

## **Isle of Wight Children's Services** **Early Help Assessment (EHA)**

*The EHA is a shared assessment and planning framework to support children and families, helping to identify unmet needs and services earlier. Using the EHA helps us develop a common understanding of strengths, as well as needs and how to work together to meet them.*

*The Early Help Service monitors and supports this multi-agency response and offers guidance to professionals who contribute to the assessment and ongoing planning and reviews.*

### **Guidance for completing the EHA:**

Wherever possible, assessments should be completed by a professional who has attended the Early Help and Information Sharing training course, provided by the Isle of Wight Council's Early Help Coordinators. Information on this training can be found on [www.iwight.com](http://www.iwight.com) by using the following link; <https://www.iwight.com/Council/OtherServices/Childrens-CAF/CAF-Best-Parctice-and-Tools> If you have not completed the training and you are unable to identify a professional who has and is able to complete the EHA, please contact the Early Help Coordinators.

An EHA cannot be accepted until it has been considered by the Children's Reception Team (Hants Direct) and is therefore allocated to the Early Help team. Please follow the flowchart on page 2 for more information and the contact details.

Please ensure that all children are considered as part of the EHA. You may wish to speak to other professionals for children who you do not directly work with (such as children attending a different school) in order to write a more holistic assessment for the family. Where a child is under the age of 5 years, please confirm that the named Health Visitor has been contacted and invited to the first TAF meeting.

It is important to remember that all sections of the EHA must be completed before submitting it to the Early Help Coordinator; there is a checklist to help you.

You will find prompts for each section on pages 6, 7 and 8. These are just a guide to assist you; you do not have to answer all of these. Consider each of the elements to the extent they are appropriate in the circumstances. 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. Complete for all children in the family where there are additional needs/concerns. *Please note, the boxes expand to accommodate information.*

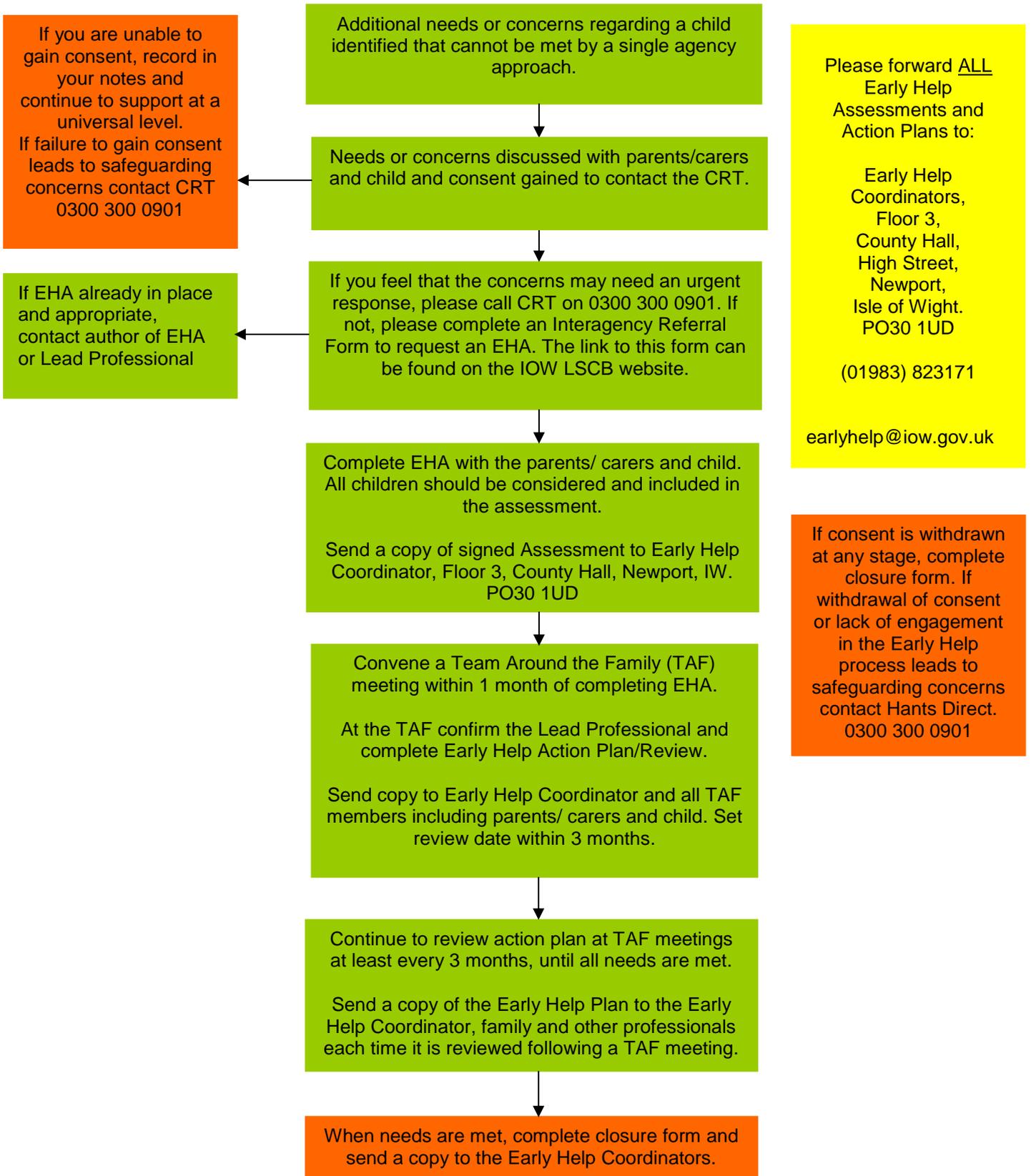
Signed consent is extremely important; otherwise the EHA will not be processed.

