# 9 Update an Assessment

Once created, you can complete and finalise an Assessment form.



# **EHA User Guide - Practitioner Manual** You will be taken to the **Child/ Young Person** tab:

		/ Toung reison tab				1. Check the Child/ Young Person details.
<u>Holisti</u>	X					
LBTH		Logged in as David QES Test 091(	) Log out •	Client: TowerHamlets Version: V2.1.0 Environment: UAT		
My Messages	My cases	Check for case	My settings	Help		
👌 Child bein	g assessed: T Test			0		2. If there are any errors or the information needs to be undated the details can be edited by clicking here
My Cases > Case Summa Child / Young Person Parent / Deta	Carer People Family / Present and Reason Situation	Services Health Learnin	ng Home Conclusion Environment	CAF Score Consent Statement		updated the details can be cuted by cheking here.
Save as draft				🚔 Next		
The following department of	etails are read only, click here	dit the child / young person information.				
Date assessment was	s held*	12			$\mathbf{X}$	
				•		
T	Details					3 Enter the date the Assessment was held
	litle Given name(s) *	Т	~			5. Enter the date the histosiment was here
	Family name *	Test				
	Family name first					
	Also known as/previous name Gender *	Male	~			
	Date of Birth/EDD *	04/07/2017	2 (Age: 0)			
	Case Member Relationship	s 💿 Add Case Member				
	It is case member has no r	elationships defined				
	Contact Details					
	Contact 1					4. After ensuring all the information on the tab is
	Contact Details					correct, click 'Next'
	Contact Number					
	Type		$\checkmark$			
	Preterred					

# You will be taken to the **Parent/ Carer Details** tab:



# <u>Holistix</u>

BTH		Logged in	as David QES Test 0	910 Log out •	Client: TowerHamlets Version: V2.1.0 Environment: UAT
My Messages	My cases	c	heck for case	My settings	Help
Child bein	g assessed: T Test				
/ Cases > Case Summa	ry > Assessment				2
hild / Young Person Detai	Carer People Family / Present and Home Reason Situation	Services	Health Lea	rning Home Conclusio Environment	on CAF Score Consent Statement
Back Save as di	raft				A Next
The following de	etails are read only, click here to	edit the Parent / Ca	erer information.		
Hfg	Details				
	Title			$\checkmark$	
	First Name(s) *	Hfg			
	Surname *	Ghghg			
	Also known as/previous name Gender *	Male		~	
	Date of Birth	TYTCH		12	
	Case Member Relationsh	ips 🔘 Add Case N	Vember		
	This case member has no	o relationships define	ed		
	Contact Details				
	Contact 1				
	Contact Details				
	Contact Number				
	Туре			$\checkmark$	
	Preferred				
	Email Address				
	Comments				
	Address Details				

# You will be taken to the **People Present and Reason** tab - add the following mandatory sections:

1. Check the Parent/ Carer details.

# <u>Holistix</u>

				Environment: UAT
My Messages	My cases	Check for case	My settings	Help
Child being assesse	ed: T Test			
/ Cases > Case Summary > Assessn	nent			7
hild / Young Parent / Carer Parent / Parent / Carer Parent Parent Parent / Carer Parent Paren	eople Family / sent and Home eason Situation	Services Health Learning	Home Conclusion Environment	CAF Score Consent Statement
Back Save as draft				🚔 Next
People present and reason f	for assessment			
Child / Young Persons				
Present Given Name(s)	Family Name	Relationship	Preferred Contact Nur	nber
T	Test	Child / Young Person		
Parents / Carers				
Present Given Name(s)	Family Name	Relationship	Preferred Contact Nur	nber
Hfg	Ghghg	Parents / Carers		
Case Lead Professional				
No Lead Professional Found	d			
Present Given Name(s)	Family Name	Role	Organisation	
✓ David	QES Test 0910	Case Coordinator	o ganadon	
_				
ractitioners				

