



Early Help Assessment

Guidance notes for completing
the Early Help Assessment

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1. Introduction

In North Yorkshire, we want to use the Early Help Assessment to help ensure that children, young people and their families get the right help, at the right time.

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 is required. The Early Help Assessment is part of North Yorkshire's Early Help Strategy to provide help to families at the earliest point of identification, and to reduce the need for more specialist or statutory service interventions at a later stage.

The Early Help Strategy introduces a new streamlined assessment using Signs of Safety (SofS), a strength based approach to work with children and families. Working Together to Safeguard Children (2018) states that for an assessment to be effective *"it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible: their age; family circumstances; the wider community context in which they are living."*

Any practitioner can complete an assessment with the child, young person and family when consent is given. For schools and early years settings using the Ladder of Intervention consent is desirable when supporting a child as a single agency. The table below summarises when an Early Help Assessment can be done and when it cannot.

Yes

- When you have consent from the young person or family.
- When you have concerns about the progress or wellbeing of a child or young person.
- If needs are not clear or they are not being met.
- When needs are wider than your service can address on your own.

No

- When you do not have consent from the young person or family.
- When progress is as expected.

The Early Help Assessment provides a consistent approach, using a common language and a holistic assessment of the child and family's needs, which is meaningful. The family should be involved in the assessment and encouraged to work in partnership with professionals to achieve their goals. The assessment enables the practitioner to:

- Assess, plan and review a package of support to meet the child's identified needs and goals.
- Share information within the Team around the Family meeting (TAF).
- Respond appropriately to identify when needs are escalating and use it as the referral document when requesting additional support from North Yorkshire Children and Families Service.

The assessment follows the Signs of Safety (SofS) approach and explores:

What is going well for the child and their family?

- Child and family strengths
- Safety factors

What are we worried about?

- What is happening now
- Areas where needs are not being met
- Presenting risks and concerns
- Worries that are impacting on the child's health and wellbeing

What needs to change to improve the outcomes for the child and their family? (Ensure the child and families views are captured within this).

- Identify next steps, action required and desired outcomes
- Well-being goals

Consider each of the assessment areas from the whole 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 assessment must be completed with the child and their family to ensure their views are captured and they are at the centre of the assessment.

Prior to completing an Early Help Assessment practitioners are asked to complete the online training available from [North Yorkshire Safeguarding Children Partnership website](#).

2. When should I complete an Early Help Assessment?

Here are some examples of situations when you may want to consider completing an assessment. This is not an exhaustive list, but gives you examples of things to consider:

- A child or young person, their parent/carer, or a practitioner is worried that the needs of a child are not being met.
- Someone in the family or social network is experiencing issues (such as substance abuse/misuse, violence, physical or mental health problems, crime) that might impact on the child but are not so significant that the child is at risk.
- There is a concerning change in a child's appearance, demeanour or behaviour. This could be due to a significant family event, for example; bereavement, family breakdown, or worries at home such as additional caring responsibilities.
- A child is repeatedly missing medical appointments for example immunisations, optical or dental care.
- A child is missing developmental milestones or making slower progress than expected at an early years setting, school or college.
- A child is persistently late from or absent from attending an early years setting, school or college.
- A child that is at risk of repeated fixed term or permanent exclusions.
- A child is experiencing physical or emotional ill health or disability.
- A child is presenting with challenging or aggressive behaviours, is suspected of abusing/misusing substances or committing offences.
- A child is being bullied or is a bully themselves.
- A child is experiencing other disadvantages for reasons such as race, gender, sexuality, religious belief, or disability.
- A child is homeless, being threatened with eviction, or living in temporary accommodation.
- A young person is becoming a parent.
- A young person is at risk of not being ready to make a successful transition.
- The child's or young person's needs are unclear, broader, or more complicated than your service can address alone.

For schools and early years settings if issues are identified refer to the Ladder of Intervention for further guidance.

