

Early Help Assessment

Guidance for Practitioners

Published January 2025

Version 2

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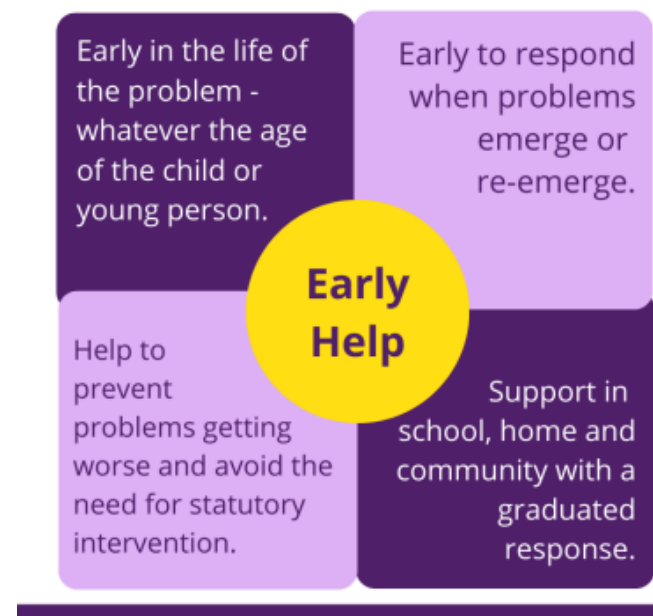
What is Early Help (and its assessment process) in Barnsley?

Early Help is providing support to children, young people, and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future.

In Barnsley, our approach is that Early Help is everyone's responsibility, and we utilise the Early Help Assessment (EHA) to support the understanding of needs, strengths and risks that exist for the child, young person, and their family.

Additionally, the EHA supports the development of a whole family plan of actions to be taken to improve outcomes for children and families, based on a holistic view of the needs of the family.

The EHA is not just a form; it is a supportive process which allows practitioners to assess needs as well as strengths, identify service delivery requirements and ensure that needs are being addressed as part of a structured framework within a whole family plan. An early help assessment can be undertaken and led by any practitioner working with a child, young person, or their family regardless of the area of need.



The Early Help Assessment and associated process is aligned with the signs of safety and wellbeing practice framework. In Barnsley, we are embedding the signs of safety and wellbeing approach within children's services and the wider children and families workforce. We use this strengths-based model because it helps practitioners and families to think through problems and solutions together rather than families feeling that things are being dictated or done to them. No matter how difficult a family situation is, there will always be existing strengths and networks of support that they can utilise. The signs of safety and wellbeing approach helps practitioners to support families and children to identify and build on these existing resources for themselves.

The signs of safety and wellbeing assessment and planning process is designed to bring families and practitioners together, using three core questions:

1. What is going well?
2. What are we worried about?
3. What's going to happen?

In addition, a scaling question of zero to ten is used to identify the level of worry, where zero means the worry is so bad that there are concerns about safety and wellbeing and 10 means the worry is resolved and the need is met, thus opening discussions regarding what needs to change to improve the outcome.

Who can complete an Early Help Assessments?

Any practitioner that has identified that a family need support, can complete an early help assessment. However, we acknowledge that every practitioner has varying experience with the implementation of the early help assessment process and therefore it may be that within your organisation, you need support from your line manager/supervisor to complete this process. However, this should not be a barrier to completing an early help assessment and providing support to the family. Barnsley offer further [support and training](#), if required.

Who to include in an Early Help Assessment and Family network plan?

An early help assessment should include all members within the immediate household; those with parental responsibility and those family members that are part of the immediate family but not necessarily be permanent residents within the household.

All measures should be taken to include those with parental responsibility of children included in the assessment. For those families that live in a single parent family or with blended family dynamics it is important to determine how to fulfil the assessment whilst ensuring engagement. Wherever possible, when it is safe and appropriate to do so, practitioners should advocate for parents working in cohesion to support the children and/or young person needs to be met, and progress been made. However, we recognise that there are circumstances when it is not always appropriate to include all members, including those that have been identified as a possible safeguarding risk in these instances it is important to record the rationale for this.

Whilst completing the assessment and where the outcome for support has been identified as establishing a multi-agency Family Network Plan, it is important to engage all practitioners that are supporting each member of the family. The purpose of the assessment and intervention is to be holistic so you should ensure that the assessment and plan covers the needs of all children and adults.

Having the right conversations:

Collaborative, partnership working relies not just on information sharing or making requests for support; it also requires meaningful conversations with the family and between the practitioners who are involved or those who might need to be involved to offer support. It is important that families understand the meaning of early help and what the assessment entails, this will support their engagement and how this assessment can be helpful to them.

If you need support to introduce early help and the early help assessment process to a family, please see [Early Help: A Guide for Parent and Carers](#).

These conversations are very important, and they should go beyond the initial concerns to develop part of an informed assessment (using the EHA where appropriate). Conversations should build understanding of the child or young person, what life is like for them and lead to appropriate action and support for them and their family.

“Where a child and family would benefit from co-ordinated support from more than one organisation or agency (for example, education, health, housing) there should be a multi-agency assessment.”

Working together to safeguard children (HM Government, 2023)

What a good assessment should entail:

A good quality early help assessment process should be:

- **empowering** - engaging the child or young person and/or their parent/carer, and supporting them to participate in, and take responsibility for, their contribution to a collaborative assessment.
- **developmental** - supporting the child or young person and parent/carer to adopt a self-determining, solution-focused approach to the discussion.
- **accessible** - for all concerned, including the efficient use of time and access to the means needed to undertake the assessment (for example equipment, interpreter)

- **transparent** - the purpose of the assessment is clear; the discussion is open and honest and there is no hidden agenda.
- **Holistic** – consider the needs of the whole family

A good quality early help assessment provides an analysis of the child or young person's and their families' strengths and needs. The principles underpinning it should include:

- **Child and Young Person Centred**- The child/young person is seen and kept in focus throughout the assessment.
- **Inclusive**- The assessment includes the voice of the child/young person and their family, and their views and voice are captured throughout the assessment process.
- **Clear** – The assessment is concise and uses family friendly language by all those involved,
- **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.
- **Professionalism** the assessment is non-judgemental and follows organisational codes of practice for recording/writing public documents.
- **Authentic**- the assessment is an accurate and evidence-based record of the discussions with the child/young person and their family and with practitioner.
- **Solution focused**- the assessment focuses on what the child/young person and their family want to achieve.
- **Accessible** - for everyone, including the efficient use of time and access to the tools needed to undertake the assessment (for example equipment, interpreter)
- **Transparent** - the purpose of the assessment is clear; the discussion is open and honest and there is no hidden agenda.
- **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.

Who should be the lead practitioner?

The lead practitioner is the named practitioner who has been identified as the person who will be the family's main point of contact throughout the process. Any practitioner supporting the family can take the lead practitioner role for example, Education practitioners; Health practitioners; Targeted Early Help Support Practitioners.

The family should be involved in the decision making in relation to who is best placed to be their lead practitioner. This would usually be someone the family already knows, trusts, and has a good relationship with. In helping decide who the lead practitioner is, consideration should be given to who the family has identified in section 2 of early help assessment.

