family Name(s):	DOB / Due Date	Gender		Ethnicity	Religion	Disability		Details of Disability
				Male <input type="checkbox"/>	Female <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child 3	First Name(s):	Family Name(s):	DOB / Due Date	Gender		Ethnicity	Religion	Disability		Details of Disability
				Male <input type="checkbox"/>	Female <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Hint/tip

Pre-fill - if you already know the child/young person's name and address etc. fill it in before you meet. But always double check.

Instructions/explanation

If they do not wish to give you information about religion etc., or do not know their NHS number please record "not given".

Ethnicity – please use one of the ethnicity options shown below

Ethnicity options

White - English	White - Cornish	White - Greek	White - Traveller	Mixed - Other mixed	Asian - Indian	Asian - Tamil	Chinese
White - British	White - Former Yugoslav Republics	White - Italian	White - Turkish	Mixed - White and Asian	Asian - Kashmiri	Black - African	Filipino
White - Cypriot	White - Northern Irish	White - Kosovan	White - Turkish Cypriot	Mixed - White and Black African	Asian - Mixed	Black - British	Japanese
White - Scottish	White - Former USSR Republics	Mixed White	Mixed - Asian and Chinese	Mixed - White and Black Caribbean	Other Asian	Black - Caribbean	Malaysian
White - Welsh	Other White European	Other White	Mixed - Black and Asian	Asian - Bangladeshi	Asian - Pakistani	Black - Mixed	Vietnamese
White - Irish	White - Irish Traveller	White - Croatian	Mixed - Black and Chinese	Asian - British	Asian - Punjabi	Black - Nigerian	Other
White - Albanian	White - Greek Cypriot	White - Polish	Mixed - Black and White	Asian - Caribbean	Asian - Sinhalese	Other Black	
White - Bosnian	White - Gypsy/Romany	White - Serbian	Mixed - Chinese and White	Asian - East African	Asian - Sri Lankan	Black - Somali	

Instructions/explanation

Record the ethnicity information that the family members give you.

Immigration status/Special requirements

Immigration status	Family first language
Is an interpreter or signer required for any of the family members? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, has this been arranged? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of any special requirements (for any of the family members)	

Hint/tip

Be aware that immigration status could be different for different members of the household and record appropriately. Details of any special requirements (for any of the family members) could cover the need for an accessible room for meetings if a member of the family has mobility issues, or if a child/parent lip reads and needs to be able see faces clearly etc.

Wider/extended family

Wider / Extended Family (if relevant)

(e.g. family structure including other parent (s) / carer (s), step parents, siblings, other significant adults who help the family etc.; who lives with the child and who does not live with the child)

Name		Relationship to child/YP		Address	
DOB				Inc. tel no.	

Name		Relationship to child/YP		Address	
DOB				Inc. tel no.	

Instructions/explanation

If are more than 2 parents/carers with parental responsibility you should put their details here and under “Relationship to child/YP” add “Parental responsibility for.....”, include the name of all the children they have parental responsibility for.

Also record details of any parents/carers who do not have parental responsibility here

Other significant adults could include a supportive neighbour or a grandparent, uncle or aunt, adult siblings etc.

Services working with the family

Services Working with the Family

(Are there any other services working with any of the family members that we can contact and ask them to attend the reviews? (for example SEN, Adult Mental Health, Adult Social Care, Probation etc.). Please indicate if this is a current or previous involvement with child, young person or family)

Agency name	Practitioner name	Practitioner role	Contact number and E-mail address	Family member(s) with whom this practitioner is involved	Current? YES/NO

Instructions/explanation

Record all of the services that work with any of the family members currently and services that have worked with family members.

Hint/tip

Try to get as much information about other services already working with the family or who worked with them previously. If the family needs multi-agency support these services could be invited to review meetings.

