

Using Early Help Assessments to improve Mental Health & Wellbeing

Maxine Reilly

Jenny Purdy

Kate Parsonson

Agenda

- What is early help?
- When do you use Early Help?
- Formulation
- Relating Mental Health formulation to Early Help



Early Help

- Early Help is everyone's business.
- Early Help is partnership approach brings together a range of different services and teams to offer support to children, young people and families.
- Early Help is an integral part of everyone's role who works in any service that is in contact with children, young people and families. It is the initial response you; as a professional, offer when a family need extra support to thrive.
- When a family approaches you for support, you have a responsibility to assess the strengths and challenges within the family so that you can build a plan of information and support with them.
- It is not a referral form to another service/organisation

Key reminders about Early Help

- Early help is not a service it is a way of working
- It is the collection of all services available in North and West Northants and how they work with families in a co-ordinated way, when there are additional or complex needs
- Early Help is legislated by:
 - Working Together to safeguard children 2023
 - Keeping Children Safe in Education Guidance



Professional Curiosity

- Professional curiosity is where a person explores and understands what is happening within a family rather than making assumptions or taking a single source of information and accepting it at face value. It means:
- Testing out your professional assumptions about different types of families.
- Triangulating information from different sources to gain a better understanding of family functioning which, in turn, helps to make predictions about what is likely to happen in the future.
- Seeing past the obvious.
- It is a combination of looking, listening, asking direct questions, checking out and reflecting on ALL the information you receive.