If you complete an early help assessment, it does not automatically mean that you will become lead practitioner or is the lead practitioner throughout the whole early help assessment process. The lead practitioner should be identified after completing the assessment and the where the outcome and next steps is for a Family network action plan. It is important that where there is a change to the lead practitioner you inform the Barnsley council early help team by completing a change of [lead practitioner form](#).



What being a lead practitioner involves?

The lead practitioner will work closely with the other agencies involved to support the assessment, develop, and coordinate the support needed in the family network action plan.

If you are identified as the lead practitioner, it is your role to:

- Act as a contact for the child and parents so the family are kept informed and can discuss their progress and any concerns.
- Act as a single point of contact for other practitioners
- Co-ordinate the delivery of actions agreed in the family network action plan and ensure that the package of support is regularly reviewed within a family network meeting every six to eight weeks (or sooner dependant on the needs of the family).
- Ensure that the family network action plan is shared after each meeting with practitioners and family.
- Ensure that the monitoring expectations for early help team are completed. (See page 12)
- Support the child and family to ensure that a careful 'handover' takes place if it becomes more appropriate for someone else to be the lead practitioner.
- Ensure you that follow the Step-up – Step Down protocol.

For further information and support of being a lead professional see the [Early Help Toolkit](#)

How should you share information?

As identified in the [Working Together to safeguarding children \(2023\)](#) the importance of information sharing and being confident to do so, is paramount to ensuring children's safety and maximising the effectiveness of early help.

The guidance outlines that:

- No single practitioner can be fully aware of each child/young person and family's needs or circumstances.
- Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns.
- The sharing of information should not just be restricted to child/young people, but also of any information of significant adults in contact with the child/young person.

- Information sharing is also essential for the identification of behaviour patterns. For example, missing from education and what the associated risks and behaviour patterns are occurring.

In practice there are some common myths that prevent effective information sharing by practitioners outlined in Working Together to Safeguard Children (2023):

- **Data protection legislation is a barrier to sharing information.**

This is not true the GDPR and Data Protection Act 2018 provides a framework to ensure that personal information is shared appropriately and does not restrict the sharing of information.

- **Consent is needed to share personal information.**

Consent is one way to comply, however you do not need consent to share personal information in some instances. UK GDPR provides several bases for sharing personal information; legal obligation; safeguarding risk; promoting the welfare of the children,

- **Personal information collected by one organisation/agency cannot be disclosed to another.**

No this is not the case, unless the reason for collecting this was incompatible between the agencies. In the case of safeguarding and promoting welfare, it is difficult to foresee these circumstances.

- **The common law duty of confidence and the human rights act 1998 prevent the sharing of personal information.**

No this is not the case, a consideration of balance of confidence and human rights act against the effect of individuals or not sharing the information.

- **IT systems are often a barrier to effective information sharing.**

This is not the case, there are many IT systems that support, and this should not be used as a barrier.

Informing the Local Authority (Barnsley Council) that you have undertaken an Early Help Assessment

Early Help Assessment

This document should be completed ideally within 3 weeks of the start date of the assessment. All sections should be completed fully where applicable, and consent should be evidenced on the form before submitting for processing. The form should be emailed to earlyhelp@barnsley.gov.uk. This means that the assessment can be registered and recorded. Once the form has been processed a Family Group Number will be assigned, and the EHA is registered/recognised by the Local Authority.



Family Network Plan

Ideally these should be held every 6-8 weeks. The completed Network Plan should be submitted to earlyhelp@barnsley.gov.uk clearly indicating the Family Name, Family Group Number and Date of the Network meeting. This then demonstrates that the EHA is still ongoing showing collaborative working with other professionals and family.



EHA Closure Form

Ideally the EHA should be open for 18-20 weeks. The Closure form should be completed stating **one** reason for closure of the assessment and the final Family Network Plan should be submitted along with this to evidence the discussion and why the EHA can now be closed.

What and when to notify the local authority once you have sent in the Early Help Assessment:

Additional Person Form

To be completed when you wish to include a new person on an existing/open EHA. Ensure that you evidence consent from the family before you submit.

Change of Lead Professional Form

This form should be submitted **every time** the Lead changes so the system reflects the current situation. The form should not be submitted without the new Lead's knowledge and agreement to avoid this they should be copied into the email when submitting the form and the agreement should be evidenced in the Family Network Plan.

Change of Address Form

To be completed to ensure families details on the system reflect their current situation. Ensure that you evidence consent from the family before you submit.

Request Copy of EHA Form

To be completed to obtain copy of the EHA held by the Local Authority as you do not have access to a copy due to circumstances outside of your control. Ensure that you evidence consent from the family before you submit the Request.

These next sections provide you with a step-by-step guide on how to complete a good quality early help assessment.

Assessment Cover

Family Name:

**Date Assessment
Started:**



**Date Assessment
Completed:**

Section Overview:

Ensure you include all family names within the family network, start with the surnames of the children and young people and include any names of parents that may have a different surname.

When you start the assessment, this is when you gain consent from the parent and begin the assessment, we recommend that you complete the assessment in no longer than three weeks, this allows you as lead practitioner to complete an up to date and relevant assessment of the family's holistic needs at the start of intervention.

A reminder that the best practice recommends that no assessment should be completed in isolation, as you start the assessment and gain consent, contact other involved services and settings for their contribution to the assessment.

Section 1 – Consent

| | | |
|--|---|---|
| <p>Please share the Early Help Assessment Information storage and sharing agreement prior to completing the assessment. We explain the information we collect by the Early Start and Families Service and we also outline how this may be shared, in our Early Start and Families Service privacy notice.</p> | | |
| <p><i>Name of each (all) parent/carer with parental responsibility</i></p> | <p><i>Consent to complete and share Early Help Assessment (Y/N)</i></p> | <p><i>By consenting are they aware how information will be shared and stored? (Y/N)</i></p> |
| | | |

Section Overview:

An early help assessment is a voluntary process, it is vital that families understand what an early help assessment is and what it entails regarding the sharing and storage of their information and data.

Please ensure you refer to the privacy notice as highlighted in the early help assessment to ensure all members involved are aware of the process.

It is the **agency responsibility undertaking the early help assessment to gain consent** documents can be located in the [early help toolkit](#)

Each family member including adults with parental responsibility, significant adults, and young people (age appropriate) should be aware of the following information:

- In agreement to having an early help assessment and any subsequent plan to support their family
- Understand the information collated with their family will be used to complete the assessment and frame the action plan
 - Give permission for information to be shared with practitioners that can provide support for them and their family
 - Understand how information will be stored and shared
- Understand that there may be instances where we act and share information without their consent, for example where there is an immediate risk of harm

Points to consider:

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

Record the details, of each parent/carer and any significant others involved with the unborn baby, child, or young person.

