

Early Help Assessment Tool <b>this section automatically pulls through from the EHAT.</b>						
<b>Details of Child</b>						
Family name		Given name				
Actual DOB		Gender				
Ethnicity		Primary Language				
Primary Address		Telephone				
		Mobile				
<b>Family Details – these sections automatically pull through from the EHAT. To update please ensure relationship section on child files is up to date.</b>						
<b>Family Composition -</b>						
Relationship	Name	Date of Birth	Gender	Address		
<b>Other Relevant Relationships –</b>						
Relationship	Name	Date of Birth	Gender	Address		
<b>Other Details</b>						
Immigration Status						
Family's first language						
The child/young person is disabled?						
The child/young person a young carer?						
Details of any special requirements (for the child and/or their parent)						
<b>Key Agency Involvement with this Family – this section automatically pulls through from the EHAT. To update please ensure involvement section is updated on the EHAT.</b>						
<b>Services Working with this child[ren]/young person[s]</b>						
Type	Person / Department / Organisation	Start Date	End Date	Contact No	Social Care	Comments
<b>What has led to this Early Help Assessment?</b>						
<p>This should be a summary of the concerns / worries being raised to create this assessment. Be concise and relate the concerns / worries to the need for the assessment such as:</p> <p><i>Harry the police were called to your home on [date] following a 3<sup>rd</sup> party informing your mum was drunk and unable to care for you. The police attended your home and found that your mum had drunk alcohol but that your nan was also there who hadn't been drinking alcohol. The Police looked around your home and noticed that your bedding was not clean, there was bags of rubbish in the kitchen and living room and there was little food in the cupboards and fridge. Harry your nan said she was looking after you and had brought you home to find mum drunk, so she took you back home with her after the police left.</i></p>						

The contact was screened in level 3 MASH – the outcome of the screening was for level 2 support lead by [name of agency/person] to complete an EHAT assessment to consider the support needs for Harry and mum.

#### Agencies involved with the assessment

This should document who has contributed to the assessment  
This should be a list of professionals, parents, children and family members  
This should evidence even if people have declined to take part

*E.G. Dad was contacted as part of the assessment however he declined to engage.[agency name i.e school/health] have been contact but have not yet provided information for the assessment. When information is received this will be added as case note and reviewed in FAM [if applicable]*

#### All about my family

##### Child/Young Persons Pen Picture

Describe the child individually - if there is more than one child **toggle** this box to reflect this.

Talk about the child's likes and dislikes. What they think about their home or the worries being raised (if old enough to verbally communicate this).

What kind of relationships does the child consider themselves to have with those identified by parents in the support network. Does the child have anyone else who they consider a support? Do they have contact with both parents if both do not live in the home?

Is there a partner for either parent who they have contact with and what is their relationship like with that person?

If the child has been present for an incident and is old enough to verbalise their thoughts of this then hold a direct discussion about what they have seen or experienced. What is life like at home? What is life like at school/nursery? What friends do they have? What do they feel like when they see things that they may talk about as scary or frightening for them? If there is DA - what do they see? What happens in their home?

Point to consider: the reader should be able to read this section and build a visual picture of the child young person in all aspects

##### Parent's Pen Picture

Describe the parent individually - **toggle** parents and if parents have partners and/or other children include this information here also.

Talk about the relationships the adults have with each other and then child. Ensure there are no hidden partners that are not talked about. Any missing parents need to be contacted if they are involved in the child's life and/or if they have PR. Consider any risks of doing this if there are DA concerns or any other worries that may place the child and present parent at risk. Consider how this information can be gathered safely and if it cannot then make reference to this here. Also document if attempts have been made to contact a parent without success including how this has been done - visit/calls/texts/letter etc. Try to utilise varied methods to contact parents.

Include partners in discussion and if there are other children in other households consider if parents/carers of these children need to be made aware of any concerns via a contact to MASH.