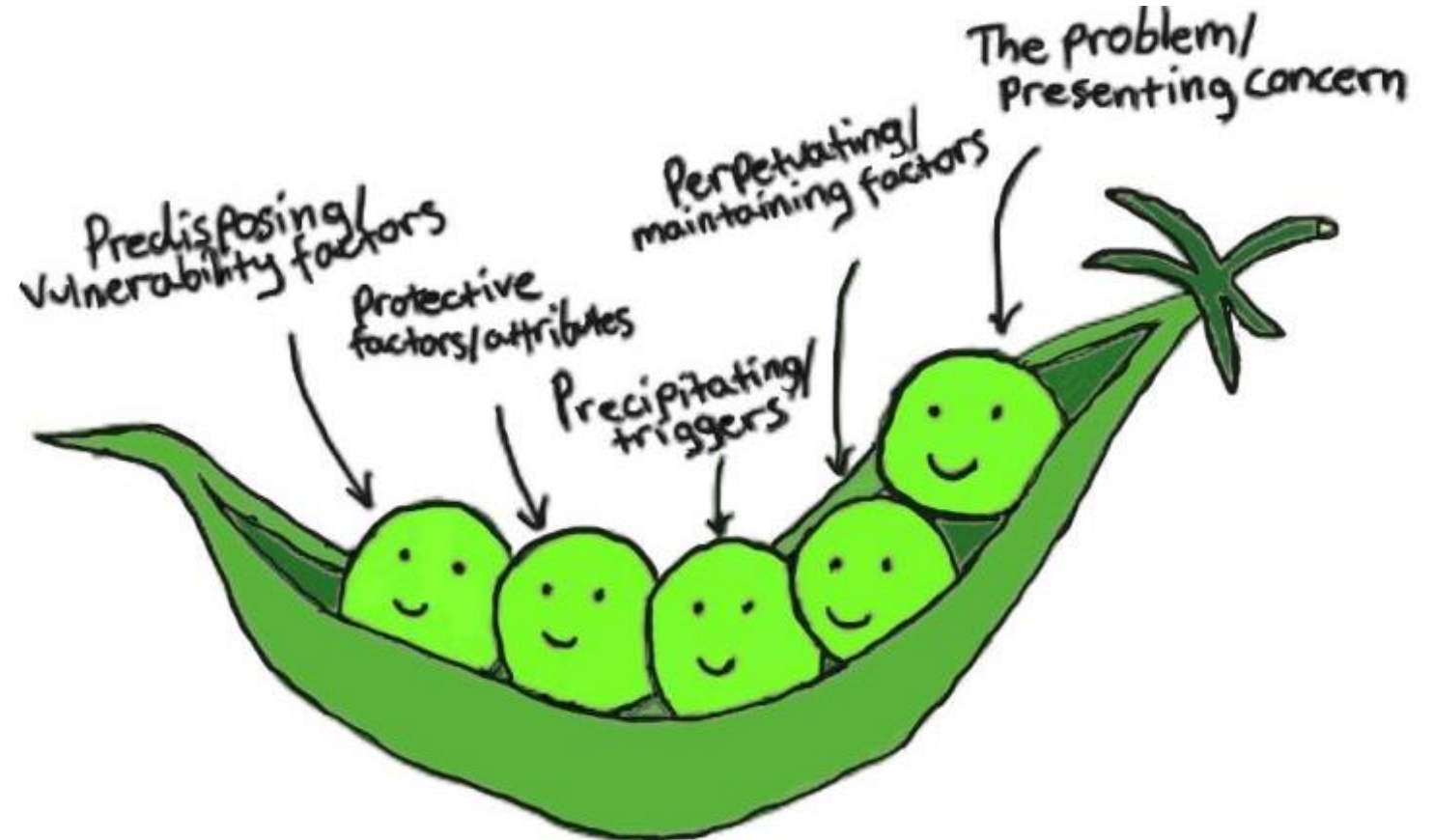
Think beyond the behaviour

- Difficult behaviour of a child – Why?
- Child not at School/setting/Frequent exclusions/suspensions – Why?
 - Child aggressive – Why?
- Child threatening to self-harm – Why?
 - Child is missing – Why?
 - Child withdrawn – Why?
 - Truancing – Why?
- Parent struggling to respond to child's emotional needs – Why?
- Parent struggling with own Mental Health/Finances/Parental Conflict – remember impact of adversity and toxic stress!



5 Ps Mental Health Formulation

-
- Presenting Problem
 - Predisposing factors
 - Precipitating events
 - Perpetuating factors
 - Protective factors



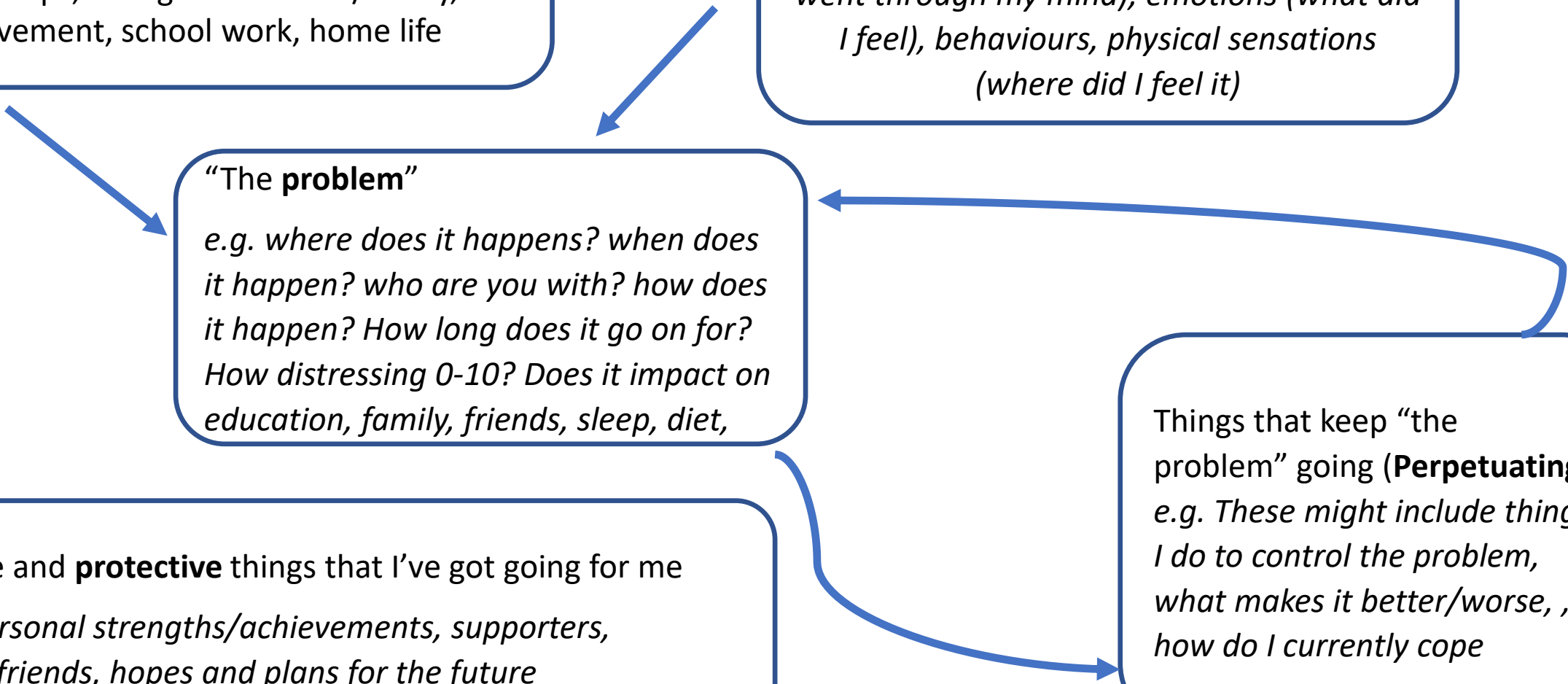
What made me vulnerable in the first place? (**Predisposing**)
e.g. Family relationships, trauma, bullying, friendships, changes in schools/family, bereavement, school work, home life