If more lines are required you can use the tab key in the last box of the section, another line will be created and you can add more information

Private fostering

Is any child/young person in a private fostering* or a kinship arrangement? Yes No

If private fostering, and with consent, a copy the EHA to be sent to Private Fostering, Children's Social Care, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR

Details of private fostering / kinship arrangement

Instructions/explanation

Ask the family if there is private fostering arrangement in place for any of the children. If there is ask for their consent to share the completed EHA. If they agree please send a copy of the completed EHA to the Private Fostering team at the address given

Early Help Lead's details

Details of the Early Help Lead

Name	
Address (including postcode)	

Contact tel.no	
Role	
Organisation	
E-mail address	

Instructions/explanation

These are your details

Reason for assessment and what has already been tried?

What are the issues that have led to this assessment? What has already been tried?

--

Instructions/explanation

Provide clear information about why the Early Help process was started to put the assessment information in context. Once the Early Help assessment is completed if multi-agency support is required, this will be one of the first places on the EHA that potential attendees at the review will be looking for information. A family member could have requested help to support their family. Or it could be that your service had recognised that the family needed support.

Provide as much information as possible about "What has already been tried?" - This could have been by your service, by other services, or by the family themselves.

SECTION 2- Early Help Process Agreement

Section 2 - Early Help Process Agreement

The Early Help process has been explained to me/my family.

I/We understand information about our family will be collected using the Early Help Assessment, and that this information will be stored on a Council database and used for the purpose of providing advice & support for my family and for the evaluation of this support.

I/We understand that in order to offer the best possible support, this information may be shared with schools, health professionals and other organisations relevant to my family. I also agree to this information being provided to any new services should I move out of area or between services.

Date		Name		Signed	
Date		Name		Signed	

Exceptional circumstances: concerns about significant harm to infant, child or young person - (Reminder, practitioner to read out this statement)

If at any time we are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, we must follow the Medway Safeguarding Children Board, safeguarding children procedures.

We will seek the agreement of the child and family before making such referral UNLESS to do so would place the child at increased risk of significant harm.

Instructions/explanation

This section of the EHA **must be completed**

Always read out and explain the “Exceptional circumstances” section

SECTION 3 – STRENGTHS AND POINTS TO BE ADDRESSED

Instructions/Explanation

Each of the sections on the Early Help Assessment is about different aspects of the family's life divided into Strengths and Points to be addressed.

This is to enable you to discuss with the family what is going well for each person in this particular area of their life (Strengths) and about any relevant other information that needs to be recorded (Background Information). Also to ask them about things that are not going so well i.e. Points to be addressed.

Hint/tip

Read the prompts in this box – they will help you

Always try to include some strengths in each section of the EHA – it is good to build on positives.

Section 3 - Strengths and Points to be Addressed

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. Consider each of the elements to the extent they are appropriate in the circumstances

DEVELOPMENT OF UNBORN BABY, INFANT, CHILD OR YOUNG PERSON

A. Health

	Strengths / Background Information		Points to be Addressed
General Health Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information	Adult 1		
	Adult 2		
Physical and sensory development Nourishment, activity, relaxation, vision and hearing, coordination, fine motor skills (drawing etc.), gross motor skills (mobility, playing games and sport etc.).	Child / YP 1		
	Child / YP 2		
Speech, language and communication Preferred communication, language, conversation, expression, questioning, games, stories and songs, listening, responding, understanding	Child / YP 3		
	Child / YP 4		
	Child / YP 5		

Example questions

- Who is your family doctor? When did you last see them?
- Who is your family dentist? When did you last see them?
- Have you had all the immunisations and health checks you should have had?
- What food do you like to eat? What have you eaten today?
- Are you feeling well today? Do you usually feel well?
- Are you taking any medication at the moment? Do you take medication regularly?
- Would you describe yourself as having a disability or special need?
- Do you feel you are the right weight for your height?
- Are you presently receiving or waiting for specialist medical services like a hospital consultation or operation?
- Do you see any other doctors, therapists or nurses on a regular basis?
- Do you feel you are getting all the health services you need? If not, what do you think you are missing and why do you think you are not getting them?
- What things do you do to keep healthy?
- Are you seeing your midwife/health visitor regularly?