For example, mum/dad could have a partner who is allowing the home environment to be neglectful and their child from a past relationship visits the home - it is likely, the parent of this other child would need to be contacted to be advised there are worries relating to a child and the home environment. MASH would need to be informed of this and checks could then be completed formally to evidence this. This ensures all children are safeguarded in the process of assessing this child. Parents need to be told of this also so as not to reduce any additional risk for the other child/parent of this child

**Commented [KM1]:** There are head icons at the side of each section on the EHAT. If you click on it, it will provide separate boxes for the children.

**Commented [KM2]:** Use the same icon as above [heads] to separate children if parents are different and the parent is part of the assessment

### Support Networks and Wider Family

Talk about who is available to support child/young person and parents including friends and family. Extended family members - grandparents, aunts, uncles, cousins etc. Friends - neighbours etc may also be a form of support. Talk about how these people offer support and what relationship they have with mother and the child.

Ensure we talk about dads and second parents even if they are not involved in the child's life

*E.G David is Harry's dad; David does not have regular contact with Harry though his own choice. David last saw Harry 6 months ago. David was consulted as part of the assessment however declined to contribute or be involved. Mum says Harry is not affected by David inconsistency in his life however is aware this is likely to be an issue as Harry grows and develops.*



Questions for Family  
Networks.pdf

### Current Situation

#### History (Past harmful/worrying behaviour)

Past hurt, injury or abuse to the child (likely) caused by adults. Also includes behaviours by children that indicates harm and/or is harmful to them.

Include any known information relating to the child here. DO NOT forget to include the current situation and highlight this in bold to show this is the current information. Ensure historical events show a summary of chronological events and outcomes including potential impact. This will help to identify any patterns of behaviours and capacity to change elements. There may be information held by other agencies and this should also be included in this section.

### The Child/Young Person

This section must, as far as possible, refer to the child's understanding of the situation, plus their wishes and feelings about what needs to change. Please assess the child/young person's **physical and mental health; education and interests; emotional and behavioural development; culture and identity; relationships with family members and others; social presentation and self-care skills** and how any **additional support may support the child/young person**. i.e. EHCP, etc.

#### Child/Young Person

Consider the Seven Categories of Analysis

**What are we worried about?** (Worries, Future Worries, Complicating Factors) **What's Working Well** (Existing Strength, Existing Wellbeing) **What Needs to Happen?** (Wellbeing Goals, Next Steps)

If there is more than 1 child - **toggle** the information so it is pertinent to the child being written about. DO NOT list all children in one box as if assessments need to be separated due to a child having different parents, their information can be separated easily if toggled.

#### Talk about the child here

Health - which GP is the child registered with. What are the health needs, are there any other historical worries.

Is the child healthy - if older - do they smoke/drink alcohol?

Are there any mental health worries - emotional development worries? What does the child think?

Liaise with health services for the input.

**If the child is non-verbal - demonstrate communication in other ways - eye contact - responses to parents/strangers (CSC etc).**

**Commented [KM3]:** There are head icons at the side of each section on the EHAT. If you click on it, it will provide sperate boxes for the children.

Education - Does the child go to nursery/school - which one? Who is their key worker or main teacher? What do they say about the child re: development - presentation - parents/carers engagement - who attends to drop off/pick up? Any worries? Any strengths? What is their attendance like - punctuality . **What is the child's view about school/nursery life?**

What do parents say about the child in terms of; behaviour - where do they see the child is developmentally? - Do parents who are separated have differing views? What do any partners think about the child? How does the child interact with other children or step/half siblings? Do they eat/sleep well? What is their behaviour like at home - when with a parents partner or other children and when with the separated parent? **What does the child think of their behaviour and development?** Is there a curfew and if so what time? What happens if the curfew is ignored? How does the child stay safe when outside of the home? Has there been any changes in behaviour that may cause concern? What is the young person like within the community?

Consider where the child's development should be at in comparison to where they are at? Is there a delay? Is the child working below, at or exceeding expected targets for their age. This is an indicator of impact on the child either from nature/nurture or both. What can be done to improve the situation? Does the child access online information - social media etc - what safeguards are in place regarding this by the child and the parent? Is the child aware of risks re: online information - sharing pictures/videos - talking to strangers etc?