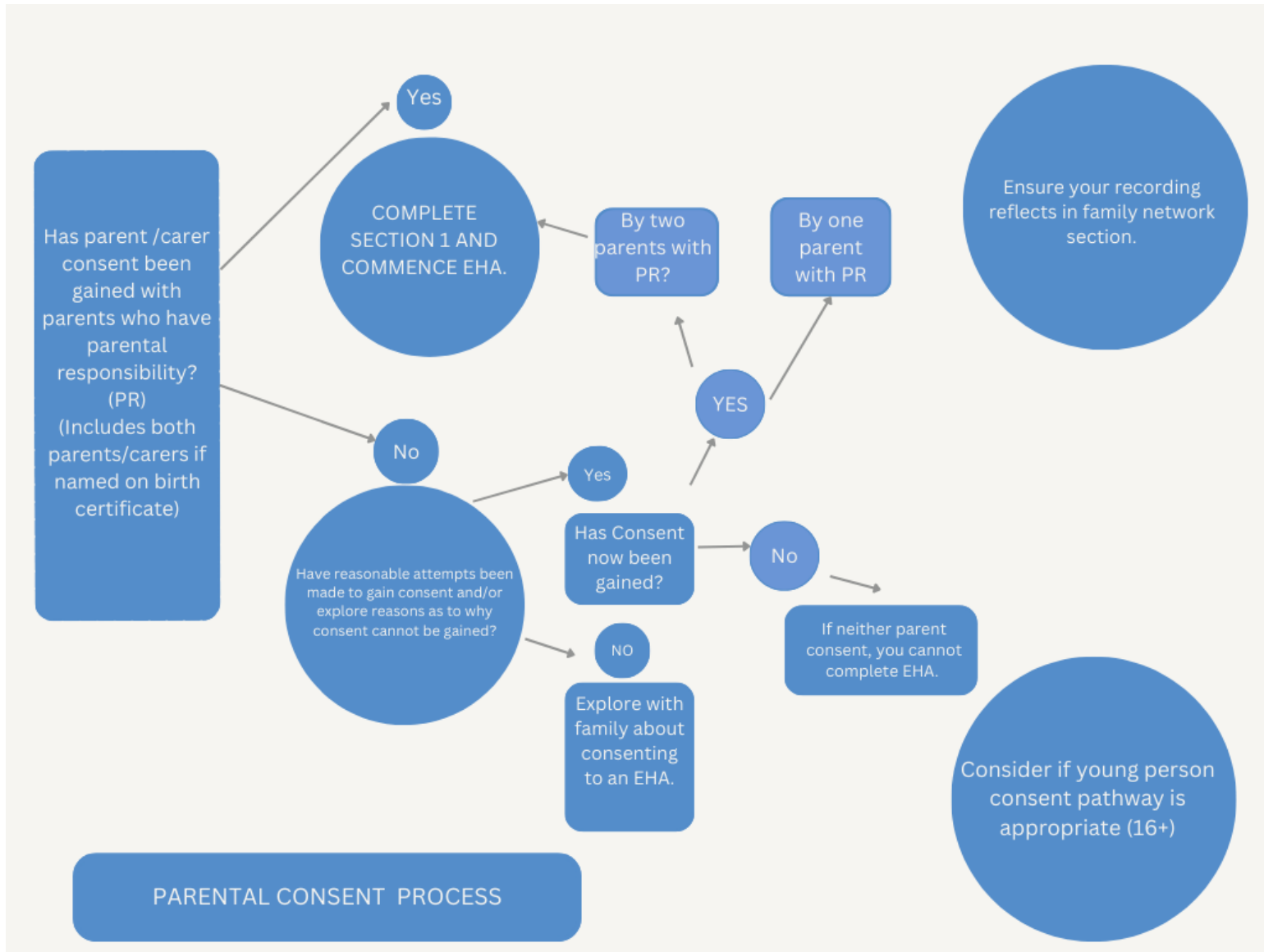
Include details of who has parental responsibility for the unborn baby, child, or young person and if a significant other is included, record what their relationship is to the unborn baby, child, or young person.

A key principle 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.

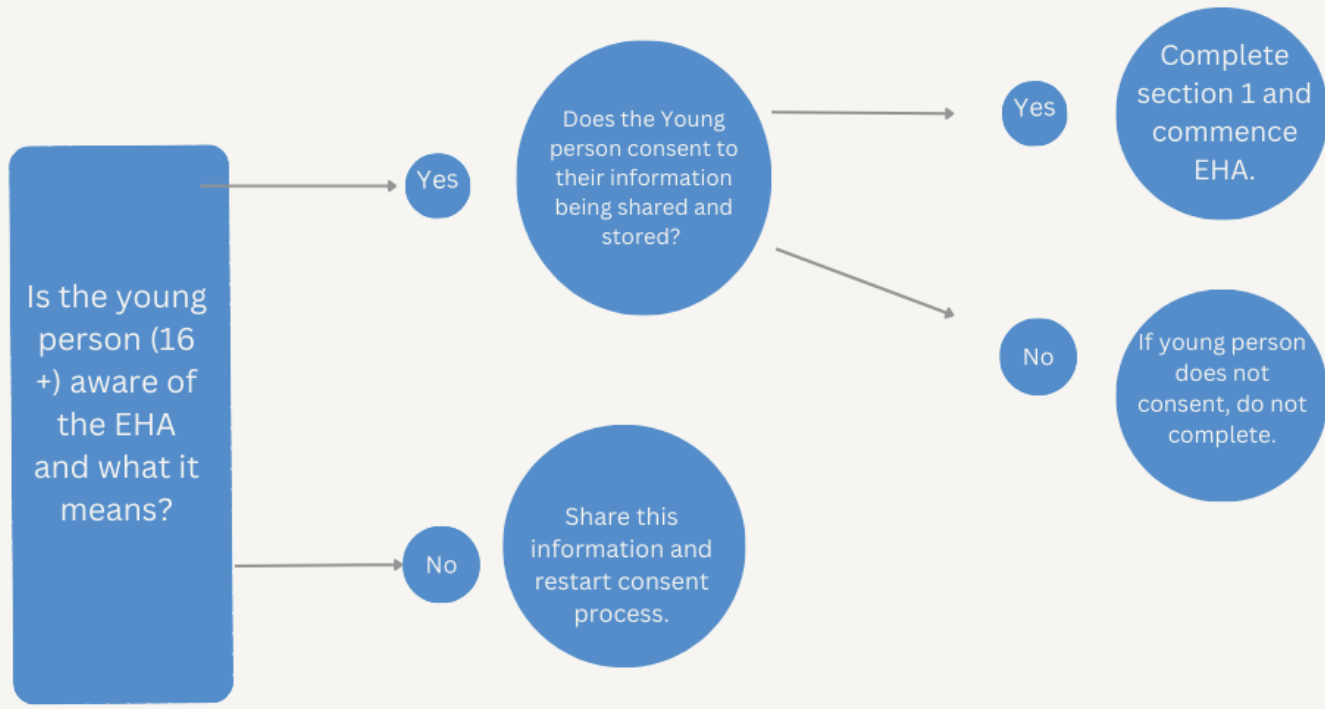
Separated and Blended Families

In some instances, all parents and carers with parental responsibilities may not be living within the family household. In this case, you should encourage the primary carer to provide details to enable you to contact the separated parent/carer, so that you can ask him/ her to be involved with the Early Help Assessment. It is important to ensure you are fully aware of the family's circumstances before you do this however, as there may be risks considering before contacting them. For example, due to safeguarding reasons it may not appropriate for a person to be included in the Early help assessment or any subsequent family network meetings. E.g. where there is a non-contact order.