Barnardo's Strengthening Families: We strongly advise that all families who you complete an Early Help assessment for should have a Strengthening Families 'Intensive' referral alongside it. Please ask the Early Help Coordinators for a copy of this referral form. If you do not complete the referral, the Early Help team may contact you regarding this. If you do not complete a referral, the Strengthening Families team will monitor the family under their 'non intensive' service in order to attach Payment By Results (PBRs) to draw down funding to further sustain Early Help within the Local Authority.

**If you have any queries about the EHA process at any time, please contact the Early Help Coordinators on (01983) 823171.**

## Isle of Wight Early Help Assessment Process Flowchart

If at any time during this process you suspect or find that a child is suffering or is likely to suffer from significant harm, stop and contact the Children's Reception Team (CRT) on 0300 300 0901.



## EARLY HELP ASSESSMENT

Please confirm the date that you have notified Hants Direct of your intention to undertake this assessment:

### Details of all children in the family (please insert additional rows if required)

Name	DOB or EDD	Gender	Address and postcode	Ethnicity	Education setting and/or named Health Visitor (if applicable)	State if parents <b>would not like</b> the child to be included and why:
		M/F				
		M/F				
		M/F				
		M/F				
		M/F				

### Details of parents and carers of the children in the family

Name	DOB	Parent of which child(ren)	Gender	Address and postcode (if different)	Ethnicity	Are they involved in the EHA?
			M/F			Y/N
			M/F			Y/N
			M/F			Y/N
			M/F			Y/N

<b>Any other <u>significant people actively involved</u> with the family</b>				
<i>Name</i>	<i>Gender</i>	<i>Address and postcode</i>	<i>Relationship to children</i>	<i>Are they involved in the EHA?</i>
	<i>M/F</i>			Y/N
	<i>M/F</i>			Y/N

<b>Details of person(s) undertaking assessment</b>			
<i>Name</i>	<i>Role</i>	<i>Contact details</i>	<i>Lead Professional?</i>

**Assessment completion date** .....

<b>Agencies currently working with the child and family</b>			
<i>Name</i>	<i>Role</i>	<i>Contact details</i>	<i>Description of current involvement and which member of the family they are working with</i>