3. Principles underpinning a good assessment

The basic principle of an effective assessment is the gathering and analysis of information, identifying strengths and worries, in order to generate a plan of action which focuses on achieving a positive outcome. This should be done in a collaborative way alongside the child and family with their full engagement.

It is important when carrying out an Early Help Assessment to have a meaningful conversation with the child and their family to ensure action plans and decisions are fully informed and agreed with the child and parent/carer. This should include ensuring the child and family's goals and wishes are directly included in the plan along with identified actions to achieve these goals.

Strength-based assessments

A good assessment should be flexible and perceptive of an individual's situation and needs around the assessment process; follow a holistic and whole-person approach; and be professional, honest, open and approachable.

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 child and their 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 ensures that the child and their family are fully involved and their voices are evident throughout.
- **Promotes equal opportunities** – The assessment is not biased and gives positive expression to the opinions and experiences of the child and their 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 child and their 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 child and their 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.
- **Child Centred** – The child is seen and kept in focus throughout the assessment and that account always taken of the child's perspective.

If at any point you are concerned about the safety or welfare of the child or young person, seek immediate advice at the end of the discussion using your organisation's safeguarding procedures.

Having a discussion about difficult issues can be challenging for the child, family and practitioner. If you feel you would benefit from further training or support, please refer to North Yorkshire Children Safeguarding Board website or contact the Early Help Consultants.

4. The Early Help Assessment Approach process

The Early Help Assessment approach can be defined in four simple steps:

Step 1 – Identify and respond to needs early and seek consent

- Discuss with the family if they would like an Early Help Assessment.
- Identify the most appropriate person within your service to act as the Early Help Champion. The champion will be the person who the child has a trusted relationship with.
- Determine if an assessment will help.
- Check with the Early Help Consultant to establish if there is already a Children and Families Service assessment in place.
- Discuss any support needed with the Early Help Consultant.
- Establish whether any other services are involved with the child and their family.

Step 2 – Assess Need

- Undertake assessment jointly with the child their family and any other services involved.
- Explore family networks and identify who may be able to give support and consider holding a Team Around the Family (TAF) meeting.
- Agree Specific, Measurable, Accurate, Realistic, Timely (SMART) outcomes and record them on the assessment with the action plan and a review date. Remember to set clear timescales for each individual aspect of the plan.
- Agree with family the sharing of information with other professionals involved in the plan.

Step 3 – Co-ordinate the action plan

- Work with the family to complete the actions. Agree a progress review date.

Step 4 – Review progress

- Review the child and family's plan with the family every 6 weeks.
- Consider if a plan is still required to achieve outcomes or if the family are able to sustain progress without ongoing intervention.
- Agree revised plan with family, network and agencies.
- Update consent as necessary.
- If a plan is no longer required, close the Early Help Assessment. Refer to universal services if required.

5. How to complete the Early Help Assessment form

The Early Help Assessment form is divided into various sections:

- a) The child's details.
- b) People in the family/household and other people who are important to the family.
- c) Services working with the family.
- d) Reason for the Early Help Assessment.
- e) Scaling.
- f) Family's views (including the voice of the child).
- f) Next steps.
- g) Referrer's/Assessor's details.

a) The child's details

Record the details of each unborn baby, child and/or young person aged 0-19 who is part of the assessment. If the assessment is being completed to make a referral to Children and Families Service please include all family members living in the same household. Where known, please include the following:

- DOB – Date of Birth
- EDD – Estimated Delivery Date
- SEND – Special Education Need and/or Disability
- UPN – Unique Pupil Number

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?

b) People in the family/household and other people who are important to the family

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.

A key principal of the Children Act (1989) is to work in close partnership with parents and their families. When undertaking an assessment this involves the active involvement of all relevant family members ensuring their views are gained.