# 1. Indicate which members of the Team around the Family attended the Assessment.



People present and reason fo	or assessment				
Child / Young Persons					
Present Given Name(s)	Family Name	Relationship	Preferred Contact Number		
Brad	Smith	Child / Young Person			
Parents / Carers					
Present Given Name(s)	Family Name	Relationship	Preferred Contact Number		
Janet	Smith	Parents / Carers			
Case Lead Professional					2. Enter the Reason for assessment
No Lead Professional Found					
Case Coordinator					
Present Given Name(s)	Family Name	Role	Organisation		
Mack	TheKnife	Case Coordinator			
Practitioners					
No Practitioners Found					
Any Other People Present					
				$\sim$	
What has led to this unborn	baby, infant, child or young	J person being assessed?			
					2 Indiante : Cale shild ( second second is structure down from
Brad Reason fo	r assessment * {Pl	lease Select}	~		3. Indicate if the child/ young person is stepping down from specialist services.
			В		1
Comment	s		<u> </u>		
Is this chil	d/voung person stepping		PBG		4. Once all the sections have been completed, click 'Next'
down from	n specialist services? *				
Back Save as draft			ا 📇	Next	
ise of Family eCAF is subject to the follow	wing Acceptable use policy.				
QES					



A User Guide – Pract	itioner Manual								
IOIISTIX	Welcom	ne to the eEHA sy	stem	TOWER IDUAL	edily heip Rahlime	tions:			
	Logi	ged in as <b>Shanur Miah (T</b> i	rainer) Log out +		Client: TowerHamlets Version: V4.2.3 Environment: Training				
Ny Messages My cases	Check for case	My settings	My reports	Administration	Help		1. Enter the '	Current family and h	ome situation
Case: 9672 - Smith 🔅	Case Coordinato	r: Trainer3 Trainer3		S	Status: Assessment		The text box	tes allow you to spe	ell check, bold
Child being assessed:	Bart Smith						underline an	d add bullet point	
Cases > Case Summary > Assessment					0				
hild / Young Person Details Present ar	Family / Services	Health Le	arning Home Environment	Conclusion eEHA S	Score Consent Statement				
Reason	Situation						2. Select Ris	ks/Vulnerabilities	
Back Save as draft					ka Next		Add multiple	e if necessary.	
Bart Situation	on			_	в				
e.g. family stru siblings, other adults etc. who	cture including significant b lives with the				1=				
child and who with the child '	does not live				3				
supporting Stronger Families									
lease add all of the issues which affect th	he family or household either b	ecause they are currently	occurring or because its	past occurrence still bears	an impact.				
Add									
Risks / Vulnerabilities	ific people, or groups (such as fi	amily or professionals), as	well as risk to self or by	thers at present and if isa	sues are not				
ddressed or select No current risk. *					•		3. Once all the o	details are complete	d, click 'Next'
Bart	{ Please S	ielect }							
Person Undertaking Assessment									
System User	Please Select	Show / Hide	Details						
Back Save as draft					📇 Next				

You will be taken to the **Services** tab - add the following mandatory sections:

#### EHA User Guide - Practitioner Manual **Holistix** Client: TowerHamlets Version: V2.1.0 Environment: UAT LBTH Logged in as David QES Test 0910 Log out > My Messages Check for case My settings Help My cases A Child being assessed: T Test 1. Enter GP details ? My Cases > Case Summary > Assessment Child / Youn CAF Score rent / Care Learning Home Conclusion Consent Services Health Hom Details Environment Statement Back Save as draft 🚔 Next Services working with this child or young person Universal Services 2. Indicate Educational Status of the child GP Please provide as much detail as В possible however always include a minimum of surgery name and town \* U ABC-Contact Number Education status of child/young person 3. Once all the details are completed, click 'Next' Please indicate whether the CAF subject is at school, nursery, not of school age {Please Select ...} or not registered at an EY setting or NEET.\* **Other Services** Details Service Contact Number Add Another Service Back Save as draft 🚔 Next Use of Family eCAF is subject to the following Acceptable use policy. QLS