- Does anything concern you about the general health of your baby?
- Do you do any physical activities like walking, swimming, running or playing [wheelchair] sport?
- What activities do you like doing best?
- Do you need to wear glasses/hearing aids etc? If so do you have them?
- Do you think you are a similar weight and height to others of your age?
- Do you take your baby, toddler, child to a playgroup or play facilities, for example a parent and toddler group or play area?
- Can your baby/toddler crawl, walk, hold things?
- If your child has any form of developmental delay have any referrals been made so far?

- How is your reading and writing?
- How are you at filling in forms?
- Do you sometimes worry that your spoken English lets you down?
- Do you sometimes find it hard to talk to people?
- Do you have enough support with speech, language and communication? If not, what would help you?
- How does your baby communicate? Does she/he cry when unhappy? Are they making noises or words yet?
- How do you communicate with your child?
- If your child has a visual or hearing impairment or possible developmental delay difficulties have any referrals been made?

B. Emotional/Social and Behavioural Development

	Strengths / Background Information		Points to be Addressed
<p>Emotional and social development Feeling special, early attachments, risking/actual self-harm, phobias, psychological difficulties, coping with stress, motivation, positive attitudes, confidence, relationships with peers, feeling isolated and solitary, fears, often unhappy, leisure opportunities, able to reflect on events and learn from this.</p> <p>Behavioural development Lifestyle, self-control, reckless or impulsive activity, behaviour with peers, substance misuse, anti-social behaviour, sexual behaviour, offending, violence and aggression, restless and overactive, easily <u>distracted</u>, attention span / concentration.</p>	Adult 1		
	Adult 2		
	Child / <u>YP</u> 1		
	Child / <u>YP</u> 2		
	Child / <u>YP</u> 3		
	Child / <u>YP</u> 4		
	Child / <u>YP</u> 5		

Example questions

- What makes you happy or sad? Who do you go to for help if you feel unhappy?
- When you are frustrated, angry or upset, how would people around you know that something was wrong?
- Do you ever do things because they are exciting without thinking about what might happen or that it might get you into trouble?
- Do you find it easy to talk to people about how you feel? How do you feel?
- Have you ever been bullied?
- Who do you spend most of your time with?
- What do you like doing best?
- How much time do you spend on your own?
- Who do you feel close to?
- What do you like doing in your spare time?
- If something happens do you think about it afterwards and think how you might do something different in future?
- When you look at your baby what do they do?
- How do you know if your baby is happy or unhappy?

- How would you describe your behaviour today/usually?
- How do you think other people would describe your behaviour today/usually?
- If you sometimes get into trouble because of your behaviour, tell me what happened last time.
- Can you tell me about a time when you helped somebody?
- How do you know what your baby likes and dislikes?
- Are you worried about any of your baby or child's behaviour

C. Identity, self-esteem, family and social relationships and independence

	Strengths / Background Information		Points to be Addressed
<p>Identify, self-esteem, self-image and social presentation Perceptions of self, knowledge of personal/family history, sense of belonging, experiences of discrimination due to race, religion, age, gender, sexuality and disability</p> <p>Family and social relationships Building stable relations with family, peers and wider community, helping others, friendships, levels of association for negative relationships</p> <p>Self-care skills and independence Becoming independent, boundaries, rules, asking for help, decision-making, changes to body, washing, dressing, feeding, positive separation from family</p>	Adult 1		
	Adult 2		
	Child / <u>YP</u> 1		
	Child / <u>YP</u> 2		
	Child / <u>YP</u> 3		
	Child / <u>YP</u> 4		
	Child / <u>YP</u> 5		

Example questions

- If you had to name one special thing about yourself, what would that be?
- Is there anything about yourself that you don't like?
- What do you think other people most like about you?
- Do you feel you are different from other people?
- Do you feel you "fit in" with family and friends?
- Does the child respond differently to different family members or brothers and sisters?
- Who is in your family? How often you see them?
- What do you enjoy doing with your family?
- How important are your friends to you?
- Do you have a 'best friend'? If so, who is he/she and why are they so special for you?
- Do you have to help to look after anyone?
- Can your baby recognise their mother and/or father's voice?

