Welcome to the Cambridgeshire and Peterborough Emotional Health and Wellbeing Assessment Toolkit. We hope you find this a useful resource to support you in helping children, young people and their families. This toolkit contains a range of resources available for staff to assist them in assessing the emotional health and wellbeing needs of children, young people and their families. It can also be used with children and young people in helping them to make decisions about their care needs and information about emotional health and wellbeing.

The toolkit has been developed as an interactive process. You can work your way through the tool by pressing the buttons on the bottom of the page. There are hyperlinks within the 3D boxes in Emotional Health and Wellbeing (EHWB) pathway and Thrive quadrants to take you relevant information which may assist you in undertaking an assessment. Just press the relevant button to take you to the information you need.
Help with undertaking an Early Help Assessment: In addition to the toolkit documents there are some information sheets to aid staff in working with children and young people and their families around emotional health and wellbeing needs. These sheets have been developed in response to consultation with staff across Cambridgeshire and Peterborough about what help they would like in completing an Early Help Assessment (EHA) in relation to a child/young person’s emotional health and wellbeing needs. The hyperlinks are detailed below as well as in the EHWB pathway:

- Conversations with young people about their mental health
- Questions to consider about mental health needs

Routine Outcome Measures: Information about Routine Outcome Measures is also contained both in the EHWB Pathway and in the following link:

- Goals Based Outcomes
- Session Feedback Chart

More information about Outcome Measures can be found by clicking the flowing link

Thrive Conceptual Framework Information: Information about Thrive Framework can be found by accessing the link here
Thrive Model

Getting Advice

Getting Help

Getting Risk Support

Getting More Help

Thriving

Digital offer, Signposting Self management and Self help and peer support one off contact

Short, evidence based interventions aligned with NICE CYP IAPT Emphasis on choice

Outcomes focused plus goal based measures

Integrated multi agency approach with joint accountability or outcomes.

Co produced Safety plans

Growth of personal support network

Self Help and peer support

Longer, evidence based interventions

CYP IAPT

Provided primarily by Health

Outcomes plus goals based measures

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EHWB Pathway

One place for information online (to aid shared decision making)

keep your head.com

Self-referral for services/Info for professionals and families, signposting

Early Help Hub/Team
Assessment of need to Clarify the best service/route to meet need including self help

Menu of interventions according to assessed need
Use of Session Feedback Chart

Review Plan As per EHWB Process

Fast track for acute presentation

Concerns around emotional health and wellbeing

Child/YP

Parent/Carer

CYP Services

Health

One place for referral and guidance for EHWB issues
One telephone number
quality assurance of assessment

Establish and shape a plan of care
Lead professional allocated
Use of Goal Based Outcomes

SPA

Loop back into Universal Services

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Front Thrive Model EHWB Pathway Presenting Need Considerations Anxiety Changes in Mood Self Harm Eating Difficulties Developmental Difficulties Behavioural Difficulties Mapping
Presenting Needs Overview

The next sections of the toolkit offers you a framework to consider when undertaking an Early Help Assessment in relation to a child or young person’s emotional health and wellbeing.

The following pages detail the range of presenting need children and young people often display/ discuss in relation to emotional/ mental health need. Whilst this list is not exhaustive, and young people can present with needs at more than one Thrive quadrant, it offers a guide for professionals to follow to utilise their judgement to enable shared plans and decisions with children, young people and their families.

Links to tools have been included below to help you complete an EHA:
• Cambridgeshire EHA can be found [here](#)
• Peterborough EHA can be found [here](#)
• Questions to consider about mental health needs can be found [here](#)
• Conversations with young people about their mental health can be found [here](#)
Considerations when undertaking an Early Help Assessment

When working with children, young people and their families it is also important to consider the key variable elements which will have an impact on both the level of need and subsequent service response required. These variable elements outlined on the opposite page (risk to self and others, degree of impairment to normal live and level of distress in child and family) can increase as well as decrease. These elements will need to be contained in any Early Help Assessment to make an effective clinical judgement.
Anxiety/ worry/ fear

‘Normal’ childhood fears. Examples: animals; the dark; new situations; large crowds of people; death; fear of poor educational achievement; and appearance.

Fears outside the developmental range and having a significant impact on child/young person e.g. withdrawing from friendships: not attending school.

Severe & highly complex anxiety which has resisted previous intervention.

