Herefordshire Council

Guidance for using the Portal to submit an Early help Assessment

Register for a login:
Use the following link to access the portal – preferably via Chrome.
https://herefordshireconnect.herefordshire.gov.uk/s4s/

Select the 'login to your account' link in the top right of the screen then select the option to 'create your account' on the right. Complete the form then select 'create account' (bottom right of your screen).
Once your login has been set up, a notification will be sent to the email address added to the form (this is usually received the same day you make the request).
From the above link select the 'Sign in' link. Your username will be the email address you have registered and the password will be as you specified within the sign up process.
Then you will need to send an email to mosaicportal@hoopleltd.co.uk without this step your portal EHA will be stuck in the portal!
You should see the following screen (it can take a minute to fully load):
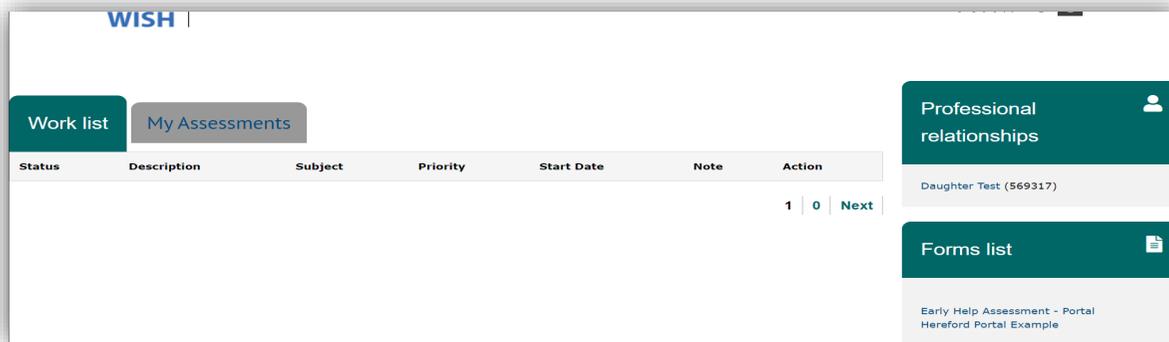
On the right of the screen you'll see a Forms List – this allows you to submit information directly into the Mosaic system. You'll also see Professional Relationships – this will initially be empty. If you wish to be linked to your caseload please make a request via your locality EH Coordinator. We can only link you to cases to which you are the child's key worker.
Linking you to a child will allow you to see basic details such as address, contact details and involved workers.

*A linked login will expire **if unused for 90 days.** You may to repeat the log-in procedure*

Submitting an Assessment:

You do not need to be linked to a child already before submitting an assessment.

1. From the Forms List select – **Early Help Assessment (SF) – Portal**

Right Help Right Time

The Right Help, Right Time Levels of Need framework has been developed to support practitioners at all levels working in statutory, public, voluntary and independent sectors in Herefordshire. If you are unsure whether an Early Help Assessment is appropriate, you can check here: Right Help, Right Time Level of Need Framework before completing this form.

Contact MASH (01432) 260800 if the child is a child in need or at risk of significant harm

2. This page reminds you to consult the RHRT to ensure you are submitting a level 3 EHA and to consider if it meets level 4 and should be a referral to MASH or a level 2 that could be covered by universal services. **Proceed to early help assessment.**

3. Complete the assessment type and contact information about the family.

   Add each family member, to add more than one family member use the plus icon ⊕.

Save your assessment regularly – at the bottom of each page you will see a **'save'** button. **The page can timeout and if you have not saved you risk losing the information you have input.**

If you wish to save and return to your assessment at a later stage it can be accessed via the My Assessments tab on your dashboard screen:

Practical guidance for completing an early help assessment- <u>https://herefordshireconnect.herefordshire.gov.uk/s4s/</u>