- How independent are you? What can you do for yourself?
- Do you need any help with day to day living? How do you feel about the help you receive?
- Who will help you learn to be more independent as you grow up?
- Do you get to do what you like to do?
- How do you cope with big changes in your life?

D. Learning

	Strengths / Background Information		Points to be Addressed
Learning understanding, reasoning and problem solving Organisation, making connections, being creative, exploring, experimenting, imaginative play and interaction	Adult 1		
	Adult 2		
Participation in learning, education and employment Access and engagement, attendance, participation, adult support, access to appropriate resources	Child / <u>YP</u> 1		
	Child / <u>YP</u> 2		
Progress and achievement in learning Progress in basic and key skills, available opportunities, support with disruption to education, level of adult interest	Child / <u>YP</u> 3		
	Child / <u>YP</u> 4		
Aspirations Ambition, confidence and view of progress, motivation, perseverance	Child / <u>YP</u> 5		

Example questions

- Do you like reading? If so what do you like to read?
- How are you at sorting out day to day problems?
- What school or college do you go to? How regularly do you attend?
- Do you enjoy school/college/training?
- What might stop you going to school/college?
- If you don't go to school/college at all, why is that? How long have you been out of school/college?

- What are you studying?
- What do you think you are good at doing?
- If you need help and advice about education and learning who can you go to?
- If you are working, what is your job? Do you enjoy your job?
- What do you want to do long term?
- Does your child attend a nursery or playgroup?
- How does your baby interact with others of a similar age?

- How well do you think you are doing at school/college/with your learning?
- What is your favourite subject and why?
- Is English your first language?
- Do you have any qualifications?
- If you don't have qualifications or aren't confident with reading, writing or maths, do you think that this is holding you back?
- If you think you need extra help, how would you like to get this?
- What learning opportunities does the child have?
- Do they have a favourite game or book?
- Does anyone read books to the baby/child?

- What do you hope that learning will help you do?
- What help do you need with learning to make sure you do your best?
- Do you give up easily if you find something hard?
- What are your goals for the future?
- What do you want for your baby/child?

E. Parents and Carers – impact of parenting capacity on a child(ren) or young person’s well being

	Strengths / Background Information		Points to be Addressed
<p>Basic care, ensuring safety and protection Provision of food, drink, warmth, shelter, appropriate clothing, personal, dental hygiene, engagement with services and healthy environment, ability to care for a child with additional needs, young parent.</p> <p>Emotional warmth and stability Stable, affectionate, stimulating family environment, praise and encouragement, secure attachments, frequency of house, school, <u>employment</u> moves.</p> <p>Guidance, boundaries and stimulation Encouraging self-control, modelling positive behaviour, effective and appropriate discipline, avoiding over-protection, support for positive activities & expectations for child or young person</p>	Adult 1		
	Adult 2		
	Child / <u>YP</u> 1		
	Child / <u>YP</u> 2		
	Child / <u>YP</u> 3		
	Child / <u>YP</u> 4		
	Child / <u>YP</u> 5		

Example questions

- Is the place where you live warm enough for you not to need to wear outdoor clothes (like coats and hats) when you are inside?
- Can you make warm food and drinks where you live?
- Can you keep yourself clean where you live?
- Do you have a least one other set of clothes, which are the right size for you, and suitable for this time of year?
- Is there anything about the place you live that makes you feel unsafe?
- If you share the place you live with others, can you be in private when you need to be?
- In an emergency how would you call the services you need?
- Do you feel able to look after your baby, toddler, child and make sure they’re safe?
- Do you feel your home is in good repair and a safe place to bring up children? If not, what would make your home a better place to live?
- Do you feel you need any help to look after your child because and meet her additional needs?

- Who lives with you at home? How long have they lived there?
- Who cares for you and looks after you?
- If you were upset or frightened who would look after you, and make sure you were all right?
- If you do something well, who would be proud, and praise you?
- How long have you lived where you do now, and how many times have you moved home in the last year or so?
- How often do you give your baby, toddler a cuddle?
- How are you coping/managing at the moment?
- How are you coping with looking after your baby/toddler?