Triggers for the most recent episode (**Precipitating**)
e.g situation/environment, thoughts (what went through my mind), emotions (what did I feel), behaviours, physical sensations (where did I feel it)

“The problem”
e.g. where does it happens? when does it happen? who are you with? how does it happen? How long does it go on for? How distressing 0-10? Does it impact on education, family, friends, sleep, diet,

Positive and **protective** things that I’ve got going for me
e.g. personal strengths/achievements, supporters, family/friends, hopes and plans for the future

Things that keep “the problem” going (**Perpetuating**)
e.g. These might include things I do to control the problem, what makes it better/worse, , how do I currently cope



Case study activity

Friendly Formulation *How did 'the problem' develop?*

What made me vulnerable in the first place?

Triggers for the most recent episode

"The problem"

Things that keep "the problem" going
(These might include things that I do to control the problem)

Positive things that I've got going for me

PSYCHOLOGICAL TOOLS

© 2008 NHS Psychology Unit. All rights reserved.

Early Help Support Plan

Section 4 – Support Plan

Action (<u>add</u> more as required)	What needs to happen in the family's and professional's view?	Agreed Actions?	Outcome?	By whom and when?
Action 1				
Action 2				
Action 3				

So how can the EHA help?

- It is a way to gather the family's story – hear from other professionals working with family members and with the family's consent, hear from the child (Child's voice)
- The EHA belongs to the family, although it is filed by Northamptonshire Children's Trust (NCT) it is **NOT a referral** form to Social Care
- Once information is gathered from family, they and the professional completing it look at what might be needed e.g. support from Health Visitor/Nursery nurse, support for financial advice, referral to adult services etc – If needed this support should be co-ordinated using a Team around the Family Meeting
- Can bring in wider family/friend support if appropriate – must include Fathers even if family separated and safe to do so.
- **Supports the family to find their own solutions**
- Can lead to direct work and support from Children Family Support Service (CFSS) within NCT.



Early Help Assessment and Mental Health

Is a tool to support Community Early Help

It is not a referral form but supports conversations with families to find out what is going well and what could be better

It is for use when your service or the family cannot deal with the needs on their own and might need co-ordination of other agencies to provide support

It can facilitate the **right** support at the **right** time for children and families, to prevent escalation and prevent the need for more intensive support services

