

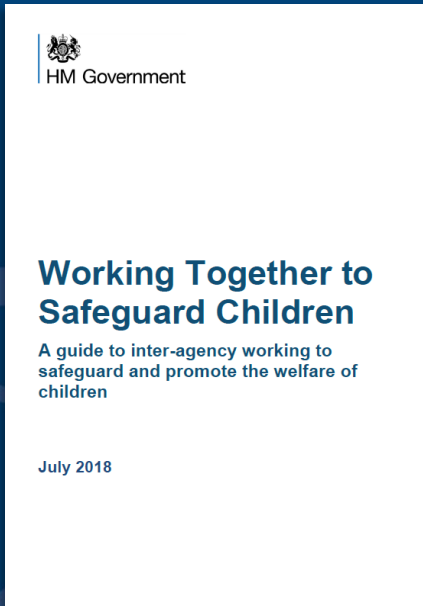
# NYCC Children & Families Service

## EARLY HELP

Providing **early help** is more effective in promoting the welfare of children than reacting later. **Early help** means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective **early help** relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child





# Early Help Strategy



# Continuum of Need




If in doubt please discuss with the Early Help Consultant

# Early Help Assessment

The Early Help Assessment is an early assessment and planning tool to facilitate coordinated single or multi agency support.

It enables professionals to efficiently identify the emerging needs of children and young people at risk of poor outcomes.

It reduces duplication of assessment and improves involvement between agencies.

Early Help Assessment Form 

Section A - The child						
Surname:	<input type="text"/>	Forename(s):	<input type="text"/>			
Date of Birth/Estimated Date of Delivery:	<input type="text"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown		
			<input type="checkbox"/> Female	<input type="checkbox"/> Unborn		
Address:	<input type="text"/>					
Telephone Numbers:	<input type="text"/>		NHS Number:	<input type="text"/>		
			GP Surgery:	<input type="text"/>		
			UPN Number:	<input type="text"/>		
Child/young person's ethnicity:	<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White any other background <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/> White and Black Caribbean		<input type="checkbox"/> White and Black African <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Ethnic Group			
Child's first language or preferred means of communication:	<input type="text"/>	Is an interpreter or signer required?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Child's religion:	<input type="text"/>	Nationality:	Details: <input type="text"/>			
Immigration status:	<input type="text"/>					
Is the child disabled?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Details: <input type="text"/>			
Is there a self-harm or suicidal behaviour concern?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Details: <input type="text"/>			
Is there a Child Sexual Exploitation concern?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Details: <input type="text"/>			
Is the child privately fostered? <a href="#">(definition found here)</a>	<input type="checkbox"/> No		<input type="checkbox"/> Yes			
Is the child adopted?	<input type="checkbox"/> No		<input type="checkbox"/> Yes			
Section B – People in the family/household who are important to the child. Explore who is important to the family, who cares about them and helps them in their day to day life. Completing a genogram, family tree or circles of support together is a good way to capture this information.						
Relationship to child in Sec A	Forename	Surname	Date of Birth	Parental Responsibility?	Address	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>



# Consent

When can you complete an assessment?

## 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 assessment follows a Signs of Safety 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

# When should I complete an Early Help Assessment?

A child, 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.



# When to complete an EHA continued

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 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.

# When to complete an EHA continued

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.

# Principles underpinning a good quality Early Help Assessment

**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.

**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.

# The Early Help Assessment process

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

Step 2 – Assess Need

Step 3 – Co-ordinate the action plan

Step 4 – Review progress

# Case Study

Daniel Smith is 12 years old and has attended Springhall High School since November 2019 (previous to this he attended another local Secondary School).

Daniel has a diagnosis of ADHD and has an Education and Health Care Plan.

Daniel is behind his peers in most subjects but is making some progress and starting to hit his targets. Daniel's current school attendance is 98% and he is rarely late.

After a positive start at Springhall High, Daniel has recently started to display aggressive behaviours in school such as pushing other children and using inappropriate language, which includes swearing and shouting at other students and members of staff. He is also struggling to follow instructions during lessons and starting to disrupt other students.



Daniel enjoys playing football and plays in the school football team. Last week during football training, Daniel jumped on a fellow student's back and when the coach attempted to talk to him about behaving more appropriately, Daniel swore at the coach and shouted in his face.

Daniel does not have a lot of friends in school but is very close to one student in his year. They spend most of their time together in school and staff have overheard them talking about playing football together on a weekend.

Just before Christmas, another pupil reported that Daniel had a screwdriver in his bag. When spoken to, Daniel claimed that he was going to use it to repair his phone.

When staff have tried to discuss his behaviour with him, Daniel has refused to talk about it and become upset. Staff are concerned that Daniel may not fully understand his behaviours and the impact they may be having on himself and others.

Daniel lives with his Mum (Diane Jones) and Step-Dad (Mike Jones) and two younger siblings (Jack and Lottie), who attend a local primary school. Daniel talks positively about his family and the different activities that they do together out of school. However, he does not talk about his Dad (Frank Smith).

You spoke to Mum on the phone about your concerns about Daniel's behaviour and she told you that she is seeing similar behaviours at home and is struggling to manage.

Mum agreed to come into school to discuss the situation and to complete an Early Help Assessment to see what can be done to support the family.

During the meeting, Mum explained that Daniel does not see his Dad often and the last time was over Christmas. Daniel told Mum that he did not want to see his Dad anymore but would not talk to Mum about what had happened.

Mum told you that the family are close and Daniel has a particularly good relationship with his Step-Dad and has spoken to him in the past when he has been worried. Mum feels she is supported by her parents.

Mum reported that Daniel did not have a good time in his previous school and she often had phone calls from them about his behaviour.

# Early Help Consultant Role

Early Help Consultants will:-

- Be the main point of contact for schools and settings in the locality
- Work alongside schools and settings to develop and deliver Early Help services to children and families as described in the Early Help Strategy
- Support schools and settings in early identification of emerging concerns
- Support staff to complete Early Help Assessments
- Support schools and settings to create a smooth transition in both stepping up and stepping down cases
- Provide group and individual case supervision and reflective practice (when required).

# Early Help Consultants (East Area)

Name	Role
Liz White	Senior Early Help Consultant
James Urquhart	Early Help Consultant
Kelly Trotter	Early Help Consultant

# Contact Numbers

Division	Name
<b>Central</b> (Selby, Richmondshire, Hambleton)	01609 534829
<b>East</b> (Scarborough, Whitby, Ryedale)	01609 534852
<b>West</b> (Harrogate, Craven)	01609 534842