

Early Help Assessment

Principles

- Working Together (2013) advocates the use of a shared early help assessment for children, young people and families
- Early help terminology is more service user friendly / easier to understand for families and practitioners and is frequently used in the above guidance
- The paperwork has been developed using learning from practitioner and family experiences with the Common Assessment Framework (CAF) and the Early Help Assessment pilot, the Re-balance Me pilot project and family assessments developed in other Local Authority areas
- The tool is a shared assessment for all internal and external agencies working with children, young people and families. It can also be used for adult only households
- The tool promotes family focused assessment. Practitioners no longer have to complete multiple assessments for each household member, avoiding duplication, and families will not have to keep repeating their story to different professionals
- It focuses on the child and family in an holistic way and gives professionals an opportunity to listen to what young people and parents want
- It enhances opportunity to build relationships with families and allows more opportunity for disclosures from children, young people and families
- The process provides a mechanism for professionals to meet and share information with each other; capacity needs to be made available to facilitate this
- Allows lower level concerns (levels two and three on the Guide to Levels of Need) to be identified and managed effectively before needs escalate but also provides evidence to support a referral to Vulnerable Children and Corporate Parenting (VCCP), where necessary.

Safeguarding

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow the Safeguarding Children's Board safeguarding children procedures. You can find up to date procedures and guidance at www.safeguardingchildren.stoke.gov.uk. You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

Registration

If you an **internal** agency complete page 2 of the Early Help Assessment form and send to: early.help@stoke.gov.uk to register. If you are an **external** agency complete page 2 of the Early Help Assessment form and ring: 01782 236334 to register. A member of the Early Help Team will allocate an Early Help ID number.

Closure

If you an **internal** agency complete page 10 of the Early Help Assessment form (Evaluation and Closure Summary) and send to: early.help@stoke.gov.uk to close. If you an **external** agency complete page 10 of the Early Help Assessment form (Evaluation and Closure Summary) and ring: 01782 236334 to close.

Change of Lead Worker

If you are an **internal** agency please contact early.help@stoke.gov.uk. If you are an **external** agency please ring 01782 236334.

Log Refused Consent

If you are an **internal** agency complete page 2 as for registration and email to early.help@stoke.gov.uk but ensure that the email highlights that this is a refused consent. If you are an **external** agency please ring page 2 details through to 01782 236334.

For help and advice in completing this form or to give feedback regarding this form, please contact Claire Maxwell on 01782 231964 or early.help@stoke.gov.uk

All fields are mandatory

Assessment Start Date 1/12/2014

Early Help I.D. number 1234

Family Details
 (NB All family members who live in the same household)

First name(s)	Surname(s)	Relationship	Date of Birth / EDD (Expected Due Date)	Ethnicity (See Appendix 1)	Gender
Sarah	Smith	Mother	1/10/72	White –British	Female
Ken	Adam	Father to Johnny	1/11/70	White –British	Male
Susan	Smith	Child	1/1/2001	White –British	Female
Johnny	Adam	Child	25/12/2005	White –British	Male

Guide to Levels of Need:

 2 or 3
 Full Early Help Assessment

 Step-down from Single Assessment or CIN plan
 Early Help Action Plan only
Address(es) of the above household

115 Leek Road Hanley

Postcode: ST1 2PC

Immigration status	British citizen
First language	English
Do any family members have a disability: No	

Lead Workers Name	Job Role
Cheryl Cole	07987 789654 cheryl.cole@gmail.com

Family background (please include; who lives where, who lives with who, significant others, genogram)

Johnny – child, Sarah – mother, Ken - father

Susan – child, Sarah – mother, Jim - father

Both children live with Sarah and Ken

Jim has no contact with Susan and is in prison for GBH

Significant others:

Vera and George Smith – Maternal grandparents

Millie and Arthur Jones – Paternal grandparents to Johnny

no contact with Jims parents

Risk / Hazards – are there any known hazards or risk associated with this family (pets, threats, weapons etc). If yes, please provide details and complete your own agency risk assessment, as required.