Please see our flowchart which considers parental responsibility and consent for completing early help assessment



IT IS IMPORTANT TO RECOGNISE THAT A YOUNG PERSON MAY WANT TO CONSENT TO RECEIVING EARLY HELP SUPPORT, CONSIDERATION NEEDS TO BE TAKEN TO ENSURE THEY ARE FULLY ABLE TO CONSENT TO THIS IN TERMS OF DEVELOPMENT, UNDERSTANDING AND AWARENESS, FOR FURTHER INFORMATION, SEE [GILLICK'S COMPETENCY](#).



YOUNG PERSONS PROCESS MAP

Section 2 – Your Family Network.

Section Overview:

This section should be used to collate personal information relating to each family member within the household and wider family network, as appropriate. It is important that all boxes are completed for each family member.

What is a family network?

A family network is a term used to describe the people around the immediate family who can help and support them, this could be family member, friends, or neighbours. A family network also includes practitioners that are supporting the family, this may be a teacher or a community shop worker. It is important to include everyone who is supporting the family in the assessment and plan.



Points to consider:

Children/ Young people section

| | |
|---|--|
| Education and Health Status: | Does the child/young person have a complex health need? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the child/young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the child/young person have a special educational need? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the child have an Education Health and Care Plan (EHCP)? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered <u>yes</u> please provide details: |
| Does the child require assistance with communication (including need for an interpreter or signer)? | Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered <u>yes</u> please provide details: |
| Have their views been sought as part of this early help assessment? (Yes/No) If not <u>why not?</u> | |

- **Education and Health Status.** – If you choose YES for any of the questions. Ensure that you record information relation e.g. if the child has an EHCP, on SEN register or has a disability.
- **Communication Status** - If a child requires assistance with communication, please highlight their first spoken language or type of communication intervention required.

- As part of the assessment, you will be required to gain the child/young person voice using examples such as written, pictures, worksheets, anything completed with the child or young person.
- Can you consider capturing the words of children within any direct work or during home visits e.g. using direct quotes within the assessment.
- Consider how you engage with non-verbal children.
- If you have **not** been able to gain these individual views for the early help assessment, please provide rationale.

| | | |
|---|--|--|
| Do any of your children have a caring responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If answered Yes, please detail the child/ren's details below: | |
| Has a Young Carer's Needs Assessment been offered? | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | If answered Yes, please detail which child/ren this was offered to | |
| Is a Young Carer's Needs Assessment in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | If answered Yes, please details which child/ren this is in place for | |
| Do you, as a family have leave to remain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Points to consider :

- A young carer is defined as being:**
“Children and young people, under 18, who look after someone in their family who has an illness, a disability, or is affected by mental ill-health or substance misuse. They take on tasks that would normally be done by an adult. “ If this statement applies within the assessment this should be reflected in the assessment and action plan
- Leave to Remain/Indefinite leave to Remain**
It is important to identify if families need any [further support](#) due to their migration status and this should be reflected in the assessment and action plan.

Adult section

| | | | |
|--|--|---------------------------------------|--|
| Tenancy Status: | | | |
| Contact phone number: | | | |
| Gender identity: | | Ethnicity: | |
| Does they require assistance with communication (including need for an interpreter of signer)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Do they hold parental responsibility? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If you answered <u>yes</u> please provide details: | | |

Only include adults that have consented within section 1 – Consent.

Tenancy status could include Private rented Tenant; Local Authority Housing Tenant; Housing Association Tenant; Homeless; Homeowner; Other.

Communication status - If an adult requires assistance with communication, please highlight their first spoken language or type of communication intervention required.

| |
|--|
| Have their views been sought as part of this early help assessment? (Yes/No) If not <u>why not</u> ? |
|--|

If you have **not** been able to gain the views from the individuals listed in the early help assessment, please provide rationale.

Section 3 – Practitioner Involvement

Section Overview:

Barnsley’s approach to early help is that early help is everybody’s responsibility. Therefore, this requires multi-agency intervention support to enable and sustain positive outcomes for families.

This section identifies the practitioners working with the family who have/can be involved, if required, within the family network action plans.

Section 3- Practitioner Involvement

Complete all fields for each practitioner working with the family

| Information about the practitioner completing this assessment: | | | | | |
|--|------|--------------|---------------|----------------|----------------------------|
| Full Name | Role | Organisation | Email address | Contact Number | Relationship to the family |
| | | | | | |

| Information about the other agencies and practitioners supporting you and your family: (insert more rows if necessary) | | | | | |
|--|------|--------------|---------------|----------------|--------------------------------------|
| Full Name | Role | Organisation | Email address | Contact Number | Contributed to this assessment (Y/N) |
| | | | | | |
| | | | | | |
| | | | | | |

Points to consider:

- Ensure you include all practitioners that support each member of the family, even if this is outside your setting.
- All practitioners that are actively involved with any member of the family should be invited to contribute to the assessment and subsequent meetings, if required. Please bear in mind, different practitioners working hours.

| As a family, which practitioner do you feel you have the best relationship with? (insert more rows if `necessary) | | |
|---|--------------|----------|
| Family member | Practitioner | Comments |
| | | |
| | | |

Points to consider:

- Discuss with each family member including children and young people about who they feel they have the best relationship with.
- This is an important section to highlight who may be the best lead practitioner if the outcome /next steps of the assessment is for a family network action plan

| Please list any previous or ongoing assessments completed with you and your family: | | | | | |
|---|--------------------------------|-------------------------------|-----------------|---------------------|-----------------------|
| Date | Service undertaking assessment | Person undertaking assessment | Assessment Type | Dates open - closed | Reason for assessment |
| | | | | | |
| | | | | | |

Points to consider

- Listing any assessments that have previously been completed with the family or family members.
- Providing the assessment types and dates provides opportunity to understand the family’s journey, also detailing what support they have had in the past or currently receiving to avoid any duplication and inconsistencies.
- Assessments to include in this section could include but not limited to:

| | | |
|---------------------------------------|--------------------------------|---------------------------------|
| Children and Young Persons Assessment | Section 47 Assessment | Section 17 Assessment |
| Graded Care Profile | Previous Early Help Assessment | ASDAT assessment |
| ADHD Assessment | Early Help Conversation | Education, Health and Care plan |

Section 4 – Whole Family Assessment

Section Overview:

This section focuses on identifying the strengths and worries of the family, identifying 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 should complete all sections as fully as possible, based on your professional knowledge of the family and the information that is shared by child/young person, their family and by other practitioners within the family network.

The content of the Early Help Assessment should be open and transparent, and written with the family using language that the family understands.

If safeguarding concerns are identified during the assessment, please discuss there with your line manager/designated safeguarding lead as appropriate and follow your safeguarding policies and procedures. Where it is safe to do so, you should discuss these concerns with the child/parent so that they understand that there may be a need to make a request for service to Barnsley Integrated Front Door.