Separated Parents

In some families, one of the parents may not be living with the family. In this case, you should encourage the primary carer to provide details to enable you to contact the separated parent, so that you can ask him/her to be involved with the Early Help Assessment. 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 family.

c) Services working with the family

Record the details of other services already involved with the family, particularly involvement with schools, health and social care. Gathering information from agencies involved with a child triangulates information enhancing the assessment and providing a more holistic picture and collaborative approach to meeting the needs of the child and their family.

d) Reason for the Early Help Assessment

Identifying the strengths and worries of the child enables the development of a plan to identify what needs to change and who can support the family to make this change. 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 child and the information the child and the family share with you.

The content of the Early Help Assessment should be open and transparent, and written with the family using language that the family understands. Parents should be given a copy of the completed Early Help Assessment. If safeguarding concerns are identified during the assessment, a discussion should be held with the child/parent so that they understand that there is a need to make a referral to Children and Families Service.

e) Scaling question/s

The scaling question/s enables you to identify your level of concern and also opens up discussions by highlighting the best case and worst case scenarios and what needs to change to improve outcomes.

Scaling question/s:	Safety scale:											
		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 questions are contained in Appendix 1.

Typically, professionals using scaling questions tend to ask the initial scaling question, get a numeric answer, and then move on to asking about the next step. This overlooks the heart and soul of building a conversation to foster change. Therefore you need to:-

- Be very clear about what you want to scale.
- Clearly define both ends of the scale for the person/people you are working with.
- Ask for the person's rating.
- Explore 3 things that bring them that high on the scale, elicit detail about what they and others are doing to achieve this success.
- Explore other people's ratings. Explore 3 things that bring those people up to that number.
- Ask what would be the next smallest thing that **would need to happen** (don't make it 'what do you need to do') so they could rate one point, half a point or even 0.1 point higher (the lower people are on a scale the smaller the step).

f) Child and Family's views

It is essential that the voice of the child is captured throughout 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 the Appendix. It is also important to record the parents/carers' views of the assessment and Action Plan.

Assessment can only be effective where they are conducted with families in a true sense of partnership. This involves hearing and incorporating the views of family members within the assessment and any plans for the child. It involves maintaining respectful, open and honest relationships with parents, carers and children. It involves good information sharing and communication with all family members keeping them aware of timescales and next steps within the assessment process. Central to all this is the importance of keeping the child's needs at the heart of the assessment.

g) Next Steps

There should be a clear link between the assessment information gathered, the family's goals, and the action plan. The plan should be written in a language that is understandable and ownership of the plan must be given to the child and their family. Actions need to be **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**imely (SMART).

It is good practice – and a way of empowering a family – to give actions to individual family members.

The purpose of the Early Help Assessment is not to make a child and/or family dependent on a professional and/or a service intervention, it is to empower the child, family members and services to achieve positive outcomes for themselves.

h) Referrer's/Assessor's details

The practitioner completing the assessment (Early Help Champion) should add their details in this section. Include your contact details, details of when the assessment took place, and which professionals and family members engaged with the assessment.

6. Consent for information sharing and storage

Before completing the Early Help Assessment consent should be gained from the family. The emphasis is on joined up, integrated working across services, with the aim of delivering more effective intervention at an earlier stage. Early Help 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 GDPR 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 child/young 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, the 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 the purpose for which you are sharing it; is shared only with those people who need to have it; is accurate and up-to-date; is shared in 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.

7. What support is available?

For further information, guidance or support with completing the Early Help Assessment contact the Early Help Consultant on the telephone numbers below:

Early Help Central	Selby, Hambleton, Richmondshire	01609 534829
Early Help West	Harrogate, Knaresborough, Ripon, Craven	01609 534842
Early Help East	Scarborough, Ryedale, Whitby	01609 534852

Early Help Champion Meetings

Early Help Champion meetings are arranged by the Early Help Consultants and take place termly. They are rotated across the county. The meetings provide an opportunity for cross-sector peer support and the sharing of best practice around the use of the Early Help Assessment and multi-agency working. In addition, speakers are brought in to discuss particular topics on specific areas of practice. To find out when the next Early Help Champion meeting is scheduled, please contact your Early Help Consultant for more information.