Yes

No

Services currently working with the family

Service name	Contact details	Telephone number
School Nurse	Jenny Casper	01782 236547
Home school link worker	Francis Jones	01782 256325

Consent Statement and Information Sharing

We need to collect the information in this Early Help form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with other organisation(s), so that they can help up to provide the services you need. We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

There may be occasions when we do have to talk to someone without your permission. This will only happen in certain circumstances and when staff feel it is absolutely necessary. These circumstances include when there is a risk of serious harm, when there are child protection concerns or in extreme circumstances when we are ordered by the courts. Wherever possible we will discuss this with you and try to involve and support you through this process.

I understand that the information that is recorded on this form will be stored and used for the purpose of providing services. I agree to the sharing of information between services. I agree to this information being shared with the services involved in the Early Help support package.

I have had the reasons for information sharing explained to me and I understand those reasons.

Yes No

Signature of adult (with parental responsibility if applicable)

Print Name: _____ Date: _____

Signature of adult (with parental responsibility if applicable)

Print Name: _____ Date: _____

Signature of child(ren)

Print Name: _____ Date: _____

Signature of Professional

Print Name: _____ Date: _____

What has led to this child / young person / adult being assessed?

Parents are struggling to manage Johnny's behaviour. Both are exhausted as Johnny's sleep pattern is not good. Medical appointments are made and not kept. Concerns over housing

Information Gathering (please use this section to capture strengths and needs of family members under the relevant headings). If you have any specialist information that your service needs to collect please complete your own services additional documentation and attach it to this form. **Do not** duplicate what you have already captured).

Child(ren) (NB please list individual children)

Health (some areas you may consider physical development, general health, speech and language, behavioural, emotional and social development).

Johnny – Suffers from eczema and asthma which is treated by medication, he has a poor sleep pattern and awakes screaming in the night. He has no speech and makes noises and points to what he wants. Mother states that he is on the autistic spectrum. Behaviour can be challenging as he is physically aggressive towards parents and sibling. Mother believes Johnny is deaf

Susan- She is up to date with all immunisations and presents with no health issues. She presents as withdrawn and quiet when Johnny is physically aggressive.

Family is registered to GP but not to the dentist

Children's do not have a breakfast, they have school meal but at home they mainly eat fastfood meals such as pizza, chips and burgers.

Immediate Action:

Any action that requires completing instantly in respect to the above box

Learning and Development (some areas you may consider participation in education / employment, progress and achievement, understanding, aspirations)

Johnny is attending Abbey Hill special school and parent reports he is in the autistic unit. Mother reports school are not helping Johnny to develop. Mother believes since starting Abbey Hill Johnny's behaviour has deteriorated.

Susan attends Kingsland Primary school, she enjoys attending but school have concerns over her progress. Susan has additional support. Susan does not imitate Johnny's aggressive behaviour, however becomes frightened when Johnny is physically aggressive.

Immediate Action:

Any action that requires completing instantly in respect to the above box

Child(ren) (continued)

Having a positive impact on others, (some areas you may consider identity, family and social relationships, self-care and independence (including young carers)).

Ken – Mother reports he is laid back and children get on well with him as he plays with them. Ken treats Susan like his own child. Susan responds well to Ken

Maternal grandparents – Susan attends their house but Johnny doesn't as Sarah feels it will interrupt his routine and his behaviour is too much to handle for the grandparents.

Kens parents – rarely see the family and live far away

Susan's father – He has no contact with Susan, he use to beat up Sarah. Susan was always in her room when her father was fighting with Sarah. He was verbally abusive towards Sarah and Susan. Susan has witnessed domestic violence so will have an impact on her mental health. Her father was an alcoholic and committed GBH with bladed weapon therefore he is in prison.

Sarah – loves her children and they respond well to her, however Susan does not talk to Sarah openly

Sarah reports Susan is very independent, she will listen to instructions and will get on with them on her own whereas Johnny is reliant on Sarah to meet his personal care needs.

Immediate Action:

Any action that requires completing instantly in respect to the above box

Safety, (some areas you may consider physical and emotional safety).

Johnny is always climbing the stairs as there are no safety gates and he climbs up to the windows, as there is furniture in front of the window. Johnny is then able to open the windows.

Living room has a gas fire with no fireguard.

There are smoke alarms but unsure if they work

There is no safety gate between kitchen and living room and the living room is cluttered with toys, clothing and dirty dishes, Sarah acknowledges the hazard caused by clutter.

Garden is not safe, fencing is broken and back gate is broke and has no lock. The house is a private rented home and the landlord has promised to fix the garden since they moved in. However he will only complete the work when the rubbish is cleared. Parents have said they would clear the rubbish.