Assessment Structure

The whole family assessment is split into three sections; Voice of the Child; Family Voice and Signs of wellbeing

Section 4 –Whole Family Assessment Please refer to the guidance for completing each section for the whole family assessment

| How has the voice of the child been gathered? | | | |
|--|-------|-------------|-------|
| Child Name- | Tool- | Child Name- | Tool- |
| Child Name- | Tool- | Child Name- | Tool- |
| Child Name- | Tool- | Child Name- | Tool- |

| | |
|--------------|---|
| Child's Name | What do you worry about? Who or what helps you with the things you are worried about? What would help make things better for you? |
|--------------|---|

The voice of the child section identifies the importance of including the child's emotion, wishes and feelings throughout the whole process of early help. Extensive research (NSPCC 2024, Ofsted 2011) has showed that the most effective intervention is when involved with the family members, including all children are listened to and are an integral part of the change process.

Consideration when undertaking the voice of the child should include:

- **Space** – Ensuring the venue is accessible, friendly and safe. Considering adaptations needed to be inclusive for all children
- **Voice** – Ensuring resources are creative to gain children voice. Choosing the correct practitioner with relationship for direct work with children and young people.
- **Audience** – Consider communication for the plans and processes and how the child's views will be shared?
- **Influence** – Consider the voice of the child and how this influences the early help assessment, family network plan intervention and outcomes.

When conducting direct work and engaging with children and young people, consider how the three focal questions reflect the child's emotions and wishes.

There are various resources that can support you to gain the voice of the child and these can be found on through the [Early Help Practitioner toolkit](#). Additionally, consider both verbal and non-verbal cues, their reactions, and how their living situation and current experiences might be influencing them.

This next section uses the framework of Signs of Wellbeing, to formulate the assessment working with all family network members to focus on strengths of the family and being specific regarding the worries, and what is effectively required to bring change and progress.

| What are we worried about? | What is working well? | What needs to happen? |
|---|--|---|
| <p>What has happened to make you have a worry and how has this affected the child/young person?</p> | <p>Who has been doing what to try and address these worries and how has this helped?</p> | <p>What are the next steps to try and get the worries sorted out?</p> |
| <p>Who or what is making the worries harder to sort out and how?</p> | <p>Who has stepped in to keep your child/ren safe, well and cared for?</p> | |

To support you in completing the assessment family need areas to consider are:

| <u>Family Needs Areas</u> | <u>Attributes to consider:</u> |
|---|--|
| Getting a good education | <ul style="list-style-type: none"> • Attendance • Punctuality • Attainment and progress • behavioural concerns • engagement and participation. • SEN Needs and how they are met in school. • Risk of NEET |
| Good Early Years Development (only for families with children 0 – 5 years) | <ul style="list-style-type: none"> • Developmental concerns such as speech and language, SEN concerns. • School readiness • Access to services • Personal, social, and emotional development • Accessing eligible childcare/early years setting. • Expecting or new parent/carers who require additional support (e.g. parents with learning needs or young parents who are care leavers) • Childs physical health needs being met. • Registered with GP/Dentist • Immunisations up to date |
| Improved mental and physical health | <ul style="list-style-type: none"> • Childs needs support with their mental health. • Adult needs support with their mental health • Child and/or parent/carer with physical health needs that affect the family e.g. long-standing health condition requires management/physical disabilities requiring adaptations. • Consider young carers within this. |
| Promoting recover and reducing harm from substance misuse | <ul style="list-style-type: none"> • Adult has a drug or alcohol problem. • Child or young person with a drug or alcohol problem. |

| | |
|--|---|
| Improved family relationships | <ul style="list-style-type: none"> • Parent/carer require parenting support. • Is parental conflict within the home? • Young carers and their needs been met. • Child violence in the home to siblings and parent/carers. |
| Children safe from abuse and exploitation | <ul style="list-style-type: none"> • Emotional, physical, or sexual harm or neglect within the environment (historical or current within the household) • Child/ Young person going missing from home. • Child/young person at risk of pre-criminal or criminal exploitation • Child/young person at risk of sexual exploitation • Child/young person experience harm outside of family home, - bullying, harassment peer to peer abuse. |
| Crime prevention and tackling crime | <ul style="list-style-type: none"> • Child/Young person involved in crime, anti – sociable behaviour, or in harmful risk -taking behaviour. • Adult involved in crime |
| Safe from domestic abuse | <ul style="list-style-type: none"> • Family affected by domestic abuse, or inter-personal violence (historic, recent, or current) |
| Secure housing | <ul style="list-style-type: none"> • Families are at risk of homelessness. • Families not in suitable accommodation e.g. housing conditions/overcrowding • Young people at risk of or excluded from family home |
| Financial stability | <ul style="list-style-type: none"> • Adult in the family workless or not currently in work • Family requires support with their finances and unmanageable debt. • Young person is NEET |

Below are some question examples to support in completing the whole family assessment

What are we worried about?

- What has happened to make you have a worry and how has this affected the child/young person?

It is important to consider this when we are completing this section, you must hold firm to your worries as a practitioner but be kind and compassionate with your families.

Questions to consider:

- What has happened that is causing worry?
- When did it happen? How often has it happened?
- What is the child or young person say they are worried about (use from Voice of Child section in Whole Family Assessment)
- What is the known impact on the child?

From using the above questions consider the impact of this worry has on all family members

Remember:

We need to include evidence-based information only on what has happened, what you know. Please ensure you promote this within network members of the assessment so that you do not to include any generalisations or assumptions of the behaviour, impact etc.

Who or what is making the worries to sort out and how?

This secondary question provides opportunities to consider complicating factors within the worry.

- Consider historical worries such as what has happened in the past for the child/young person?
- What might make the worries harder to deal with and for who? (Practitioner, Family Network Members or Child/Young People) For example, A complicating factor may be engagement, service waiting lists, substance and alcohol misuse etc)

What is working well?

This section is important to create a balanced assessment.

We need to ensure we identify and feedback to families the good things and strengths they have in relation to the worry.

Questions to consider:

- Summarise the strengths within the family and what is going well for them.
- Who is doing what to create good things for the family?
- Who are the people who best care for the child and what are the ways they care for them?
- What would the child say are the best things in their life? (use from Voice of Child section in Whole Family Assessment)

Remember:

We need to include evidence-based information only on what has happened, what you know and ensure you promote this with partners of the assessment whilst completing it, not to include any generalisations or assumptions of what is working well?

Who has stepped in to keep your child(ren) safe, well and cared for?

This secondary question provides opportunities to consider how the family's wellbeing and strengths have been maintained previously:

- When the worries have been present, who has done what to support the child/young person?
- Has there been a problem when this worry has been less and if so, what was it about that time that was helpful?

What needs to happen next?

This section is important to look at what needs to happen next to support the family network. This section will support the basis of the action plan if you agree that the next steps are a to move forward with a family network meeting.

Practitioners should make sure that they don't put unrealistic expectations on the family, which could set them up to fail. Remember to use SMART actions

Questions to consider:

- What needs to happen next to reduce or change the worries identified?
- Who can make this happen?
- What did the child/young person say they need to happen?

Points to consider:

- Who will support the family in making these changes – a support network for the family who understand the worries?
- Family members should be the driving force behind these actions and steps as they find their own solutions to support sustainability.
- Practitioners may have some steps within this column that need to be completed also.

Section 5 – Worry statements, wellbeing goals and scaling.

