

Why do an Early Help assessment?

When there are early indications that things are not going well, Early Help is about engaging a child, young person, parent or family in a conversation about how to get things going well again.

Taking a whole family Early Help approach through an assessment means that:

- all aspects of life – home, work, school/college, social/community and health and wellbeing are taken into account
- the whole person/whole family situation and what matters most to them is understood
- the impact of what's not working well on all family members is understood
- a family's strengths are recognised and built on
- families are encouraged to access community resources and support independently
- a person's readiness to change is recognised so that support is offered at the right time
- practitioners' expertise, judgement and advice are recognised
- the EH assessment can be used to coordinate support from partners as part of the agreed plan
- one form can be used for the whole family.

Sometimes, a person's view and a practitioner's view of the level of need may differ at the assessment stage. The EHA helps the practitioner and the person work together to align their two views, and get things going well again.

The EH assessment can be used to coordinate support from partners as part of the agreed plan. It is a record of the person's own words so it is clear what matters most and how able and ready someone is to make changes. It also helps identify what is required.

The accompanying practitioner guidance must be used to assist with the completion of the EHA. The EHA form should also be completed based on an Early Help conversation and referencing the Needs and Response Framework and the 'What's Working Well?' Wheel.

All EHA Forms should be registered at eha@manchester.gov.uk

Safeguarding

If you have a concern that there is an **immediate risk to a child**, please call the police on **999** or Children's Services on **0161 234 5001**.

The Parent, Carer, Young Person, Child or Family Agreement

- I understand that the information I give will help me plan the things I can do and the support I will need to get things going well again.
- I understand that my information will be stored safely as per the Data Protection Act 1998.
- I give my permission for this information to be shared with other professionals to plan what is needed. I understand that where there is immediate risk of harm the practitioner will follow MSCB safeguarding reporting procedures.

Name

Signed

Date

Named Practitioner Agreement

I undertake to understand what is working well or not and help make plans to get things going well again, by:

- Identifying what the person can do for themselves
- Providing support from my agency
- Organising a multi-agency Team Around a Family Meeting where it is recognised that a child/young person/adult/family would benefit from a coordinated programme of support from three or more agencies
- Connecting the person/family to community resources using Help and Support Manchester manchester.gov.uk/helpandsupportmanchester
- Making referrals for specialist support where necessary
- Seeking further advice from the Early Help Hub.

I have clearly explained to the adult/parent/young person that where there is immediate risk of harm I will follow MSCB safeguarding reporting procedures.

Name

Signed

Agency

Date

Child's details

Surname	First names
Address (including postcode)	
Date of birth (or due date)	Gender and ethnicity
Does the child/young person have a disability/SEN?	
Is the child/young person a young carer?	Does the child/young person have an education, health and care (EHC) Plan?
Where does the child/young person attend school/college?	

Adult's details (and relationships to child/young person)

Surname	First names
Previous names	Gender and ethnicity
Date of birth	Relationships to child
Address (including postcode)	
Telephone	
Communication or access requirements	
How can we contact you?	Who else can we contact if we cannot reach you?
NHS number	In work or training?
Are you a carer?	If yes, who do you care for? (name and relationship)
GP details	

Pregnancy details (if applicable)

Due date

Basic details

To help professionals provide the right support to the right people

Other adults and/or children living at this address

Name		Name	
Date of birth	Relationship	Date of birth	Relationship
Name		Name	
Date of birth	Relationship	Date of birth	Relationship
Name		Name	
Date of birth	Relationship	Date of birth	Relationship
Name		Name	
Date of birth	Relationship	Date of birth	Relationship
Name		Name	
Date of birth	Relationship	Date of birth	Relationship

Other parent/carer if not living at same address

Name
Address

Does anyone in the home provide care for another family member who is over 18 years of age? (They may not live with you. A carer is somebody who provides unpaid regular and substantial support for a relative, friend or neighbour who may be ill, frail or disabled, or have mental health or substance-misuse problems.) Please provide details.

Carer (name and age)

Caring for (name and age)

Does any child or young person in the home provide direct care or support to another family member? (They may not live with you. A carer is somebody who provides unpaid regular and substantial support for a relative, friend or neighbour who may be ill, frail or disabled, or have mental health or substance-misuse problems.) Please provide details.

Carer (name and age)

Caring for (name and age)

Practitioner conducting the EH assessment

Name	Organisation
Job/role	Email
Work address	Telephone

Services/professionals currently working with the family

Name of service	Worker name/Job title	Contact details	Family member service is supporting

Aspects of Life

What's working well or could be better? (for the child/young person)

What's important to you?

Empty text box for 'What's important to you?'

Home life

How well are things going? (1-10)	Housing	Money
What's working well?		
What could be better and why?		

Health and wellbeing

How well are things going? (1-10)	Health	Lifestyle
What's working well?		
What could be better and why?		

Work life

How well are things going? (1-10)
What's working well?
What could be better and why?