Do they attend any groups outside of school/nursery?

What friendships does the child have? Is the parent worried about this? Does a separated parent have any different views - especially if they visits different houses to see parents - do they have friendships at each property or differing worries or strengths when with each parent? **Does the young person have a partner? Is the young person sexually active? Are they aware of sexual health and contraception?**

How does the child get along with extended family members/siblings/friendships - Do parent and child agree/disagree with worries/strengths. **Who does the child/young person identify with as a trusted adult?**

What does the child see as their strengths? Do they understand risks being identified - if so what - if not why? What do they think can be done to make the situation better. Upload any VOC work to the assessment and use the VOC section within the assessment.

How does a parent describe their child? What are their good qualities? What do they do well? What does the parent worry about most and why? Does the child know? Do they have discussions about the worries and are they taken seriously or are some issues seen as being taken out of context? Are there misunderstandings about situations due to a lack of communication between parent and child? How can this be improved?

What can the child do for themselves? - Can they do things for themselves and choose not to or are unable to do things for themselves? How is this approached if this is a worry? What is their daily lived experience?

What identity is the child? Do they have any religion that is followed by parents or by the child themselves if older?

The STAR booklet can support with identifying different stages of child development.



STAR booklet.pdf

The Child/Young Person Section Continued – <b>mandatory section within the EHAT</b>	
Is this child/young person attending nursery, school, college, or alternative education provision?	YES/NO
Is this child/young person in full time education?	YES/NO
Does this child/young person have an EHCP?	YES/NO

The Parent/Carer[s]
<p>This section must refer to the parent/carer's response to the assessment, their understanding of the situation, plus their wishes and feelings about what needs to change. Consider the parent/carer's capacity to ensure the child's safety and provide <b>basic care; emotional warmth; stimulation; guidance and boundaries and stability.</b></p>
<p><b>Parenting Capacity</b>  <u>Consider the Seven Categories of Analysis</u></p> <p><b>What are we worried about?</b> (Worries, Future Worries, Complicating Factors) <b>What's Working Well</b> (Existing Strength, Existing Wellbeing) <b>What Needs to Happen?</b> (Wellbeing Goals, Next Steps)</p>
<p>Parenting information needs to relate to both parents (if information is available) but can also consider the role of other adults who provide care for the child for example, partners and extended family members as this could impact on how a child is responding to adults/carers in their lives.</p> <p>Always refer back to the reason for referral and ensure this is fully addressed within the assessment as this is the reason for the assessment.</p> <p>Consider family history and functioning: Are parents together or apart and who is involved in the parents' life now? Has there been an abusive relationship between the child's parents or are they able to parent amicably if not together? How long were they together/have been apart? Were they married? Are there any current partners and how long have these relationships been in place? How long has a parent known a partner when they met the children/moved into the home? What are parents' views of each other/partners etc? Are they able to remain child focused or are there issues of separation and conflict impacting on this?</p> <p>How are basic care needs met? Is the child supported to becoming independent or developing these skills?</p> <p>What is the parent/child relationship like with all the children - is it different in any way between the children? Does the parent offer praise when required and are they able to challenge effectively when needed? What are the responses of this from the child?</p> <p>How does the parent manage the concerns being discussed in relation to their parenting and the situation? Are they able to manage the children's behaviours? Do they have good routines/boundaries and how does the child/children respond to this?</p> <p>How does the parent occupy the child at home? Do they play with the child? Have they shown a younger child how to play? What toys do they provide for the child and are they age appropriate?</p> <p>What guidance does the parent offer the child - expectancies of house rules dependent on age? Are they age appropriate? Does the parent listen to the child and are they emotionally available for them or is for example, drugs or alcohol preventing this?</p> <p>What stable factors are present in the parents' life that impact positively on the child? Are there any stable factors or have things changed recently creating issues or further worries?</p> <p>Discuss any worries with the parent during the visit and be clear and transparent about the concerns, risks, potential harm and how changes can impact on this. Provide the parent with ideas</p>

during each discussion about how things may be changed positively and how. Complete direct work tools with parents such as Daily Hassles Tool, AUDIT alcohol tools.



