## Example questions - Early Help Assessment

### Health and Wellbeing

**General health:** The infant, child or young person’s current health condition (for example, conditions of relevance to an infant, child or young person including growth, development, physical and mental well-being).

How far the infant, child or young person appears healthy and well, is growing and developing normally and is accessing health services (such as GP, dentist or optician) appropriate to their age.

* Who is your family doctor? When did you last see them?
* Who is your family dentist? When did you last see them?
* Have you had all the immunisations and health checks you should have had?
* What food do you like to eat? What have you eaten today?
* Are you feeling well today? Do you usually feel well?
* Are you taking any medication at the moment? Do you regularly take medication?
* Would you describe yourself as having a disability or special need?
* Do you feel you are the right weight for your height?
* Are you presently receiving or waiting for specialist medical services like a hospital consultation or operation?
* Do you see any other doctors, therapists or nurses on a regular basis?
* Do you feel you are getting all the health services you need? If not, what do you think you are missing and why do you think you are not getting them?
* What things do you do to keep healthy?
* *Are you seeing your midwife/health visitor regularly?*
* *Does anything concern you about the general health of your baby?*

**Physical development:** The infant, child or young person’s means of mobility, level of physical or sexual maturity/delayed development.

How far the infant, child or young person’s physical skills seem to be developing normally for their age, for example whether they are crawling, walking and running as expected and whether their vision and hearing seems normal.

* Do you do any physical activities like walking, swimming, running or playing [wheelchair] sport?
* What activities do you like doing best?
* Do you need to wear glasses/hearing aids etc.. If so do you have them?
* Do you think you are a similar weight and height to others of your age?
* *Does your baby, toddler, child have access to a play group or play facilities, for example a mother and toddler group or play area?*
* *What types of physical skills has your baby acquired?*
* *If your child has any form of developmental delay have any referrals been made so far?*

**Speech, language and communications development**: The ability to communicate effectively, confidently and appropriately with others.

How far for their age the infant, child or young person seems able and willing to speak, communicate, read and write, and express their feelings.

* What is your address?
* How is your writing and reading?
* How are you at filling in forms?
* Do you sometimes worry that your spoken English lets you down?
* Do you sometimes find it hard to talk to people?
* Do you have enough support with speech, language and communication? If not, what would help you?
* *How does the child communicate? Do they cry when unhappy? Are they making noises or words yet?*
* *How do you communicate with your child?*
* *If your child has a visual or hearing impairment or possible developmental delay difficulties have any referrals been made so far?*

**Emotional and social development:**The emotional and social response the infant, child or young person gives to parents and carers and others outside the family.

How well the infant, child or young person copes with everyday life, e.g. their disposition, attitudes and temperament, any phobias or psychological difficulties.

* What makes you happy or sad? Tell me who you go to for help if you feel unhappy.
* When you are frustrated, angry or upset, how would people around you know that something was wrong?
* Do you ever do things because they are exciting without thinking about what might happen or that it might get you into trouble?
* Do you find it easy to talk to people about how you feel? How do you feel?
* Have you ever been bullied?
* Tell me who you spend most of your time with
* What sort of things do you do with other people?
* What do you like doing best?
* How much time do you spend on your own?
* Tell me who you feel close to.
* *What types of sounds and facial expressions does your baby make in response to your attention?*
* *In what ways does your baby express their feelings?*

**Identity, including self-esteem, self-image and social presentation:** The growing sense of self as a separate and valued person.

How far the infant, child or young person seems to be developing the right measure of confidence and self-assurance, and how far they have a sense of belonging.

* Who is the most important person in your life?
* If you had to name one special thing about yourself, what would that be?
* Is there anything about yourself that you don’t like?
* What do you think other people most like about you?
* Do you feel you are different from other people?
* Do you feel you “fit in” with family and friends?
* *Can the child point to family on a picture or respond to their own name?*
* *Does the child respond differently to different family members or siblings?*
* *How does your baby demonstrate individual preferences?*