You will be taken to the **Health** tab - add the following mandatory sections:

<u>Holisti</u>	X			
LBTH		Logged in as David QES Test 0910	Log out •	Client: TowerHamlets Version: V2.1.0 Environment: UAT
My Messages	My cases	Check for case	My settings	Help
👌 Child being	g assessed: T Test			
My Cases > Case Summar	ary > Assessment			0
Child / Young Parent / ( Person Detai	Carer People Family / ils Present and Home Reason Situation	Services Health Learning	Home Conclusion Environment	CAF Score Consent Statement
Back Save as dr	Iraft			🚔 Next
Consider each of the ele comments on evidence,	lements to the extent they are approp e, not just opinion, and indicate what y	riate in the circumstances. You do not need to rour evidence is. However, if there are any maj	comment on every element. V or differences of view, these sh	Vherever possible, base ould be recorded too.
1. Development of	f unborn baby, infant, child or	r young person		
T Test	General health			
	General Health - The baby, child o person's current health condition of conditions of relevance to a baby.	e.g.		
	young person, including growth, d physical and mental wellbeing. Pro Factors A. The child is healthy B. Tl	development, otective he child has		R
	access to and makes use of appro and health advice services. Risk Fa child has a health condition or disa	priate health Inctors A.The ability which		
	significantly impairs everyday func The child rarely accesses appropria and health advice services. Potenti	ttioning. B. ate health ial evidence		ABC
	Health conditions or impairments significantly affect everyday life fu Overall health, reported sickness; I frequency of hornital admirrions	which nctioning; Number and and		
	accidents; Diet / weight concerns, feeding concerns in babies; Prema (I.e. before 37th week of pregnanc	including sture birth cy); Access to		
	and use of appropriate health serv those provided by a GP/dentist/op immunisations an appropriate dev	vices, such as ptician, velopment		
	checks; Access to and use of appro health advice and information, for including diet, sexual health and n	opriate example 1 2 3 management	4 5	
	asthma; Attitude to / use of cigare illegal drugs or harmful substance	attes alcohol, s; *		

You will be taken to the **Learning** tab- add the following mandatory sections:



You will be taken to the **Home Environment** tab - add the following mandatory sections:

<u>Holisti</u>	X			
LBTH		Logged in as David QES Test 0910	og out •	Client: TowerHamlets Version: V2.1.0 Environment: UAT
My Messages	My cases	Check for case	My settings	Help
My Cases > Case Sumn	ing assessed: T Test			0
Child / Young Parent De Parent De De Parent De	t / Carer People Family / Present and Reason Situation	Services Health Learning	Home Environment	CAF Score Consent Statement
TTest	Basic care, ensuring safety and prot The extent to which the baby, child person's physical needs are met and protected from harm or danger, inc. harm. Protective Factors A. Parents, make appropriate provisions for food warmth and shelter. B. Protected by carers from danger / significant har Factors A. Parents carers make inap or inadequate provisions for food, of warmth and shelter. B. Frequent exy dangerous situations in the home a community Potential evidence Prov food, drink, warmth, shelter, clean a appropriate clothing, personal and hygiene; Level of engagement in se universal services e.g. doctor, dentis Provision of a safe environment, wh members and other carers act to sa safety and welfare of the baby, child person and the baby, child or young, not exposed to domestic violence, s abuse/misuse, sexual exploitation o abusive experiences; Recognition of and danger both in the home and e Injuries have an appropriate explan. Quality of care; Parental substance	hd protection tection - or young d they are fuding self- / carers od, drink, parents / m Risk propriate drink, posure to ind / or rision of and dental scuring st, optician; stree family feguard the d or young g person is substance 1 2 3		B ↓ ⊒ ₩
	Emotional warmth and stabilit Emotional warmth and stability - Pr emotional warmth in a stable family	ity rovision of		