parenting\_daily\_hassles\_scale.pdf



Alcohol Use Disorders Identification



Drug Abuse Tool - Questions to Support



Rosenberg self-esteem tool.docx



Adult wellbeing scale.pdf



Tool-for-Assessing-Compulsive-Control.docx

## Environment

Consider the child and family's connection with the local neighbourhood and community resources. The environment that the child lives in, including the family's housing, employment & income situation. The influence of peer groups, friendships and social networks for example, substance or alcohol misuse, child exploitation. How does the environment impact on the families functioning

## Environment

Consider the Seven Categories of Analysis

**What are we worried about?** (Worries, Future Worries, Complicating Factors) **What's Working Well** (Existing Strength, Existing Wellbeing) **What Needs to Happen?** (Wellbeing Goals, Next Steps)

Discuss where the child lives. How many bedrooms? Does the child have their own bedroom? If not who do they share with? Is the bedroom clean with their own bed and clean bedding? Do they have storage? What is the property like in general? If there are concerns regarding home environment when you enter the property, hold a discussion about this and request to look all over the home including outdoor spaces. Comment on the worries in detail for example, *The kitchen had food packets all over the floor and the bin was overflowing. The worktops were dirty with grease and spilled food which had gone mouldy etc rather than just writing the kitchen was dirty or unclean.* Provide detail and ensure GCP 2.0 is completed and referred to within this section.

Is the property council/mortgage/private rented? Are there any issues with repairs/landlords that add to environmental issues but are beyond the control of parents? Can support be offered regarding this? How long have they lived in their current property? Have there been many house moves in borough or across boroughs and at what frequency? If a family have come from another borough, checks will need to be made with services in that borough as they may have been known there or fled without the borough's knowledge of where they have gone etc.

**What does the child think about their home? Link with daily lived experience. How would they want things to change?**

Does the parent/carer work or not? Do they receive benefits? Do they believe this to be correct - if not refer to benefits teams or CAB? Do the parents/carers manage on their budget? Are there debts and if so what area - rent? other bills - utilities etc? Are they receiving lots of food vouchers suggesting there is a possible issue with managing daily living etc?

If the parent works, what do they do? Do they work shifts - nights/afternoons etc - full time/part time? Do they work with children or vulnerable adults - if there are safeguarding concerns with their own child then a referral made be needed to LADO or Adults Safeguarding? If so, then advise parents of this. Be transparent about this and advise why this has to be done.

What is the community like? Are there issues with neighbours/ASB etc or is there a good sense of community and support? **What does the child think about the community/neighbours/friendships/peers etc?**

Do the parents have friends nearby or other support networks? Is there an existing relationship with extended family members even if parents are separated? If there is no contact with father or

mother, is there any contact with their extended family members? **Does the child have any thoughts about parents' networks/friendships both good or bad?**

Does the family know of the facilities/resources in the area, and do they access anything? Are they new to area or do they know how to get to things such as shops/banks/post office/school etc?

### Voice of the Child

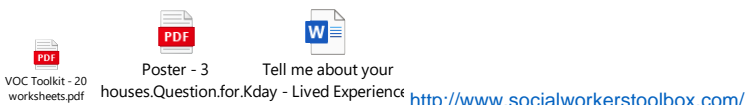
Is this child/young person of the age and understanding to express their views?	YES/NO
Has the child/young person had an opportunity to express their views?	YES/NO
Has the child/young person been seen?	YES/NO

**Input VOC in this section. Use the information in blue within the assessment [see above] to support gathering information. Use tools to assist in gathering VOC. These are embedded within this assessment.**

**The VOC may be in relation to a specific incident or may be a more general VOC to review the plan, to gather wishes and feelings or to introduce yourself and to get to know the child. Plan for the session and think about what tools or resources could assist you. Consider where the best setting, place and time is to gain the VOC.**

**Ensure you focus on the issues and worries of why you are involved. Ensure you obtain the child view of the situation, how does this make them feel, who helps them, who do the feel safe with and what would they like to happen.**

Below are tools that can be used when completing VOC (VOC toolkit inc 3 house wizard Fairies). There is also a weblink to Social Worker Tool box where there are lots of free direct work resources.