- In general are your parents/carers interested in you and involved in what you do?
- Do your parents/carers usually encourage you with your learning; for example, giving you the space and time you need to complete school or college work?
- Do you have a quiet place where you can do your college or school work?
- Do you think your parents/carers sometimes overprotect you, and treat you as younger and as less able than you are?
- If you do something wrong, what happens, and how do the people around you respond?
- How do you react when people ask you to do the things that you don't want to do?
- Does the child respond to NO?
- What rules or boundaries do you think are important for young children?
- Who plays with the child?
- Do you enjoy playing with the child? If so, what do you play?
- Does your unborn baby respond to different music or noises or voices?
- What would you like your children to do when they grow up?

F. Family and Environment – Factors that impact on the child(ren) or young person’s well being

	Strengths / Background information	Points to be addressed
<p>Family history, functioning and well-being Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour, culture, size and composition of household, history of teenage pregnancies, absent parents, relationship breakdown, domestic abuse, physical disability and mental health, abusive behaviour, discrimination due to disability, sexual orientation, identity or heritage.</p> <p>Wider family Formal and informal support networks from extended family and others, wider caring and employment roles and responsibilities.</p> <p>Housing, employment and financial considerations Water/heating/sanitation facilities, sleeping arrangements, reason for homelessness, work and shifts, employment, income/benefits, effects of hardship.</p> <p>Social and community elements and resources, including education Day care, places of worship, transport, shops, leisure facilities, crime, unemployment, anti-social behaviour in area, peer groups, social networks and relationships, religion.</p>		

Example questions

- When you want to know something about your family, who would you ask?
- Is there routine at home, for example, usual meal times, bed times and who will be at home when?
- Think about a really good time you enjoyed with your family. What was it, and what made it so special for you?
- Is there someone in your family that you know and trust that you could turn to for help if you needed to?
- Is there someone in your family that your parents/carers know and trust that they could turn to for help if they needed to?
- Has anyone in your family ever been bullied or picked on because they are disabled, gay or are different?
- How does your baby let you know what he/she needs?
- How does your baby respond to different family members?
- Other than your family that you live with, who is important to you in your life?
- Are there neighbours who you know and trust that you could turn to for help if you needed to?
- Are there people in your neighbourhood or community that your carers know and trust that they could turn to for help if they needed to?
- Can someone who is not really a member of your family, feel like family and be just as important, and do you have anyone like?

- What is it like to live in the area you do?

- At home, who is working and what do they do?
- Does anyone in your family work away from home or at night, so you don't see them very often?
- Does their work mean that your family are always too tired to give you the attention you want?
- Is there enough money, from work and any benefits, to meet your family's needs?

- Which local places do you go to? (For example schools, day nurseries, sports, youth clubs, play and leisure centres, nurseries, libraries etc).
- Are there any local places that you would like to use but can't for some reason?
- If so, why can't you use these facilities (for example cost, transport, inaccessible to disabled people) ?
- When you are out and about locally with friends or family, what sort of things do you do?
- What is the best thing about living where you do?
- What is the worst thing about living where you do?
- Do you think that drugs are bought and sold in your area?
- Do you think there is a lot of crime in your area?
- What local facilities like pre-natal clinics, parent and toddler groups, day nurseries or play schemes, support groups or Children's Centres are available? Do you use them?

SECTION 4. Needs summary

Section 4 - Needs Summary (Please put a X in the box if there is a relating issue. To add new row, press the tab key on your keyboard)

1 Criminal Behaviour -During the Assessment

Individual name	Anti Social Behaviour incidents	Conviction in last 12 months (since review)	Subject to probation / community order/ Less than 12 months from prison release	Potential criminal behaviour (At risk of radicalisation, Gang behaviour)

2 Education -During the Assessment

Individual name	Perm. Exclusion in last 12 months or fixed term exclusions (since review)	Child missing education	Child is home educated?	School attendance issues?	At risk of education failing? (attainment etc)