<b>Why has this assessment been started?</b> (please select all of the areas which would benefit from support)			
Relationship difficulties at home		Domestic abuse	
Relationship difficulties at school		Parenting	
Behaviour: home/community		Risk Taking Behaviour	
Behaviour: school		Teenage pregnancy	
Attendance at educational setting (please record current attendance)		Housing/ Economic issues	
Exclusion from educational setting		Mental health (parent/carer)	
Not in education, employment or training		Concerns regarding emotional wellbeing (child)	
Child's development/ learning		Child disability	

Drug/alcohol issues (child)		Parental disability	
Drug/alcohol issues (parent/carer)		Low level/ emerging neglect	
Offending behaviour (parent/carer)		Offending behaviour (child)	
Young Carer		Missing episode(s)	
Other: (please describe)			

### Reasons for commencing an EHA

*This could include:*

- *how the information has been obtained*
- *actions you have taken to date*
- *what you are hoping to achieve from the EHA*

## Development of the child or children

### Health

**General Health** – *Does the child have any conditions or impairments? Does the child have access to and use a dentist, GP, optician? Are the child's immunisations and developmental checks up to date? Does the child attend regular health appointments? Are there any recent hospital admissions or accidents? Does the family require health advice and information? Are the child's essential health needs being met? Are there any untreated health conditions?*

**Physical development** – *Does the child receive sufficient nourishment? (E.g. only eats certain foods, has a specific diet, food intolerance or allergies). Is the child involved in regular activities? Is there sufficient relaxation time? Does the child have vision and hearing impairments? How is the child's fine motor skills development? (i.e. Difficulties with mobility, playing games and sport etc)*

**Speech, language and communication** – *What is the family's preferred method of communication and language? Can the child engage in conversation, demonstrate expressions, ask questions, and participate in games, stories and songs? What level of listening, responding, and understanding does the child have?*

**Emotional and social development** - *Is the child made to feel special? Does the child have positive attachments with main carers? Is/were there early attachments concerns? Are there any concerns relating to possible or actual self-harm? Does the child have any phobias, psychological difficulties or problems coping with stress? Are there any concerns about the child's motivation, attitudes, confidence or relationships with peers? Does the child feel isolated and solitary and express fears? Is the child often unhappy?*

**Behavioural development**- *Is the child's lifestyle stable? Does the child demonstrate self-control? Are there concerns about reckless or impulsive activity, behaviour with peers, substance misuse, anti-social behaviour, sexual behaviour, offending, violence and aggression, restlessness and over-activity? Does the child become easily distracted or have a short attention span/limited concentration? Is there any diagnosis relating to behaviour or development of the child?*

**Identity, self-esteem, self-image & social presentation** – *Does the child have positive perceptions of themselves? What level of knowledge does the child have in relation to personal/family history? Is the knowledge positive or complex? Does the child demonstrate or express a sense of belonging? Are there any experiences of discrimination due to race, religion, age, gender, sexuality or disability?*

**Family & social relationships**- *Does the child have stable relationships with family, peers and wider community? Is the child involved in helping others? Do they care for any family members? Does the child have positive friendships? Are there any concerns about negative relationships and peer pressure? What are the family dynamics?*

**Self-care skills and independence**- *Does the child have opportunities to develop independence skills? Is the level of independence age appropriate? (Feeding, washing, dressing, toileting, recreational activities) Are there effective boundaries and rules in place? Does the*

*child have opportunities to seek help, make decisions and gain guidance? Is the child's presentation clean and tidy? Are there any concerns with personal hygiene? Do they wear adequate clothing? (The right size, appropriate for weather conditions).*

## **Learning**

**Participation in learning, education and employment** – *Does the child have access to education and learning? How positive is the child's engagement with learning? (Attendance %, participation, adult support, access to appropriate resources) Does the child have a range of toys, equipment and activities which encourage learning and provide stimulation?*

### **Progress and achievement in learning**

*What is the child's current progress in basic and key skills? Do they have suitable available opportunities? Are there adequate support measures in place? Are there any issues which disrupt their education? What level of adult interest is shown in the child's progress? Does the child receive encouragement and guidance to achieve?*

### **Aspirations**

*Does the child have ambition and motivation? Do they feel confident that they can achieve?*