Section overview

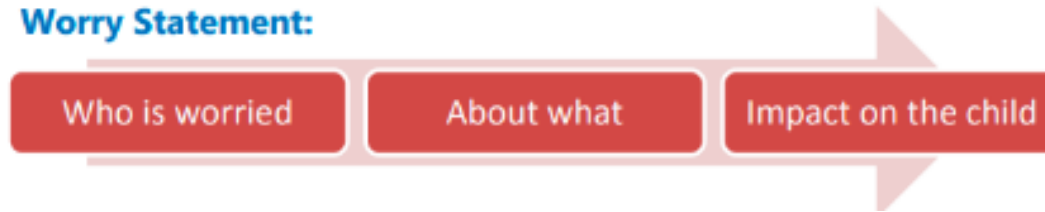
The practice model of signs of wellbeing uses a worry statement and wellbeing goal within the threshold of early help. The child/young person along with the family should be able to understand the statements and goals written along with the assessment therefore it is vital to use family friendly language that everyone can understand.

Worry statements and wellbeing goals are the reflection of the key critical issues of the family's current situation and what we would like to see change.

Section 5 – Worry, Wellbeing and Scaling

| | |
|---|---|
| What are we worried will happen to the child or young person if nothing changes? Write a statement for each worry or theme (1 minimum 4 maximum) | What do we need to see to know that the child or young person is safe and well enough for us to not be worried anymore? Write a goal for each worry statement (1 minimum, 4 maximum) |
| Worry Statement 1: | Wellbeing Goal 1: |
| Worry Statement 2: | Wellbeing Goal 2: |

Worry Statement:



What is a worry statement?

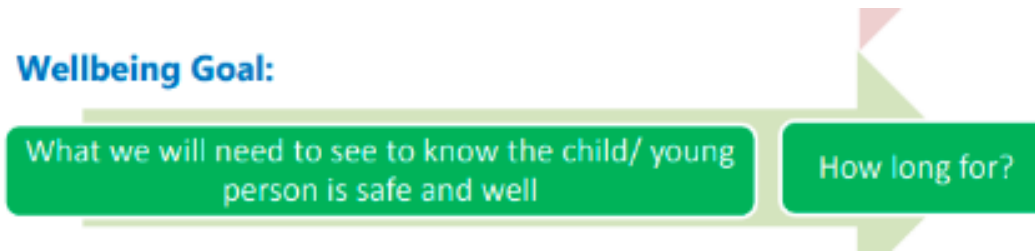
A statement that outlines who is worried, what behaviour they are worried about, examples or evidence of this behaviour and what impact is likely on the child/young person.

How to write a worry statement

- **Who is worried?** - Start your statement with who is worried and from what agency
- **What has happened to make them worry?** Describe the behaviour that is causing the worry
- **What is likely to happen to the child if nothing changes?** Describes the likely future negative impact on the child both immediately and in the longer term.

Effective fundamentals of a worry statement:

- Clearly described what professionals are worried will happen to the child if nothing changes.
- Describe the adult behaviour that is causing the worry.
- Written in behaviour specific jargon free language that is understandable and relatable to parents as well as practitioners.
- You can hypothesise - for example, if clear supervision is not in place, the children could get hurt.
- You can have a maximum of four well-being and worry statements.



What is a well-being goal?

A statement that outlines what we need to see in the change of behaviours, what this will look like and the positive impact this will have on child/young person and family and for how long this change needs to be maintained until the EHA can end.

How to write a wellbeing goal

- What does the day-to-day life for this child and family need to look like, to not have these worries and be able to close the plan? -
- What would you need to see that would make you satisfied the situation is at a 10, remember some worries cannot be eradicated but can be managed well consistently?
- Show the family members, network members and practitioners what a preferred future would look like – not how to achieve it.

Effective fundamentals of a wellbeing goal:

- It must connect to the worry statement
- Services not to be included in goals as this is what the family life will look like without practitioner continuous support.
- Show you believe in the family and want them to succeed.
- Ask the family what they want – what their goal is?
- Be realistic – do not set-up to fail – for example – mental health may never be resolved – so what support and who can step in when needed?

Examples of Worry Statements and Wellbeing Goals

Each worry statement should have a corresponding wellbeing goal and remember there should be no more than four of each.

Worry Statement 1:

Julie, the school parent support advisor, is worried about the arguments Mum and Dad have said they are having at home due to them disagreeing on lots of things and the impact this is having on Carl. At school Carl has punched another student for pushing in front of him in the lunch queue, has tipped a bookshelf over when he was asked to share a book and called his class teacher a “stupid bitch” when she gave him a consequence for purposely pouring a full cup of water on the floor. At home, Carl has punched a hole in his bedroom door when Mum and Dad were arguing.

Julie is worried that if this continues, Carl will continue to show his upset feelings through these actions and other children will not want to play with Carl. If nothing changes, this will affect his school, how he feels about himself and others and he will grow up to not know what a healthy relationship is.

Wellbeing goal 1:

For Julie and school to be less worried, they need Mum and Dad to manage their disagreements in a healthy way, so Carl feels safe and happy at home. Mum and Dad will have a plan of what they will do when they have disagreements, which will involve the support of their family network. Carl will know what the plan is, so he knows how to get help when he needs it. Carl will be able to speak to his safe people in school when he feels upset, so he can express his feelings in a safe way. Carl will feel calm at school, and he will have healthy friendships.

Worry Statement 2:

Charlotte from Targeted Early Help support is worried that mummy's drinking of alcohol and how this is making Rosie feel. Rosie is very tired and upset when at school and Mrs Williams from school is very worried about Rosie and her behaviour. Rosie used to enjoy doing lots of school activities but recently has started to withdraw from her friends at play time and with activities. Mummy is doing her best and is continuing to talk to Charlotte, which is really important. Charlotte and Miss Williams recognise that mummy has got limited help, and drinking is sometimes a release to support mum with other worries such as her debt problems and being a solo parent which is a tough job.

Wellbeing Goal 2:

For Charlotte and Mrs Williams to be less worried, they would need to see Rosie become more happy at school again and play with her friends and enjoy learning. For Mum to have plan and gain support from her family network of professionals to help manage her alcohol in a safe way to enable her to parent Rosie in a safe environment

Scaling

The scaling question enables you and the family to identify the level of worry by opening discussions regarding what needs to change to improve the outcome. Completing the scale will provide a picture of where each individual family member is at the time of the assessment as everyone will have their own needs.

| Scaling Question | | | |
|---|--------------|----------------------------------|---|
| On a scale of 0-10 where 10 is that there is a family network in place and evidence that the worries are being managed and practitioners do not need to remain involved and 0 means we are very worried, and we need some additional professional support to deal with this where do people currently rate the situation? | | | |
| Please remember everyone in your family network plan should complete (please add more rows as appropriate) | | | |
| Family members/ Lead practitioner | Scale | Reason as to scale chosen | What would need to happen to make things better? (e.g. improve scaling by 1) |
| | | | |
| | | | |

Points to consider:

- Be very clear about what you want to scale (read the question out loud to the family and summarise what has been written in the assessment area)
- Clearly define both ends of the scale for the person/people you are working with
- Ask each individual family member to scale to gain their perspective.
- Explore reasons into their scaling, elicit detail in to why and what they are doing to achieve this success or what needs to improve (add more rows if required)
- 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 (do not 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).

Section 6- Reason For Assessment Being Completed

Overview:

Family need areas focus on building the resilience of vulnerable families, and on driving system change so that every area has joined up, efficient local services which are able to identify families in need and provide the right support at the right time.