3 Child in Need-During the Assessment

Individual name	At risk of CSE - Has the CSE toolkit been completed?	Child missing	Child needing help

4 Worklessness

Individual name	In receipt of out of work benefit	Not in Education, Employment or Training

4b financial exclusion -During the Assessment (family question)

Significant Rent arrears YES / NO

Debt impacting on ability to meet basic needs? YES / NO

At risk of homelessness due to breach of tenancy? YES / NO

Have there been any evictions? YES / NO

5 Domestic Abuse

Individual name	Experience DA in the last 12 months (since review) - Has a DASH been completed?	Unaddressed historic DA issues	Perpetrator of DA in the last 12 months (since last review)

+ 6 Health -

Individual name	Alcohol Misuse - Has a DUST been completed?	Drug misuse - Has a DUST been completed?	Mental Health	Self Harm	Not accessing health care at appropriate times	Carer responsibilities	Unhealthy behaviours (obesity etc)

Hints/tips

This helps to identify the needs of the family and links to the Early Help Outcomes Plan.

Section 5 -What needs to change?

Section 5 - What needs to change?

Change	Who for?	View of?			
		Child/YP	<input type="checkbox"/>	EH Lead	<input type="checkbox"/>
		Parent	<input type="checkbox"/>	All	<input type="checkbox"/>
		Child/YP	<input type="checkbox"/>	EH Lead	<input type="checkbox"/>
		Parent	<input type="checkbox"/>	All	<input type="checkbox"/>
		Child/YP	<input type="checkbox"/>	EH Lead	<input type="checkbox"/>
		Parent	<input type="checkbox"/>	All	<input type="checkbox"/>
		Child/YP	<input type="checkbox"/>	EH Lead	<input type="checkbox"/>
		Parent	<input type="checkbox"/>	All	<input type="checkbox"/>
		Child/YP	<input type="checkbox"/>	EH Lead	<input type="checkbox"/>
		Parent	<input type="checkbox"/>	All	<input type="checkbox"/>

Hints/tips

This is completed with the family – **not** afterwards just by the Early Help Lead.

Instructions/explanation

You have listened and made a note of all the information. Now it's time to discuss with the family what they want to change.

Record whose view the identified change is. For example you may have challenged the family constructively about changes that you think might benefit the family – you could record this Change as the view of the EH Lead. Parents and children/young people may have different views about what changes are needed and these can be indicated by completing the “View of?” checkboxes

Try to include some “quick wins” – things that can be achieved relatively quickly to foster a sense of success and progress

Don't forget other points may be added at reviews.

SECTION 6 Outcome of Assessment

Section 6 - Outcome of Assessment

Close Assessment - Family moved out of area <input type="checkbox"/>	Close Assessment - Family withdrawn agreement to continue <input type="checkbox"/>
Progress to Reviews <input type="checkbox"/> - When is the date for the first review: _____ Which services / family member/others do you plan to invite: (Please Note: Reviews should be held at least once in any 8 week period and documents sent to EHTT)	

Copy this form securely to ALL agencies involved, to [child\(ren\)](mailto:child(ren)@medway.gov.uk) and family involved & to Early Help Transformation Team. Use email ONLY if within secure IT exchange environment. Otherwise use FAX or MAIL.

Private and Confidential, Early Help Transformation Team, Integrated Family Support Service, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR. Or by FAX 01634 331503 Or by email ehsupport@medway.gov.uk from @medway.gov.uk, or ehsupport@medway.gov.uk.cism.net from other secure platforms (@nhs.net or @kent.pnn.police.uk)

Instructions/explanation

This is where you record what you will be doing next.

If family move out of area – close EH support

If the family withdraw agreement– close the EH support

Progress to a review - give details of the date of the first review and which services/family members you plan to invite. The first review should be held within 8 weeks of the EHA being completed.

SHARING THE EHA

Once the EHA has been finalised send a copy securely (see page 4 of this toolkit) to the Early Help Transformation Team and to everyone you have invited to the Review.