School/college life

How well are things going? (1-10)
What's working well?
What could be better and why?

Social/community life

How well are things going? (1-10)
What's working well?
What could be better and why?

Practitioner view of how well things are going

I agree/disagree with the child's/young persons self-assessment.

If disagree, why?

Key

How well are things going?
(1 to 10)



Aspects of Life

What's working well or could be better? (for the adult or whole family)

What's important to you?

Empty text box for 'What's important to you?'

Home life

How well are things going? (1-10)	Housing	Money
What's working well?		
What could be better and why?		

Health and wellbeing

How well are things going? (1-10)	Health	Lifestyle
What's working well?		
What could be better and why?		

Work life

How well are things going? (1-10)
What's working well?
What could be better and why?

School/college life

How well are things going? (1-10)
What's working well?
What could be better and why?

Social/community life

How well are things going? (1-10)
What's working well?
What could be better and why?

Practitioner view of how well things are going

I agree/disagree with the self-assessment.

If disagree, why?

Key

How well are things going? (1 to 10)



Making things happen that will make a difference (The plan)

What's important for you and your family?

If you knew you wouldn't fail, what would you start doing?

	What action has been agreed and for who?	Who will do this? (you, friends, family, local support, specialist services, etc.)	By when?	How will this affect you and those closest to you?	How ready are you for change? (1 to 5)
Home Life					
Health and wellbeing					
Work life					
School/ college life					
Social/ community life					

Key	How ready are you for change? (1 to 5)	1. Not ready for changes yet	4. Making good things happen
		2. Thinking about changes	5. Keeping things going well
		3. Taking first steps to change	

Making things happen that will make a difference (The plan)

Who needs to be involved in the plan to get things going well again?

Name	Agency/relationship to you	Telephone	Email

Review meeting – set the date

Date
Time
Venue

Review What's working well now and how are you going to keep things going well?

URN (Unique Reference Number)

What's important to you?

How have things been?

What does a good life look like to you in the next three months, one year and five months from now?

Home life

What agreed actions have been completed and for who?

What is going well now?

(1-10)

What could be better and why?

Health and wellbeing

What agreed actions have been completed and for who?

What is going well now?

(1-10)

What could be better and why?

Work life

What agreed actions have been completed and for who?

What is going well now?

(1-10)

What could be better and why?

School/college life

What agreed actions have been completed and for who?

What is going well now?

(1-10)

What could be better and why?

Social/community life

What agreed actions have been completed and for who?

What is going well now?

(1-10)

What could be better and why?

Review What's working well now and how are you going to keep things going well?

URN (Unique Reference Number)

Who was involved in the review to discuss how things are going?

Name	Agency/relationship to you	Telephone	Email

Date review meeting was held if different to date agreed

Date
Reason

Closure – things are working well again

(Practitioner, please refer to the guidance)

URN (Unique Reference Number)

Closure

Date	Who has closed?
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How well are things going now?

	What has worked?	Adult self-assessment (1–10)	Child/young person self-assessment (1–10)
Home life			
Health and wellbeing			
Work life			
School/college life			
Social/community life			
What's important to you			

Practitioner view of how well things are going

I agree/disagree with the self-assessment.

If disagree, why?

Closure – things are working well again

(Practitioner, please refer to the guidance)

Early Help Assessment Outcome: things are working well again through (please tick)

Assessing agency/family		Identified complex needs and referral to social care	
Direct support/interventions from agencies (give detail on the Notes page)		Identified child protection concerns and referral to the MASH	
Team around the child/family meetings		Family disengaged (give detail on the Notes page)	
Identified SEN and referral to IAS Manchester		Family moved to ... (give detail on the Notes page)	
Identified complex needs and referral to family recovery services		Other (give detail on the Notes page)	

Data Monitoring Final Assessment – overall scores

	Self assessment (1–10) score				Ready for change (1–5) score			
	1st assessment	1st review	2nd review	Final closure	1st assessment	1st review	2nd review	Final closure
Home life – housing								
Home life – money								
Health and wellbeing – health								
Health and wellbeing – lifestyle								
Work life								
School/college life								
Social/community life								

A large, empty rectangular box with a thin black border, occupying most of the page below the header. It is intended for the user to write their notes.

Early Help Assessment feedback form

Please take a few minutes to complete the feedback form on whether Early Help has worked for you and those close to you. This will help us to continue to improve our work. By using the scale below please tick the box that applies to you.

The first assessment helped me understand what was working well or not for me and my family

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly Disagree
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The support offered worked well for me and my family

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly Disagree
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Things have improved and are going well for me and my family

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly Disagree
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I am more confident in my ability to change things, that will make things better for me and my family

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly Disagree
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The agencies involved were the right ones to help me improve things for me and my family

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly Disagree
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I now know how to access the right help and support if I should need it in the future

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly Disagree
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What changes would you make to improve Early Help for families?