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| **EHA Notes for assessment*****Please Note:*** *You cannot submit this document, it is to collate information to support the completion of portal EHA.* |
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| **EHA Details**  |
| **Childs Name:****Date of Birth:** | **Other siblings:** **Other family members:** | **DOB:****DOB**: |
| **Main Address & Contact Details****For all members of the family, please record:****Ethnicity****Gender** **School/ Place of work**House/Flat Number/Name: Street/Location Name: Village/Town/City: Postcode: Main Telephone Number: Mobile Number: Email*:* |
| **Person completing this plan** |
| Name:Enter Person name | Setting:Enter setting name/details | Phone:Enter phone number |
| Email:Enter email address |
|  |
| Is this the same person as Key Person? Yes/No | If **No**, please add new details below: |
| **Lead Practitioner Details** (if applicable) |
| Name:Enter Lead practitioner name if different from above person | Setting:Enter setting name/details | Phone:Enter phone number |
| Email:Enter email address |
|  |
| **Who was contacted for supplement information?** |
| Enter details here  |

**Have you explained consent and who we will share this assessment with?**

**Is there anyone that family does not want this to be shared with?**

**Explain where it will be stored and for how long (6 years minimum)?**

Please refer to guidance in the appendix to support with completion of this document

**Section 2 – Holistic Assessment**

**Part A) Child’s Development Needs (include for each child)**-**see guidance in appendix**

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| **Tell us about health, behaviour, emotional and identity, self-care skills, learning, participation and aspirations, caring responsibilities, Family and social relationships,** |
|  |
| **What are you worried about?**(Past concerns or future issues, complicating factors) | **Scale 0-10** | **What‘s working well?**(Existing support and family strengths ) | **What needs to happen?** (for future well-being)*Use this to formulate the action plan*  |
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**Part B) Parent/carer/adult** see guidance in appendix

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| **Tell us about Health, parenting, social relationships, community elements and resources, employment, training and education** |
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| **What are you worried about?**(Past concerns or future issues, complicating factors) | **Scale 0-10** | **What‘s working well?**(Existing support and family strengths ) | **What needs to happen?** (for future well-being)*Use this to formulate the action plan*  |
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**Part C) Family & Environmental Factors** -**see guidance in appendix**

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| **Tell us about Family history, functioning and well-being, wider family, social relationship and community resources, housing, significant events** |
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| **What are you worried about?**(Past concerns or future issues, complicating factors) | **Scale 0-10** | **What‘s working well?**(Existing support and family strengths ) | **What needs to happen?** (for future well-being)*Use this to formulate the action plan*  |
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| **Agreed Actions for Support -** use ‘What needs to happen’ sections to help formulate your plan |
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| Refer to the Families First guidance for information on indicators and outcome codes. Link: [Herefordshire Supporting Families Framework 2022](https://www.herefordshire.gov.uk/downloads/file/16209/herefordshire-supporting-families-framework) |

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| **SF area** | **Desired Outcomes** | **Action** | **Who will do this?** | **By when?** |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
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| Ensure the family have seen the information before submitting the portal EHA. Yes/No | If **no,** please explain why? |
| What is the agreed review date? | **Review date:** Enter review date |
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| **Additional Notes (including family’s views and the voice of the child)** |
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**This is for your use only – do not submit this document. Please use the portal to submit your EHA.**

**APPENDIX**

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| **Child’s Developmental Needs** -consider: |
| **Health** – * Development, growth, physical and mental well-being
* Disability or diagnosis.
* Developmental milestones.
* Any unmet health needs.
* Medication.
* Substance misuse/alcohol
* Healthy diet.
* Communication needs.
* Sleep
 | **Education:*** Attendance
* Academic/developmental progress
* Any SEND/EHCP
* Any barriers to learning
* Engagement
* Stimulation
 | **Emotional & Behavioural Development** * Behavioural issues
* Mental health and emotional well-being
* Impact of parental conflict/domestic violence
* Any additional support, e.g. counselling
* Age-appropriate
* Toileting
* Health and hygiene
 | **Identity and Social Presentation*** Family identity
* Self-esteem
* Sexuality
* Race and culture
* Any gender identity issues
* Appearance – hygiene, appropriate clothing
* Social media use
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| **Family and Environmental Factors-** consider: |
| **Family History & Functioning:*** Separated parents.
* Domestic Violence.
* Substance Misuse.
* Mental Health.
* Previous childhood experiences – any ADVERSE?
* Anti-social behaviour.
* Previous SW intervention**.**
 | **Wider Family*** Support network? Strengths.
* Any risks within family network – what does the contact look like and what is the safety plan?
* Do the parents have any caring responsibilities?
* Integrated into community
* Supportive friendships
 | **Housing*** Rental/mortgaged property
* Suitable accommodation – size
* Home conditions
* Arrears or debts
* Issues with neighbours
 | **Employment*** Paid employment
* Impact on parenting role **Income**
* Benefits
* Debt
* Expenditure.

**Community Resources*** Isolation
* Accessible resources, e.g. nursery, school, GP, shops, etc...
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| **Parenting Capacity -** consider: |
| **Basic Care*** Registered with GP and dentist.
* Missed health appointments.
* Parents response to accidents or illnesses.
* Nutrition provided.
* Presentation.

**Stability*** Home/house moves.
* Schooling.
* Parental separation.
 | **Ensuring Safety*** Acting protectively.
* Assessing risk.
* Age-appropriate supervision.
* Curfews, parental controls on internet/gaming, etc..
* Parental response to concerns raised.

**Guidance & Boundaries*** Age-appropriate.
* House and family rules.
* Consistent.
* Parenting strategies and differences.
 | **Emotional Warmth*** Observations of interactions between parent/child.
* Reciprocal warmth.
* Unconditional positive regard.
* What does the child say?
* What does the parent say or how do they respond?
 | **Stimulation*** Supporting homework.
* Age-appropriate toys and books.
* Concerns about child’s development that relate to lack of stimulation.
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| **Family Voice -Consider questions such as:** | **Children/Young People’ voice** |
| * “What’s working well? What are you worried about? What needs to happen”
* “Your voice is really important, what would you like to tell me about your family situation?”
* “What support do you think would help improve your scaling?”
* “What can I do to help you?”
 | * Include child’s voice – if sibling/s in different setting contact that setting
* Direct work – three houses and wizard/fairy
* Scaling can be used with children too
* If children are non-verbal – consider including your observations here, what do these tell you about the child’s voice?
* Consider using speech marks to denote the exact words of the child
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| * **Scaling Questions – Some Example Questions**
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| What is the worst thing about this situation for you? If X were here what would they say is the worst thing about this situation? Given how bad things are, what brings you up to that score? What else? | When have you been at highest and lowest on that scale? When would X say this has been highest and lowest? When things were at their lowest what were the worst things happening? What would be the smallest, tiniest next step that you would want to see that would build a little more hope and a little more momentum in this situation? |