### Analysis

- Why is the assessment needed?
- Where is the information gathered from? Is it a range of sources? What does the child say?
- What does the information gathered mean to the child day to day? (This is where research should be used to further understand the impact of the information gathered has on the child and their lived experience)

- What needs to happen to reduce or lessen the impact of the worries?
- How will we know we are making progress?

Utilise Anchor Principles and 3 columns information to support a critical analysis of the situation and outcome of this assessment:

**What is the assessment for?**

Why are you completing the EHAT assessment? What are the key issues? Having clarity about the purpose of the assessment from the beginning allows practitioners to identify key issues, identify and collect knowledge that will be relevant for the individual case. This helps the practitioner to consider what they are assessing and what they are involved in the family's life for.

**What is the story?**

These are the relevant facts, circumstances and events linked to the reason for assessment. This question supports a practitioner to consider the journey of a family and the lived experience of the child.

Some questions to consider are: **Can the practitioner tell the story from the viewpoint of the child?** How has the practitioner used the story to make sense of the child's life? How does the story make the practitioner feel?

**What does the story mean?**

This section provides a picture of the child (and families) experiences by exploring their background history as well as their current circumstances. It also an opportunity to be solution focused in identifying the problem and the solution either already in place or that is needed to be put in place. What does the story tell us about the need/impact on each child and parents/carers? Focus on the needs of the individual child and family, rather than describing need: in universal terms in service terms in terms of an assessment.

This section also allows us to look and assess the balance between the risks/worries and protective factors and the extent to which the protective factors mitigate the risks and vice versa? What are the factors which are the most significant for the child in terms of reducing or increasing the probability of future harm? What is the assessment of the likely impact of the risks on the child's health, safety and development? Specifically, what needs to change in order to make the situation safe for the child redress any developmental delay and emotional harm and generally improve the child's wellbeing and outcomes? **What does the child/young person** and the family want to happen and what is their capacity to achieve these changes?

Some questions to consider are:

What hypotheses have been developed and what are the alternatives?

What is the impact of the story upon the child?

Imagine the child is in this room – what would they say about the meaning being made of their life?

**What needs to happen?**

The analysis should inform decisions and/or recommendations about further interventions. These should be recorded and include clear statements of:

The child focused needs

The outcomes to be achieved

What needs to happen to achieve the desired outcomes

What would evidence that progress is being made?

Who is responsible for what actions and within what timescales?

What might be the contingency plan if no/insufficient progress is made

How will the recommendations be monitored and reviewed?

Practitioners should focus on the needs of the child or family, rather than describing need, i.e. *"Harry needs to be in a safe environment where mum is not drinking a lot of alcohol where she is not able to care for him properly"*, rather than *'referral to alcohol services'*.



Things to consider when completing the analysis There should be no NEW information in an analysis - this should be a constructive analysis of the known information and should consider the likelihood of harm/worry as a result of the current situation and historical events/patterns.

**How many Worry Statements/Wellbeing Goals are required for this assessment?** You can select up to 3.

This is a drop down on the EHAT

### Bottom Lines and Contingency Plan

#### Bottom Lines

What is not acceptable for the children - what would result in further intervention/escalation How are the family supported by their network to prevent future concerns/worries from escalating

Some examples:

*Mum is to ensure Harry is with nan when she is drinking alcohol.*

*Nan is check in with mum each day via phone or visit*

*School will monitor collection and pick up*

*Mum is to be honest with nan about if she has drank alcohol*

*Harry is not to be exposed to mum alcohol use to the level where she is unable to care for him where she is falling over as a result of the amount she has drunk*

*Harry as the right to live in clean and safe home*

#### Contingency/Permanency

Is the plan for the child to remain at home with parents? What will happen if they cannot stay there? Who is there to support? What does this look like?