Reviews

Options for Reviews:

- 1:1 with family
- 1:1 with family and one other service
- Multi-agency

You can choose the most appropriate option for each Review.

Reviews can be held at any time within a maximum 8 week period i.e. at 3 weeks, but the gap between reviews should never more than 8 weeks to ensure that there is no drift or loss of momentum.

Early Help Review document

A EH review document must be completed for each meeting. The EH Lead is responsible for completing the Review document, sending it out after the meeting to everyone who was invited to the meeting and to ehsupport@medway.gov.uk

After the first Review save the EH Review document with the date of the meeting. For following Reviews, use SAVE AS on your computer to save a version of the document that you update and add to for each meeting.

Early Help Review



Date of meeting:

Family Details

Adult 1 Name	Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Address
	Ethnicity:	Religion:	
Adult 2 Name	Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
	Ethnicity:	Religion:	
Child/YP 1 Name	Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
	Ethnicity:	Religion:	
Child/YP 2 Name	Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
	Ethnicity:	Religion:	
Child/YP 3 Name	Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
	Ethnicity:	Religion:	
Child/YP 4 Name	Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
	Ethnicity:	Religion:	
Child/YP 5 Name	Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
	Ethnicity:	Religion:	

Instructions/explanation

Complete the date of the meeting. And then fill out the family details.

The Early Help Lead details will be your details, this could change at future meetings.

Attendance:

Name	Organisation / Relationship to Child/YP	Address	Telephone Number	Email Address	Attended or Report Sent	Apologies or no show
					Attended <input type="checkbox"/> Report Sent <input type="checkbox"/>	Apologies <input type="checkbox"/> No Show <input type="checkbox"/>
					Attended <input type="checkbox"/> Report Sent <input type="checkbox"/>	Apologies <input type="checkbox"/> No Show <input type="checkbox"/>

Attendance

Instructions/explanation

Use this section as an attendance sheet. Make sure that everyone completes his or her details.

Please make sure that you check one of the Attended or Contribution received or Apologies or No Show boxes. This information will be logged by the Early Help team and help us identify which services support the Early Help process and any which consistently fail to engage etc. This will then be reported to managers.

Needs summary

A Needs summary was completed during the assessment and a new Needs summary has to be completed at each Review Meeting.

Needs Summary (Please tick X in the box if there is a relating issue. To add additional members, press the tab key on your keyboard)

1. Criminal Behaviour - During the Assessment / since the last review.....

Individual name	Anti Social Behaviour incidents	Conviction in last 12 months (since review)	Subject to probation / community order/ Less than 12 months from prison release	Potential criminal behaviour (At risk of radicalisation, Gang behaviour)

2. Education - During the Assessment / since the last review.....

Individual name	Perm. Exclusion in last 12 months or fixed term exclusions (since review)	Child missing education	Child is home educated?	School attendance issues?	At risk of education failing? (attainment etc)

3. Child in Need - During the Assessment / since the last review.....

Individual name	At risk of CSE - Has the CSE toolkit been completed?	Child missing	Child needing help

4. Worklessness

Individual name	In receipt of out of work benefit	Not in Education, Employment or Training

4b financial exclusion - During the Assessment / since the last review.....(family question)

Significant Rent arrears? YES / NO

Debt impacting on ability to meet basic needs? YES / NO

At risk of homelessness due to breach of tenancy? YES / NO

Have there been any evictions? YES / NO

2

5. Domestic Abuse

Individual name	Experience DA in the last 12 months (since review) - Has a DASH been completed?	Unaddressed historic DA issues	Perpetrator of DA in the last 12 months (since last review)

6. Health

Individual name	Alcohol Misuse - Has a DUST been completed?	Drug misuse - Has a DUST been completed?	Mental Health	Self Harm	Not accessing health care at appropriate times	Carer responsibilities	Unhealthy behaviours (obesity etc)

Desired Outcomes

Desired Outcomes - Please record the long term desired outcomes for the family using Medway Early Help Outcomes Plan- one desired outcome for each family member.

Desired Outcome (what will success look like?)	For which family member?	Estimated Date for closure	What has changed for the family? (to be completed on closure)

Instructions/explanation

At the first meeting everyone agrees the Desired Outcomes for each family member.