Ladder of Intervention

The Ladder of Intervention provides further support and guidance for schools and early years settings.

8. Frequently Asked Questions

1 Who is the Early Help Assessment for?
<p>The assessment can be used to support children and young people between 0-19 years, including unborn babies and can also be used up to the age of 25 where a young person has special educational needs or disabilities (SEND).</p> <p>The Early Help Assessment does not replace statutory assessments or Education Health and Care (EHC) planning processes for children with SEND.</p>
2 How long does the Early Help Assessment process last for?
<p>There is no limit. The key principle is that the process should support the child and family to meet their needs and achieve their potential. The assessment should be reviewed on a regular basis to ensure it only remains open until the needs of the child can be met by universal services.</p>
3 Who will use the Early Help Assessments?
<p>All professionals working with children, young people and families.</p>
4 Where can I find the Early Help Assessment?
<p>The assessment form can be found on the North Yorkshire Safeguarding Children Partnership website. The assessment form is also included in the Ladder of Intervention.</p>
5 Can I handwrite the Early Help Assessment?
<p>Yes. You can print off a blank copy from the North Yorkshire Safeguarding Children Partnership website, however it is best practice to type it so it can be shared easily.</p>
6 Do I need consent to do an Early Help Assessment?
<p>Yes, you do need consent from the family or the young person (if Gillick competent). If at any point you identify a safeguarding concern then a referral should be made to Children and Families Service.</p> <p>For schools and early years settings to undertake a single agency assessment to develop appropriate package of support for children through the Ladder of Intervention, consent is desirable.</p>
7 What happens if consent is withdrawn half way through the Assessment?
<p>In these cases, the Early Help process cannot continue. However it is the role of the Early Help Champion to try and encourage continued engagement. The Early Help Champion should discuss this with their line manager and document the reason for closing the assessment.</p>
8 What training or further information on the Early Help Assessment is available?
<p>For the most up to date information refer to the North Yorkshire Safeguarding Children Partnership website www.safeguardingchildren.co.uk</p>
9 Is there an Early Help file held in respect of a child or young person?
<p>Each professional involved with a child or young person will maintain their own records in line with their agency's requirements.</p>
10 Can I fill in an Early Help Assessment and share it with the family later?
<p>No. The assessment should always be filled in with the child, young person and/or family present.</p>

11 Do I have to be the Early Help Champion?

This can be discussed and with agreement with the child and family the identified practitioner can take up this role.

12 Doesn't being the Early Help Champion take up a lot of time?

It doesn't have to. In fact in the longer term, it should save time as a co-ordinated approach is proven to increase the chances of a child's needs being met earlier.

13 Do I use an Early Help Assessment to make a request of support to Children's and Families Service?

An up to date Early Help Assessment can be used to request additional support from Children and Families Service if there are escalating concerns and the Early Help Consultant agrees that additional support may be required. The form can then be sent to: **childrenandfamilies@northyorks.gov.uk**

If at any point you believe a child is suffering or is at risk of suffering significant harm you should contact NYCC Customer Contact Screening Team on **01609 780780**.

Outside of office hours contact the Emergency Duty Team on **01609 780780** (24 hours).

You should contact the Customer Contact Screening Team or the Police (999) immediately if you think a child is in imminent danger.

10. Appendices

No	Appendix	Document link
1.	Engaging with the Child and Family	Engaging with the Child and Family
2.	Tools for capturing the voice of the child <ul style="list-style-type: none"> • Signs of Safety direct work tools • Examples of completed tools 	Fairy template Wizard template Safety House template Safety House guidance Three Houses template
3.	Scaling Questions	Scaling Questions
4.	Team around the Family Leaflet	Team Around the Family Leaflet
5.	Ladder of Intervention	Ladder of Intervention