Throughout the early help assessment process, it is important for us to identify and provide support to these families. This section is essential to be completed and updated throughout this process.

Points to consider:

- Select each criterion that is relevant to the family at the point of assessment.
- There is no minimum or maximum, but you need to select all that is appropriate.
- This information will also be applicable when reviewing the network plan and closing the early help assessment

Section 7 – Safety

Overview

After completing a balanced assessment of the family, this section focuses on whether as a practitioner you are satisfied that the child/ren are safe in their current circumstances.

If you determine that the child is safe, identify the factors that support your assessment of the child's safety. However, if there are any uncertainties or concerns about the child's safety due to internal or external factors, consider adding a [safety plan](#) to your Early Help Assessment, which can be found in our toolkit.

When discussing the safety of children and young people, it is important to be clear and transparent, using language that the family understands.

If safeguarding concerns are identified during the discussion of safety, please discuss there with your line manager/designated safeguarding lead as appropriate and follow your safeguarding policies and procedures. Where it is safe to do so, you should discuss these concerns with the child/parent so that they understand that there may be a need to make a request for service to Barnsley Integrated Front Door.

| | |
|--|-----------------------|
| <u>Are you satisfied that the child/ren are safe?</u> | <u>Yes/ No</u> |
| <u>If yes, what have you seen to tell you that the children/ren are safe?</u> | |
| <u>If no, to increase the safety of the child/ren do they need an agency led safety plan?</u> | |

Section 8 - Next Steps for you and Your Family Network

Overview:

Now that the assessment is formulated, the next step in the process is to determine what happens next. The practitioner completing the assessment needs to determine with the family, from the strengths, and worries, what type of intervention is needed. It is important to consider that there may be multiple options of support and to tick more than option e.g. family network meeting and referrals made to specialist services e.g. mental health.

| | |
|--|--------------------------|
| Single agency response | <input type="checkbox"/> |
| Early Help Family Network Meetings (if this is required, complete initial family plan section) | <input type="checkbox"/> |
| Complete a request for support from another service | <input type="checkbox"/> |
| There are significant concerns for the child/ren which requires a referral to Children's Social Care | <input type="checkbox"/> |

Single Agency Response: When the needs identified through the assessment can be met by a single agency.

Early Help Family Network Meetings: When there is multiple support needs identified that require more than one service to work together.

Complete a request a support from other service: This includes referrals to more targeted and specialist support such as mental health crisis support.

Referral to Children's Social Care: When you feel that the thresholds are above early help and require input from statutory services.

If you have selected early help network meetings you will need to complete the section regarding who will be the lead practitioner moving forward this may be different to whom has completed the assessment and who will be involved in the plan.

| Provide the name of the lead practitioner: | | | |
|---|---------------|----------------|----------------------------|
| Organisation | Email address | Contact Number | Relationship to the family |
| | | | |

| Who will be involved in the plan: | | | | | |
|--|--------------|------------------------------------|---|--|---------------------------------------|
| Full Name and Role | Organisation | Contact details email/phone number | How often will they see the child/young person? | What are their specific tasks to support the child & family? | Contributed to this assessment? (Y/N) |
| | | | | | |

Initial Family Plan

Whichever outcome that is identified from the early help assessment, the initial plan section is to be completed. It is important to identify a specific work plan that correlates directly to the family’s worries and wellbeing goals. The initial family plan is where immediate actions are to be taken or what will agencies or family network members will do. When completing the work plan, we would recommend SMART action planning looking at actions to be:

Specific Measurable Accurate Realistic Timely.

Points to consider if you have identified from the assessment:

- **If this is a single agency response** - the assessing practitioner to identify what they agency is going to do to support the family, what actions are going to be implemented and how this will support the family.
- **Early Help Family Network Plan** – This assessment will have identified the need for a holistic and multi-agency services to support their family in achieving their wellbeing goals. In this plan, identify the services that are either currently involved or those that have been identified by the assessment and agreed with the families that will need to be referred to.
- **Request a support from another service** – Identify which service has been highlighted and when this referral or request for service is to be completed and when by.

| Initial Family Plan | | | | |
|--|------------------------------|--|--|----------------------------------|
| Which presenting worry does this link to? | What needs to happen? | What practitioners need to do and who will do it? | What the family network members will do and who will do it? | When will this happen by? |
| | | | | |
| | | | | |
| | | | | |

After completing the Early Help Assessment and identifying that a Family Network Plan is required, it is considered best practice to hold regular review meetings every six to eight weeks (or sooner, depending on the needs of the family).

Points to consider:

- Consideration should be given regarding meeting venues, ensuring they are neutral whenever possible, and in a location where the family feels comfortable. Whenever possible, young people should be included in meetings to ensure their voice is heard. Young people should be supported to attend these meetings and be present to discuss the issues that affect them and assist in decision making and next steps.
- If the children or young person does not feel comfortable attending or prefer not to attend the meeting, their views should be obtained prior to the meeting. During the meeting, their views should be considered in the development of the action plan, which should be shared with the young person and their family following the meeting.
- For each review meeting, you may utilise the same document template. Use dates to highlight and update progress and changes. It is essential to save different versions of this document for each review meeting, including the meeting date and updated family needs and outcome areas. The review action plan document can be accessed from the [early help toolkit](#).
- If a practitioner or family member cannot attend, it is imperative that an update is sent to ensure maximum efficiency from the family network plan meeting and agreed next steps

How to formulate the action plan

- Complete all relevant sections in full to ensure accountability and consistency for all those involved within the family network plan.
- The family action plan must always be SMART, prioritising on what needs to be achieved at each review meeting to minimise families becoming overwhelmed.
- Actions can be broken down into smaller tasks that are manageable for network members and the family
- Review the progress made and remember all family network members to complete the scaling question in relation the worry
- As you meet specific wellbeing goals then you can remove the worry statements. The network plan provides a snapshot of what the life is like for the family- you do not need to have the historic worry statements and wellbeing goals listed if they have been met
- As the family network plan continues to develop, there may be additional worries that emerge, if this is the case, complete a new worry statement and well-being goal with actions that need to be taken.
- Remember to keep to your maximum of four.

| Worry Statement 1: | | | | | |
|----------------------------|---|--|---|---------------------------|---|
| What needs to be achieved? | When this need is met, how will we know and what difference will this make? | What specific actions professionals need to do and who will do it? | What the family network members will do and who will do it? | When will this happen by? | Update on Progress (against the action) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Scaling Question in relation to Worry Statement 1 | | | |
|--|-------|-------------------------|--|
| On a scale of 0-10 where 10 is that there is evidence that the worry is been managed and practitioners do not need to remain involved and 0 means we are very worried, and we need some additional professional support to deal with this, where do people currently rate the situation? | | | |
| Please remember everyone in your family network plan should complete including all attendees at the meeting (Insert more rows as appropriate) | | | |
| Family network members | Scale | Reason for scale chosen | What would need to happen to make things better? (e.g. improve scaling by 1) |
| | | | |
| | | | |

What happens after the family network meeting

- Only the family action plan needs to be completed by the lead professional and circulated to the family and practitioners within the family network.
- Be sure to update the family need and outcome areas as this is a good measure to show the progress that has been made with families
- The lead practitioner does not need to take any additional minutes.
- A copy also needs to be sent to the early help team after each review meeting at earlyhelp@barnsley.gov.uk.