Using the prompts above, please comment on the children's learning and development for all children, both the strengths and also areas for improvement:

## **Parents and carers**

**Basic care, ensuring safety and protection** – *Does the child have adequate food and drink? Does this meet the nutritional needs of the child? Does the child have sufficient warmth and shelter? (i.e suitable housing, good home conditions, heating, water) Does the child have appropriate clothing? (Weather and season appropriate) Are the child's personal hygiene needs being met? Do they have good dental hygiene? Do the family engage with services? What is the health and safety of the living environment? Does the parent have any disabilities or ill health? Is the child expected to provide care to the parent? Are there any episodes of the child going missing? Has the child been formally reported missing? Is there efficient internet monitoring? (Concerns of child's internet safety) Are there risks of CSE?*

### **Emotional warmth and stability-**

*Is the child provided with a stable, affectionate, stimulating family environment? Is the child given praise and encouragement? Are there high expectations placed on the child? Does the child have secure attachments with parent/carers? (i.e the parent/carers respond to the child's needs, comfort when distressed and show concern). Has the family had frequent house moves? Has the child changed school frequently?*

**Guidance, boundaries and stimulation** – *Is the child encouraged to demonstrate self-control and regulate emotions? Do parents/carers model positive behaviour, use effective and appropriate discipline? Is the parent/carer over-protective? Is there support for*

*the child to participate and access positive activities? Is the parent/ carer aware of the need to protect the child from danger? (home environment, internet, external activities).*

Using the prompts above, please comment on the parental capacity for all children, both the strengths and also the areas for improvement:

## **Family and environmental**

### **Family history, functioning and well-being-**

*Has there been any illness or bereavement which may impact on the child? Is there any domestic abuse, coercion or control in the family? Is there any parental substance misuse, offending behaviour or anti-social behaviour known in the family? What is the family's culture, size and composition of household? Are there any absent parents or relationship breakdowns within the family? Do any family members have physical disabilities or mental health conditions, or have suffered abusive behaviour?*

### **Wider family**

*Does the family have formal or informal support networks from extended family and others?*

### **Housing, employment and financial considerations-**

*Does the home environment have sufficient water/heating/sanitation facilities? What are the sleeping arrangements for the child? Are there any issues around homelessness? Do the parents/carer work, if so what are their main hours of employment? (i.e shifts)? Is the family's income sufficient or do they suffer hardship? Are there implications to this hardship? (i.e poverty, debt or housing issues) What is the quality of home conditions and maintenance of property? Is the home environment safe from accidents and risks to the child? Does the home environment impact on child health?*

### **Social and community elements and resources, including education-**

*Does the child access day care? Is there access in the community to places of worship; transport; shops; leisure facilities? Is there any crime, unemployment, anti-social behaviour in area? What are the family networks? (i.e peer groups, social networks and relationships; religion). Is there a risk of social isolation?*

Using the prompts above, please comment on any family and environmental factors for all children, both the strengths and also the areas for improvement:

**What are the outcomes the family would like from this assessment?**

(Transfer these headings to the first Early Help Family Plan)

1.

2.

3.

4.

**Which new agencies will need to be consulted or involved?**

(consider whether they need to be invited to the first team Around the Family Meeting)

**Parent or carers Views**

Please evidence the views of the parents or carers – what is going well and not so well for them? What would they like to see different?

**Child(ren)'s views**

Please evidence the views of all the children – what is going well and not so well for them?  
Are they aware of the EHA, and if so, what are their views on it? When a child is unable to verbalise their views, please provide observations or other feedback:

**Distance Travelled** - Please complete this form for each child. It should be reviewed every 3 months and on closure and a copy sent to the Early Help Coordinator on each occasion.