Early Help Assessment - Portal

THIS PAGE WILL TIMEOUT AFTER 20 MNUTES PLEASE HIT THE SAVE BUTTON REGULARLY
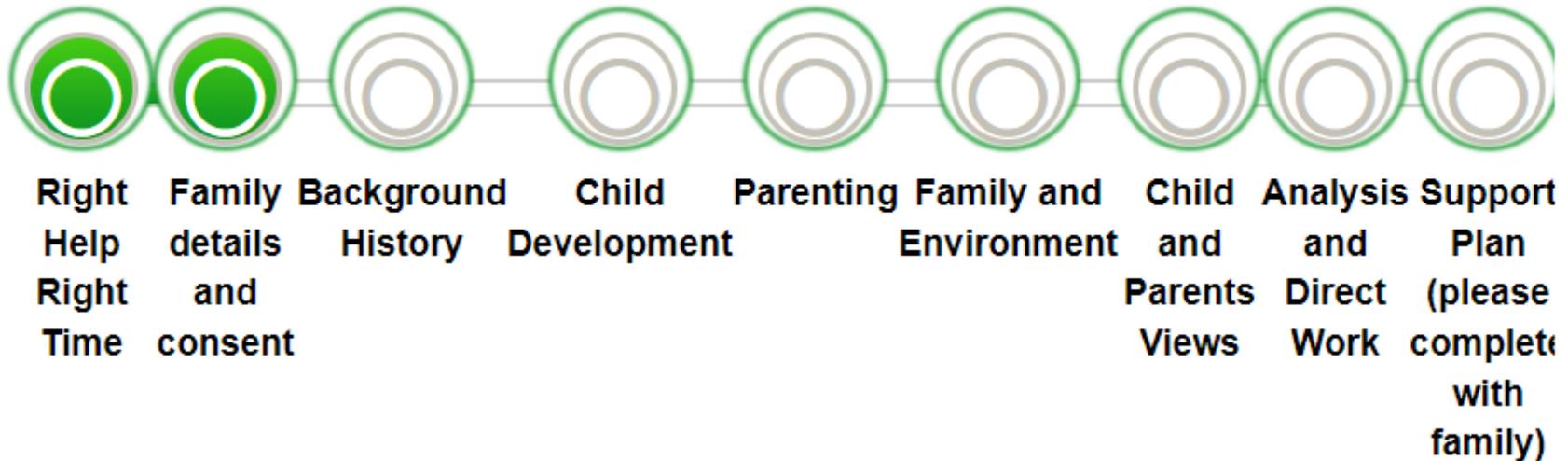
| Right Help Right Time | Family details and consent | Background History | Child Development | Parenting | Family and Environment | Child and Parents Views | Analysis and Direct Work | Support Plan (please complete with family) |

Area

[dropdown]

Assessment type

[dropdown]

Assessment Date *

[text field] [calendar icon]

Family name

[text field]

Max 1000 characters. remaining 1000

Main Address

[text area]

Max 1000 characters. remaining 1000

Main telephone number

[text field]

Max 1000 characters. remaining 1000

Email

[text field]

Max 1000 characters. remaining 1000

The field below will allow you to add an additional address if you select 'Yes'.

Do the children split their time across more than one family home?

○ Yes

○ No

Please note this form is likely to time out after 20 minutes. **It is advisable to save as you go along!**

Add each family member, to add more than one family member use the plus icon

Children and other household members at child(ren)'s given address

Name	DOB/EDD	Gender	Ethnicity	Nursery/School/College/Place of Work	Relationship
Max 1000 characters. remaining 1000			Max 1000 characters. remaining 1000	Max 1000 characters. remaining 1000	Max 1000 characters. remaining 1000
Max 1000 characters. remaining 1000			Max 1000 characters. remaining 1000	Max 1000 characters. remaining 1000	Max 1000 characters. remaining 1000

Page 2. DISCUSS THE CONTENT OF THIS ASSESSMENT WITH THE FAMILY AND OBTAIN THEIR CONSENT.
Please complete the name of the person who explained to the family that the form will be shared with other professionals and stored on Herefordshire Council's data base. **YOU will be responsible for any GDPR breaches should you submit this information without the family knowing what you have written.**
The family's consent must be explicit.
Click next or save

Enter the name of the practitioner who explained data protection and information sharing to the parent/guardian

*This is YOUR NAME . You are responsible for ensuring GDPR is not breached!