What would happen if the permanence or contingency plan does not work? Who will step in? Is there anyone suitable to care for the child and what has been done to ensure they are safe to do this? If there is no-one what happens then? The contingency should not just be a line that says the case will be referred back to social care - this needs to consider who is supporting and how will they implement the safety plan - then if this doesn't work what would happen?

*E.G*

*Harry lives with his mum and she is his main carer. Mum has identified maternal nan [name, address contact number] as a safe person who Harry can stay with if she is unable to care for him. Nan has agreed to make regular contact with mum and will care for Harry if mum is unable to.*

*If nan [name] is not able to care for Harry mum has identified a friend [name, address, contact number] as another safe person. [it might be here that you speak with friend obtain consent from them to run basic checks if applicable or if there are worries raised about the person mum is nominating, this person, with consent, should also be included in the plan of support and meeting etc.]*

*Harry's dad David holds PR for him – in the event above cannot be facilitated David is to be contacted as Harry's dad [name address, contact number].*

***If none of the above work, then advice is to be taken re: referral to social care as no safe place for Harry to stay.***

## Wellbeing Plan 1

### Worry Statement 1

Worry Statements are a summary of what we are worried about. They say who is worried, what they are worried about, and what the impact of this could be on the child/young person if nothing changes

Here is where you write what you are worried about (your findings from the assessment).

It is important to state who is worried (name agency) why they/you are worried and what would happen or likely to happen if nothing changed.

E.G 1

*Harry, Kim your Early Help Worker is worried that on [date] the police attended your home as someone reported that you were not being looked after properly and that you might not have been safe because your mum was drunk. Harry when the police came your nan was there with you and told the police she had not long since brought you home, but your mum was very drunk and falling over she was making sure your mum was ok then she was taking you back to her house. Harry it is good that nan took you back to her home to make sure you were safe. Harry your mum loves you very much and she says she knows she drinks too much and that she shouldn't drink like that when you are there. Harry if nothing changed it is likely that mum will continue to drink alcohol to a level where she is falling over and that when this happens, she won't be able to care for you properly, and that you could get hurt or that you will feel worried about your mum when at school and not be able to learn properly. Harry, you have told me this is your biggest worry when at school and you sit with the teacher because you don't feel like playing.*

E.G 2

*Harry, Kim your Early Help Worker is worried that your home is very cluttered with rubbish bags and lots of dirty clothes, your bedding wasn't clean and there is not a lot of food available for you. Harry I am worried because your home should be a clean and a safe place to be where you can play, thrive and be healthy. Harry, you told me last week you tripped over the washing at the bottom of the stairs and fell down one step and hurt your knee and also that a boy in your class made fun of you because your uniform was dirty and smelt a little. Harry, you told me this really upset you for the rest of the day. Harry your mum is working hard with nan to try and clean and tidy the house and she has bought you nice new bedding which you like. Your mum and nan need to keep working together to give you a better clean and safe home. If nothing changed, we worry that your home will get even worse with more rubbish that your bedding will become unclean again and that you trip over gain but that you could seriously hurt yourself and end up in hospital.*

### Wellbeing Goal 1

Wellbeing Goals are a summary of what we are aiming for. They say what will be happening which show everyone that the problem is sorted

Here is where you write what you need to see to not be worried. It is what that family and you are aiming to achieve.

It is important to describe what is happening and how this would make the child feel.