Child(ren's) name(s):					
Date of birth:					
	None 1 	Minor 2 	Moderate 3 	Significant 4 	Critical/ Complex 5 
<b>1. Development of the child</b>					
<b>Health</b>					
a. General health					
b. Physical development					
c. Speech, language and communication					
d. Emotional and social development					
e. Behavioural development					
f. Identity, self-esteem, self-image and social presentation					
g. Family and social relationships					
h. Self-care skills and independence					
<b>Learning</b>					
i. Understanding, reasoning and problem solving					
j. Participation in learning, education and employment					
k. Progress and achievement in learning					
l. Aspirations					
<b>Totals:</b>					
<b>Total for Development section:</b>					
<b>2. Parents and carers</b>					
a. Basic care, ensuring safety and protection					
b. Emotional warmth and stability					
c. Guidance, boundaries and stimulation					
<b>Totals:</b>					
<b>Total for Parents and Carers section:</b>					
<b>3. Family and environmental</b>					
a. Family history, functioning and wellbeing					
b. Wider family					
c. Housing, employment and financial considerations					
d. Social and community elements and resources, including education					
<b>Totals:</b>					
<b>Total for Family and Environment section:</b>					

<b>Total score</b>	
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## **Privacy Notice**

The Isle of Wight Council is committed to maintaining the trust and confidence of those who use our services. As part of this commitment, we have published this Privacy Notice. This Privacy Notice states that the Isle of Wight Council is the data controller for the personal information that you provide us with (your e-mail address, name, date of birth, home address etc.). We will ask for your consent to use and store your personal information. Your personal information is held in a secure environment. You may give this consent verbally or in writing. You have the right to withdraw your consent or to request that your personal information is corrected. You have the right to ask us to delete your personal information if this does not prevent us fulfilling our legal obligations. Your personal information will be used and stored so that we can carry out our legal obligations regarding Early Help, which includes the Strengthening Families team and sharing data with the MHCLG. Data protection law describes this legal basis as necessary for compliance with a legal obligation. We may disclose personal information if required to do so by law or in the good-faith belief that such action is necessary to comply with legal processes, we do not share personally identifiable information with third parties without your consent except in the following instances:

- Unless required by applicable law or pursuant to a court or similar order.
- As deemed necessary, in our discretion, to protect the legal rights or the property of the IW Council, a registered user or third party, or to prevent personal injury.

If you are aged 16 or under, please get your parent/guardian's permission beforehand whenever you provide personal information to the Isle of Wight. If you do not have this consent you are not allowed to provide us with your personal information.

We will keep your personal information for as long as we are required to do so under relevant legislation or in accordance with our operational requirements. You can view our retention schedule on our website <https://www.iwight.com/Council/OtherServices/Data-Protection/Relevant-Policies>

The council's Data Protection Officer is the Head of Legal Services and Monitoring Officer and can be contacted at [dpo@iow.gov.uk](mailto:dpo@iow.gov.uk). You can contact the council by phone on 01983 821000, or by writing to us at County Hall, High Street, Newport, Isle of Wight, PO30 1UD.

For further details on how we use your personal information, how we maintain the security of your personal information and how to complain if you have any concerns about how we use your personal information please visit [www.iwight.com](http://www.iwight.com) or email [information@iow.gov.uk](mailto:information@iow.gov.uk)

### **Signed consent**

Name:

Parent or carer signature(s):

Date:

Name:

Child(ren) signature(s):

Date:

Name:

Signed by completer:

Date:

<b>The first TAF meeting is:</b>	
Date :	
Time :	
Venue:	

**Early Help Assessment  
Checklist**

Please ensure that you have completed this checklist before submitting the assessment, to ensure that all of the information required is included. This will prevent delays in working with families and is a productive way of quality assuring the assessments when auditing cases.

Have you completed a Strengthening Families referral form?	
Have you completed every section of the EHA in full?	
Has every child been considered and included in the EHA? If not, is there a clear explanation as to why?	
Have you completed the DTT for each child? <u>If not, please complete at the first TAF meeting.</u>	
Have the views of the parents or carers and the child(ren) been included? If a child has not been asked or they have declined, please state this.	
Where a child is under the age of 5 years, please confirm that the named Health Visitor has been contacted and invited to the first TAF meeting.	
Is there signed consent from the parent or carer?	
Is there a contact number and full addresses for the parent or carer living in the family home?	