Enter the name of the parent/guardian who has given consent to data protection and information sharing *

THIS IS PARENT'S NAME

This part requires extensive information to be recorded regarding the family.
Tip: type information on a 'Word' document and cut and paste into boxes to avoid losing your work!
Please note this form is likely to time out after 20 minutes. **It is advisable to save as you go along!**

Background history (Consider any prior Early Help or Social Care history)

Complete details of any previous social care history or early help. Include what led to this assessment being completed

Max 2000 characters. remaining 2000

Next Sections:
1. **Background**
2. **Child Development**
3. **Family and environment**
4. **Parenting**
5. **Strengths and Worries**
6. **Family Voice**

Please complete the required fields with as much information as possible. Hover over the question mark to get prompts. Consider:
- What is working well for this family?
- What are you worried about?
- What are the family worried about?

Please use simple language and refrain from using acronyms that families may not understand.

Parenting *❓

Max 2000 characters. remaining 2000

List any family member who has an action that is not on the front page- **CONSENT MUST BE SOUGHT**

Other family members who are part of the family plan *

Name	Address	Relationship
Max 160 characters. remaining 160	Max 500 characters. remaining 500	Max 250 characters. remaining 250

A minimum of 3 different headline areas of the Supporting Families Framework need to be met to qualify for support from the Prevention and Early Help Service

Areas for support

- [ ] Getting a Good Education
- [ ] Good Early Years Development
- [ ] Improved Mental and Physical Health
- [ ] Promoting Recovery and Reducing Harm from Substance Use
- [ ] Improved Family Relationships
- [ ] Children Safe from Abuse and Exploitation
- [ ] Crime Prevention and Tackling Crime
- [ ] Safe from Domestic Abuse
- [ ] Secure Housing
- [ ] Financial Stability

Please tick all the indicators that are present for this family. This will produce drop down rows in the action plan.

When selecting indicators and outcomes in the tables that will appear below, please ensure that for each indicator you select an outcome with the same preceding number

Please note this form is likely to time out after 20 minutes. **It is advisable to save as you go along!**

Getting a Good Education

Indicator	Outcome	Desired Outcome	Action	Who will do this?	Timescale	Date added	Added by	Initial Score - Getting a good education
1.1 Average ▾	1.1 Sustaine ▾	90% ATTENDANCE Max 1500 charact ers. remaining 15 00	Max 1500 charact ers. remaining 15 00	Max 1000 charact ers. remaining 10 00	Max 1000 charact ers. remaining 10 00		Max 1000 charact ers. remaining 10 00	○ 1 (Poor) ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 (Good)

These should match, e.g. 1.1 indicator must have a1:1 outcome

Individual actions to be listed here and who will do each action- ensure to include the family's responsibilities here

Scaling should be recorded here. Ask the child or family whilst completing and use scales gathered during the assessment.

Please note this form is likely to time out after 20 minutes. **It is advisable to save as you go along!**

Details of person completing the form

Name

[   ]

Max 1000 characters. remaining 1000

Role *

[   ]

Max 1000 characters. remaining 1000

Name of organisation/setting *

[   ]

Max 400 characters. remaining 400

Phone

[   ]

Max 1000 characters. remaining 1000

Email

[   ]

Max 1000 characters. remaining 1000

Team/Partner/Agency *

[▾]

What type of Early Help support is required?

[▾]

I confirm I have added a score for every relevant indicator selected *

☐

Is child exploitation a concern? *

○ Yes

○ No

Is neglect a concern? *

○ Yes

○ No

Have any other assessments been completed with the family?

[⌄]

Details of Lead Practitioner involved in Early Help Assessment

Is the lead practitioner involved the same person that completed form?

[⌄]

Please complete details of the lead practitioner **if that is not you.**
Select 'NO' to open up a field to input the person's details.
Click save or Click Finish to submit the form.

Once you click 'finish' a summary page will be displayed with your full assessment and you will see the option to print then or you can click Ctrl + P to print the page.

Please note this form is likely to time out after 20 minutes. **It is advisable to save as you go along!**