Fears causing significant impact and appearing to be resistant to earlier interventions. Severe, ritualised and compulsive behaviours; child presenting with a number of fears at the same time; serious and sudden changes in behaviour without obvious explanation.
Changes in Mood

Responding to life stresses and changes well. A supportive network, working well together. No interference with access to school/social situations.

Low mood, behaviour including perceptual disturbances having an impact on the child, e.g. school problems, offending, loss of friendship, family distress and which also presents a risk.

Severe and highly complex disturbances in mood and/or perception with associated significant risk where previous support hasn’t responded to intervention.

Depressive illness/behavioural difficulties; which may be associated with drug and alcohol problems/serious offending. Social systems around the child experiencing a high level of distress and requiring family support.
Self Harm

Promotion of healthy ways of expressing emotions/ emotional distress.

Self harm where the risk of suicide necessitates highly specialist provision and where previous support has not affected change.

Self harm behaviour that occurs in the context of a relatively stable and responsive social context and where there is no indication of suicidal intent.

Self harm where there is suicidal intent; self harm in the context of complex social situations; self harming behaviour alongside other issues such as depression, or health issues such as diabetes; self harm that is related to severe trauma.
Eating Difficulties

Fussy eaters; children in need of dietary advice/advice about healthy eating.

Severe & highly complex eating disorder which has resisted previous treatment.

Showing significant changes in attitude and behaviour in relation to food, but without serious changes in weight; and within a supportive social context.

Eating Disorder/ Children presenting with very low/very high weight that presents a serious risk to health; children presenting with a number of difficulties i.e. children also presenting with serious depression/anxiety etc.
Developmental Difficulties

Developing behavioural environmental/ approaches that are sensitive to the child’s needs. Information for specialist assessments.

Provision of support and advice. Support for families and other systems around the child when there are difficulties associated with adjustment. Providing information for more specialist assessments.

Severe & highly complex developmental issues which has resisted previous multi agency support.

Intervention at a multi agency level, where there are other presenting issues, e.g. epilepsy, other developmental issues and other mental health issues such as depression, anxiety, use of medication.
**Behavioural Difficulties**

Appropriate responses to life stresses and changes; behaviour that does not interfere with the child’s ability to access school and social situations.

Highly complex difficulties that have not responded to previous interventions and where there is a significant risk to self and/or others.

Behavioural difficulties outside developmental norms; and is having an impact on the child e.g. causing school exclusion, offending and/or loss of friendship; in context of family distress and difficulty.

Behavioural difficulties associated with significant social issues, e.g. substance issues; leading to serious offending; social systems around the child in experiencing a high level of distress and requiring intensive levels of individual and family support.
Mapping

The next sections of the toolkit highlights an explanation of the types of services operating at different levels of the Thrive Framework. Whilst this list is not exhaustive it offers you a framework to consider and the types of services you may wish to consult with when undertaking an Early Help Assessment in relation to a child or young person’s emotional health and wellbeing.

It is important to note that children and young people, may be assessed as requiring services within more than one quadrant in order to meet the range of needs.

Again, the variable elements to the right of this page are important to consider when undertaking an Early Help Assessment with children, young people and their families.
Young people who are deemed to be thriving are served by the wider community needs of the population supported by prevention and promotion initiatives. All those children, young people and families who do not currently need individualised mental health advice or help are considered to be thriving.
Getting Advice

CYP who are adjusting to life circumstances, with mild or temporary difficulties, where the intervention is within the community with the possible addition of self-support.

Services at the Getting Advice quadrant for children and families would consist of:

- Signposting and self management
- Peer support
- One off contact from services
- Digital offer such as websites (keepyourhead.com) or online information and resources.
Getting Help

CYP who would benefit from focused, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved.

Services at the Getting Help quadrant for children and families would consist of:

Short, evidence based interventions of around six sessions on an individual or group basis, where there is a wide variety or choice of modality and location. These services will be provided by a range of service providers.
Getting More Help

CYP who would benefit from intensive (and potentially longer-term) treatment

Services at the Getting More Help quadrant for children and families would consist of:

Longer, evidence based interventions that are traditionally provided by health services offering a range of therapeutic interventions such as Cognitive Behavioural Therapy, Family Therapy etc.
Getting Risk Support

CYP who have been in receipt of services but who continue to require a range of support

Services at the Getting Risk Support quadrant for children and families would consist of:

- Offering support to the system around the child/young person and family to enable integrated multi agency approaches with joint accountability or outcomes.
- Safety plans co produced between agencies and young people
- Emphasis on developing personal support network
- Self Help and peer support