Points to consider:

- When you review the plan, you should ensure you remain focused on the initial early help assessment and reason for multi-agency interventions as well as any newly emerging needs
- Should the support for the family pass 24 weeks since the initial early help assessment was undertaken, you should re-visit the original assessment and update with any new relevant information.
- Should there be any changes to this assessment, you need to resend this to earlyhelp@barnsley.gov.uk,
- We would recommend you review the original EHA assessment at six months and twelve months to ensure that the current needs of the family remain, and the family dynamic is the same

Practice Example

Worry Statement:

Julie, the school parent support advisor, is worried about the arguments Mum and Dad have said they are having at home due to them disagreeing on lots of things and the impact this is having on Carl. At school Carl has punched another student for pushing in front of him in the lunch queue, has tipped a bookshelf over when he was asked to share a book and called his class teacher a “stupid bitch” when she gave him a consequence for purposely pouring a full cup of water on the floor. At home, Carl has punched a hole in his bedroom door when Mum and Dad were arguing.

Julie is worried that if this continues, Carl will continue to show his upset feelings through these actions and other children will not want to play with Carl. If nothing changes, this will affect his school, how he feels about himself and others and he will grow up to not know what a healthy relationship is.

Wellbeing Goal:

For Julie and school to be less worried, they need Mum and Dad to manage their disagreements in a healthy way, so Carl feels safe and happy at home. Mum and Dad will have a plan of what they will do when they have disagreements, which will involve the support of their family network. Carl will know what the plan is, so he knows how to get help when he needs it. Carl will be able to speak to his safe people in school when he feels upset, so he can express his feelings in a safe way. Carl will feel calm at school, and he will have healthy friendships.

| What needs to be achieved? | When this need is met, how will we know and what difference will this make? | What specific actions Professionals need to do and who will do it? | What the family network members will do and who will do it? | When will this happen by? | Update on Progress |
|--|--|--|---|---|---|
| To support manage the relationship between Mum and dad. For arguing at home to reduce to minimise an emotional impact on Carl. | Attended and completing this programme will support mum and dad in managing their difficulties better and have a healthier relationship with better communication skills. | Support mum and dad to attend the course and implement the learning. | Mum and dad will complete the online programmes: Solihull Understanding your own relationships Arguing Better from One plus One | 31st October 2024. | 12/9/2024 Mum and dad have both completed the understanding your own relationships. 26/10/2024 Mum and dad have completed both programmes. |
| To support Carl at school managing his emotions. | Having clear strategies that Carl, school and family agree on will create opportunities for Carl to have a better experience of school. Carl will be able to manage school expectations. | Julie to put a plan together with teachers to support Carl in the classroom and on the playground. | Follow advice from school. Carl to try his best | Strategies to be put in place by 20 th September. The support will continue long term for as long as required by Carl | 12/09/2024 Julie has brought some plans for the meeting and has discussed these in a 1:1 with Carl. Carl has been given an emotional wheel, time out card and a daily check in with Julie. 26/10/2024 The strategies are having an impact and Carl's behaviour is reducing at school. He has had three |

| | | | | | |
|---|--|--|---|--|---|
| | | | | | occasions of level 2 warnings, but not violent or disruptive. |
| <p>To support Carl at home managing his behaviours</p> <p>Mum and dad to attend Nurture programme</p> | <p>Nurture programme will provide support to parents to optimise their home routine and managing behaviour and understandings.</p> | <p>Support mum and dad to attend the Nurture Programme</p> | <p>Mum and dad will book on and complete the Nurture Programme.</p> | <p>12/9/2024 31st Of October</p> <p>26/10/2024 This action completion has been extended to November due to course availability.</p> | <p>12/09/2024 Booked on at Central Family Hub via Virtual Family hub course begins on 30th September 2024.</p> <p>26/10/2024 Both parents have attended weeks 1 – 4 and are finding the programme useful and putting in the strategies each week. They are finding that this is a change for Carl but starting to see the positive impact.</p> |
| <p>For Carl to understand his emotional triggers and support</p> | <p>Carl will understand his emotions more and how this links to behaviour. He will understand how to communicate this and how to support himself at home and in school</p> | <p>Julie will complete emotional support on a 1:1 basis for a full term to understand Carls views and help him manage emotions, triggers and behaviours.</p> | <p>Carl to attend his weekly sessions</p> <p>Mum and dad to support and encourage this intervention</p> | <p>12/9/2024 This weekly session will be held until the end of Autumn Term (21,10 24)</p> | <p>12/9/2024 Carl has had only one session so far and this was to talk about rules and expectations.</p> <p>26/10/2024 Carl has successfully completed a half term so</p> |

Change of Lead Practitioner

As the plan progresses, a family's support needs will evolve and priorities and practitioners change, it may be the case, that the original lead practitioner may not still be the most appropriate person to lead.

The lead practitioner can be changed when in agreement with practitioners and families, however you must complete the [change of lead form](#) and send to earlyhelp@barnsley.gov.uk including both the original and new lead practitioner to confirm acceptance.

Step Up to Social Care

Sometimes when completing plans and actions continue to be unmet, more worries arise as practitioners work with the family more intensely over time, you may need to consider safeguarding and Barnsley step up- step down protocol.

[Barnsley's Thresholds for Intervention](#) framework is an important resource to determine level of need, and the detailed descriptors are used as a guide to support professional judgement about level of risk and the spectrum of services to meet that need.

If safeguarding concerns are identified during the plan, please discuss there with your line manager and following your safeguarding policies and procedures. Where it is safe to do so, you should discuss these concerns with the child/ parent so that they understand that there may be a need to make a referral to Barnsley Integrated Front Door.

Where a case does step up to children's social care as part of a Child in Need (CIN) or Child Protection Plan (CPP) then Early Help Assessment should be closed in agreement with the allocated social worker.

Early Help Assessment Closure

Where the desired outcomes have been met and as the plan is ready to close, it is the lead practitioner responsibility to agree closure with the family network.

In all instances where are early help assessment has been closed the Lead practitioner should complete the [closure form](#) which identifies reasons of outcome is completed and email this to earlyhelp@barnsley.gov.uk

Early Help Practitioner Checklist:

After you have completed the Early Help Assessment, this is a handy checklist to refer to ensure you are completing necessary steps to effectively support families in early help.

- Complete Early Help Assessment
- Identify next steps
- Identify lead practitioner
- Lead practitioner to share assessment with family and network practitioners.
- Organise initial Family Network Meeting
- Complete Initial Family Network Action Plan
- Discuss wellbeing goals, worry statements and family needs' areas.
- Share family network action plan with network practitioners
- Submit family network action plan
- Organise a further review plan within 6 – 8 weeks
- Complete review
- Discuss progress and complete the separate Review Action Plan document
- Repeat review plan every six to eight weeks
- Submit Closure Form at point of closure identifying closure reasons
- Identify family needs' area that have been met from assessment point to closure

If you require any further support with the Early Help Assessment and its process, please email earlyhelpdevelopmentofficer@barnsley.gov.uk