You will be taken to the **Conclusion** tab - add the following mandatory sections:

#### **EHA User Guide - Practitioner Manual** <u>Holistix</u> Welcome to the eEHA system Right Help. Right Time Logged in as Shanur Miah (Trainer) Log out • n: V4.2.3 My Messages Check for case My cases My settings My reports Administration Help Case: 9672 - Smith 🛭 🀲 Case Coordinator: Trainer3 Trainer3 Status: Assessment Child being assessed: Bart Smith -My Cases > Case Summary > Assessment 2 1. Enter the Case Member's Strength's & Resources arent / Carer Child / Young People Present and Family / Services Health Home eEHA Score Consent Person Home Statement Reason Situation Back Save as draft Next ₩. Conclusions and analysis of assessment 2. Enter the Case Member's Needs & Risks What are your Conclusions and Analysis...? (What are the child's/young person's/family's strengths and resources, what are their needs - e.g. no additional needs, additional needs, complex needs, risk of harm to self or others) Bart Smith R. Strengths & Resources \* U 180 3. Record an Outcome. Add multiple if necessary В Needs & Risks \* U 189 Bart Smith 4. Record an Aim. Add multiple if necessary What are your Outcomes? O Add Another Outcome What are your aims? O Add Another Aim









	Agreed actions *	
	List the actions agreed for the people present at the assessment as agreed with child/young person.	
	Add Action	9 Enter TAC/TAE meeting date, this is when
	Intere are no actions assigned to this assessment form.	you are due to review this assessment and can
		be a simple meeting directly with the parent /
		guardian if annronriate
TAC / TAF Meetin	ng Date	guardian n'appropriate.
Planned Date *		
Comments on the	e assessment and actions identified:	
Read Cartal		10. Enter each individuals comments relating
Brad Smith	Child, young person, family comments *	to assessment or actions set.
	B	
	18C	11. Indicate if the Child was seen alone.
	Parent carer comments *	
	В	
	Practitioner comments *	
	<u>u</u>	
	ABC A	12. Once all sections have been completed, click 'Next'
Child Seen Alone		
Brad Smith	Child Seen Alone?	
-	В	
	If not / not appropriate, why? E.g. too	
	young, etc U	
Back Save as o	draft 🚔 Next	

# You will be taken to the **eEHA Score** tab - add the following mandatory sections:

<u>Holisti</u>	X					
LBTH		Logged in as David QES Test 0910	Log out •		Client: TowerHamlets Version: V2.1.0 Environment: UAT	1 Enter Practitioner who collected the score
My Messages           My Messages           Child being           My Cases > Case Summary	My cases g assessed: T Test y > Assessment	Check for case	My setting	35	Help 3	
Child / Young Parent / O Person Parent / O Detait Back Save as dr CAF Score	Sarer People Family / Present and Reason Situation	Services Health Learning	Home Environment	Conclusion eEHA Sc	Next	2. Enter Date of score collection
	Practitioner * Date *					3. Select each EHA Score by marking one inside each row
	Health	1		0 0		
	Physical development Speech, language and communica Emotional and social developmen	tion C		○ ○ ● ○ ○ ●		4. Click 'Next'

You will be taken to the **Consent Statement** tab – **GDPR – Update (See Page 30)**:

<u>lolistix</u>						
втн		Logged in as David QES Test 091(	D Log out •	Client: TowerHamlets Version: V2.1.0 Environment: UAT	1. Select Case Members	
My Messages	My cases	Check for case	My settings	Help		
👌 Child being assessed	: T Test				2. Enter Consent Date	
/ly Cases > Case Summary > Assessme	ent			Ø		
Child / Young Parent / Carer Peo Person Details Preser Rea	ople Family / nt and Home ison Situation	Services Health Learnir	ng Home Conclusion Environment	eEHA Score Consent Statement	3. Enter who granted consent	
Back Save as draft			/	ave as final		
Consent Statement(s)						
Consent 1 "We need to collect the information needs we may need to share some to share information with any other "We will treat your information as c person will come to some harm if w I understand the information that is	n in this CAF form and r of this information with r organisation(s) later tc confidential and we will we do not share it. In an s recorded on this form	ecord it on Family eCAF so that we can up the other organisations specified below, offer you more help we will ask you about not share it with any other organisation ur y case we will only every share the minimur and that it will be stored and used for the	derstand what help you may need so that they can help us provide the t this before we do it." Inless we are required by law to share n information we need to share purpose of providing revices.	fr we cannot cover all of your services you need. If we need		
Consent statement for infor	rmation storage	Tart			4. Indicate signature	
Consent Date *	09/10	D/2017				
Consent granted by *		~				
Signed * Privacy notice *		ave signed a copy of the consent statement ave had the reasons for information storage	nt <del>se sharing explained to me and I un</del>	derstand those reasons.	5. Indicate Privacy notice	
Consent statement for infor	rmation sharing					
				B i≡ U		
I agree to the sharing of informat	ion as agreed between	the services below *		P29	6. Chose which services can sha	ire the inform
National Service List Conser	nt Options					
Additional Services				and a large state of the second state of the s		
Additional Services			Tes Ono Onot S	lated		

Privacy notice * onsent statement for inform	I have had the reaso understand those reason ation sharing	ns for information storage 15.	sharing e	explained to m	e and I
onsent statement for inform	ation sharing				
					в
					12 C
					U
					ABC
I agree to the sharing of information services below *	as agreed between the				
lational Service List Consent	Options				
Additional Services		• Yes	ONo	O Not State	d
Early Help Services i.e. universal and	targeted Services	○ Yes	$\bigcirc$ No	Not State	d
Early Years: settings and services		○ Yes	$\bigcirc$ No	Not State	d
Education: Schools and Services		○ Yes	$\bigcirc$ No	Not State	d
Health Services		○ Yes	$\bigcirc$ No	Not State	d
Police		○ Yes	$\bigcirc$ No	Not State	d
Statutory Services e.g. Social Care, Y	OT, SEN	○ Yes	$\bigcirc$ No	Not State	d
Voluntary and Community Services		○ Yes	$\bigcirc$ No	Not State	d
urther Information					
					В
					4 <b>=</b>
					U
					ABC
xceptional circumstances: concern at any time during the course of thi bused or is at risk of being harmed rocedures. The practice guidance W e followed by all practitioners. you think the child may be a child in hild to children's social care. These ro n Chapter 5 of Working Together to S	s about significant harm to s assignment you are concern or abused, you must follow yo hat to do if you're worried a cl n need (under section 17 of th eferral processes will be inclu afeguard Children (2006).	infant, child or young p ned that an infant, child or our Local Safeguarding Chi hild is being abused (HM G he Children Act 1989) then ded in your local safeguard	young pi Idren Boa overnmei you shoi ding child	erson has been ard (LSCB) safe; nt, 2006) sets o uld also consid Iren procedure	harmed or guarding ut the process to er referring the s and are set out
ou should seek agreement of the ch ncreased risk of significant harm.	ild and family before making	such a referral <b>unless to c</b>	lo se woi	uld place the o	hild at

# \*\*\*\*NOTE\*\*\*\*

#### National Service Consent

- Any Service as "no' or "not stated" will be <u>blocked</u> from accessing the case and this can be a delay in support services, particularly where multi-agency involvement is required.
- 2. Early Help **MUST selected as Yes**, as the system belongs to Early Help Services and if the family do not consent to this their data should not be collected on an eEHA at all.

Once all the information has been entered, click 'Save as Final'

You will need to store evidence of consent for this assessment. This can be carried out by scanning a signed document and uploading this using the case documents upload instructions in this guide. You can still do this after finalising the eEHA.