The Desired Outcome = WHAT WILL SUCCESS LOOK LIKE = a word picture of what SMART changes are wanted by/for the family members

Each family member would have 1 summary Desired Outcome (not several)

There may also be an additional Desired Outcome for the whole family

The Desired Outcomes are **not** actions

Every Desired Outcomes must be SMART – specific, measurable, achievable, realistic, time based and linked to the Medway Early Help Outcomes Plan

Record which family the Desired Outcome is for and the estimated date for the Early Help process to close.

Hint/tip

You do not complete the final column until the final Review – this is left blank at all other meetings

Actions

⊕ Actions to achieve desired outcomes

Which Family Member	Action	Date when action was agreed	Who will do this?	By what date?	Action complete? (Yes or No and date of meeting)	Progress update on the action if it has not been completed (include the date of each meeting that an update is given)

Instructions/Explanation

This is the HOW

At the first meeting the initial actions that need to happen to achieve the Desired Outcomes will be agreed.

Make sure that you include the **Meeting date the action was agreed, Who will do this?** and **By what date?**

Hint/tip

Try to break the actions down into manageable chunks – don't set anyone up for failure by making them huge or all long-term actions. Try to include some "quick wins" – things that can be achieved relatively quickly to create a sense of success and progress.

To avoid it getting overwhelming some of the actions might need to be completed before setting new actions.

There should always be actions for the family. Early Help is not about everything being done for them (or to them). They need to be part of the plan and take responsibility for actions too. This will also help them to become more empowered.

You can't commit other services to any actions but you can indicate that help from other services will be investigated.

Other relevant information or updates

Other Relevant Information or updates

Instructions/explanation

This box does not need to be completed, only include additional information or updates that it would be useful to record in addition to the actions.

Family and practitioner comments

Family comments	Practitioner comments

Instructions/explanation

To ensure that the voice of the child/family is recorded at every stage, this must be completed at each meeting.

Meeting outcome

Meeting Outcome									
Outcomes Achieved	<input type="checkbox"/>	Good Progress	<input type="checkbox"/>	Some Progress	<input type="checkbox"/>	Stayed the same	<input type="checkbox"/>	Things are worse	<input type="checkbox"/>
Can the Early Help intervention be closed?									
NO <input type="checkbox"/> the next review date will be _____ Time _____ Venue _____									
YES <input type="checkbox"/> please complete the Closure section below and return to EHHT									

Instructions/explanation

To ensure that the progress of the Early Help process can be measured at each stage, this must be completed at each Review meeting.

Early Help closure

This section is only completed when you hold your final Review meeting. (You will also need to complete the final column in the Desired Outcomes section of the document.)

Early Help Closure (To be completed if Early Help intervention is closing)

*Closure reasons	
1-Desired outcomes achieved	7-Accepted Social Care
2-Outcomes partially achieved	8-Consent withdrawn
3-Looked after child (LAC)	9-Deceased
4-Transferred to adult services	10-Moved out of area
5-Family non engagement	11-Other, please specify below
6-Services not available	

	Closure Details
Adult 1	Closure Date:
	Closure Reason:
Adult 2	Closure Date:
	Closure Reason:
Child / YP 1	Closure Date:
	Closure Reason:
Child / YP 2	Closure Date:
	Closure Reason:
Child / YP 3	Closure Date:
	Closure Reason:
Child / YP 4	Closure Date:
	Closure Reason:
Child / YP 5	Closure Date:
	Closure Reason:

Children / YP Closing Comments:

Parent / Carer's Closing Comments:

Early Help Lead Closing Comments:

If 'other' closure reason - please specify:

Instruction/explanation

Complete Closure date and select a number from the list above for the closure reason, e.g. if it closed because all Desired Outcomes had been achieved you would put 1 as the closure reason.

Ask the family to complete their closing comments – this is very important to ensure that the voice of the child and family is clear at this last stage of the Early Help process.

Also complete the EH Lead's closing comments.