E.G 1

*Harry we are aiming for your mum to have better control when she drinks alcohol and not drink around you and to a level where she loses control of herself. Your nan [name] is going to help your mum [name] by checking in each night and your mum is going to be honest and if she has had a drink of alcohol your nan will come and collect you. Harry for us to no longer be worried we need to see this happening on a regular basis, and we also need to see your mum engage with Edele her worker who will help mum to reduce drinking alcohol safely. Your mum is already working well with Edele to achieve this, and your mum wants to eventually not drink alcohol at all. Harry we will know this is working when you are going to school feeling happier when you are there, you will be playing with your friends at break, and you won't need to sit with teacher like you do now.*

**E.G 2**

*Harry, we need to see your mum and nan working together along with the network in keeping your house clean, tidy, and free from rubbish and washing on the stairs. We need to see and know that there is more food available for you on a regular basis. Harry your mum and nan have started to clean the house and you also have nice new bedding which you love. This is really good, and your mum says she wants to have a better home for you both. Harry we will know this is happening for you because you will have nice clean clothes on for school and this will make you feel lots better and able to play with your friends. We will also know this happening because you won't be tripping over the clothes as they will be put away in drawers and wardrobes.*

How will this happen?	Who will do this?	When will it be started/completed?	What impact has this had?
<p>This is the plan of how you will achieve / work towards the wellbeing goal.</p> <p>Think about individual tasks.</p> <p><i>e.g. Harry your mum is going to meet with Edele her alcohol worker once every 2 weeks</i></p>	<p><i>Mum [name]</i></p> <p><i>Edele</i></p>	<p>Provide a realistic date - start/commencement and targeted end date. If this is a service that is ongoing do not just write ongoing - explain for example: CGL commenced on 03.02.21 and will continue for as long as is required by mum.</p> <p>Started [date]</p>	<p>Ensure you talk about impact here and not outcomes.</p> <p>Saying something has been achieved does not provide insight to impact so be clear about what difference this has made for the parent and the child. If you have VOC evidence, put this here. If this is the first meeting and impact cannot yet be identified, hypothesis can be used to predict what impact there may be by working towards the plan for example: This will be reviewed in FAMs meetings.</p> <p><i>e.g A reduction in drinking can impact positively on parenting and ensure you are more emotionally available for Harry who needs you to be able to care for him and love him safely. You will also feel healthier in the long term</i></p> <p><i>Harry, you have told me that you like Edele and that your mum has not fallen over since the police came and this makes you happy</i></p>

**Scaling Question 1**

Create a scaling question. It needs to say what 10 looks like and what 0 looks like in relation to you worry. The scaling question might look like "On a scale of 0 to 10 where 10 is there is enough safety being demonstrated to keep the child[ren] safe and well and 0 is there is no safety being demonstrated to keep the child[ren] safe and well, where would you rate it today?"

Be clear what makes a 10 and what makes a 0.

Make it pertinent to the situation for this child/family.

*E.G. On a scale of 0-10 where 10 is mum has better control over drinking, nan is collecting when needed and mum is engaging well with Edele and there is good progress being made. Harry is happier at school, and 0 where mum is drinking daily nan hasn't collected Harry when needed to or Harry is constantly at nans due to mum continuous alcohol intake, mum no longer engaging with Edele, and Harry is worried in school. Where are we today?*

Scale			
Name	Agency	Scale	Rationale
			<p align="center"><b>Explain your score.</b></p> <p align="center"><i>I have scored 4 because .... for me to be 5 I need to see....</i></p>
			<p align="center"><b>Explain parents' score</b></p> <p>This may be more in the FAM process however you can ask parents carers and the network for their score within the assessment to evidence where they see themselves and what they feel they need to see/do to move forward.</p>



Examples of WS WG  
SQ.docx

Decisions and Outcomes	
<b>Is there any additional information you would like to add that is not captured elsewhere?</b>	
<b>Parent/Carer view of the assessment/plan and actions agreed?</b>	
All EHAT assessment should be taken to parents/carers and children/young people [when applicable] for them to read. This is a space to put the comments from the family.	
<b>Professional view of the assessment/plan and actions agreed?</b>	
In this space provide clear and concise recommendation i.e progress to FAM, escalate to social care and reasoning/rationale.	
<b>Description of Need</b>	<b>1 – Universal, 2 – Early Help, 3 – Child in Need, 4 – Child Protection</b>
<b>Management Oversight (if applicable)</b>	
If you have a manager who oversees your work this is where they will add their information.	