Susan does not feel safe in the home with Johnny's behaviour

Immediate Action:

To provide Sarah with a safety gate

Sarah to remove furniture away from the windows

To provide Safety pack with extra window locks

To provide Fireguard

To refer to Staffordshire Fire and Rescue for a free Home fire safety check

Sarah to buy another safety gate for the kitchen

Adults**Parenting, (some areas you may consider basic care, emotional warmth and stability, guidance, boundaries and stimulation).**

Sarah is meeting the basic care needs of her children, in terms of food, clothing, shelter and personal hygiene. Sarah states she has a good relationship with her children but acknowledges a lot of her time is taken up by Johnny's challenging behaviour, resulting in little quality time with Susan. Sarah has been observed to cuddle Johnny and saying kind words to Susan.

Sarah is providing the children with a stable home environment but she struggles with setting consistent boundaries, due to the demands of Johnny's behaviour.

Sarah admits to shouting at Johnny as she feels that's the only way he will respond to Sarah. Sarah does not feel she has to shout at Susan because she complies or goes to her room. Johnny has been observed shouting back to her mother and Sarah recognises he maybe shouting because she shouts at him

Age appropriate toys were observed on home visit, however children were not playing with them as they preferred watching the TV. Sarah states this is the only time she gets some peace and quiet when Johnny is watching the TV. Sarah struggles to provide family activities and outings on her own.

Immediate Action:**Health, (some areas you may consider physical and emotional health).**

Sarah suffers with depression and is taking prescribed medication which is monitored by her GP. Both Sarah and Ken are overweight and smoke heavily in the house, therefore passive smoking will affect the children. Ken has fear of the dentist therefore has poor oral hygiene. Sarah does not access the dentist as they family are not registered.

Sarah presents as a strong character but admits to feeling emotionally exhausted, as she blames herself for Johnny's difficulties and she states that she is at her wits end.

Immediate Action:

Adults (continued)

Family history, functioning and well-being (some areas you may consider any alcohol / substance misuse, domestic abuse, antisocial behaviour, bereavement, culture, relationship breakdown).

Sarah is a victim of domestic violence with her ex-partner being the perpetrator. Sarah states she made numerous reports to the police but did not press charges. She states it was alcohol fuelled.

Sarah's father was an alcoholic and a perpetrator of Domestic Violence, she states her mother was submissive. Sarah witnessed this and she tried to protect her mother.

Sarah has known Ken for 5 years, they met via facebook and Sarah became pregnant. Ken then moved in with Sarah.

Ken contributes little to the running of the home and he feels that Johnny is a typical young boisterous boy and cannot see why Sarah is struggling to manage his behaviour.

Sarah feels overwhelmed due to the demands of the day to day tasks of running the home

Immediate Action:

Wider family and environment, (some areas you may consider formal and informal support networks, caring responsibilities (including elderly relatives), housing, finances, transport, community facilities).

Kingsland Primary and Abbey Hill special school support the family with the children's education.

Johnny has six monthly appointments with the Community paediatrician

School nurse Jenny Casper supports Sarah with health issues

Sarah has stated she has housing arrears and debt with BrightHouse. Sarah is claiming benefits but she is not sure whether they are correct. She is not claiming DLA for Johnny

Sarah has neighbours who she considers to be her friends.

Immediate Action:

Summary of strengths and needs (please use bullet points; this will help to form your Action Plan).

Strengths:

Immunisations are up to date
Family registered to GP
Fled DV
Stable family unit with basic care needs met
Emotional warmth evident
Susan's independence is encouraged
Age appropriate toys
Engaging with services

Needs:

Johnny's sleep pattern to be regulated
Assess speech and language
Hearing test
Positive behaviour management strategies identified and put in place for Johnny
Register with dentist
refer Susan for counselling
Children to have breakfast
Budget effectively, claim appropriate benefits and address debt issue
School reviews
Improve family diet and physical activity
Improve home conditions via routines and including Ken
Improve knowledge and understanding of autism
Access Aiming High activities
Safety work - immediate
Develop an understanding of the impact of DV on the children
Explore employment opportunities
Stop Smoking

Adults views (What do I want to happen)?

I want a better life, I want Johnny to be sorted out and school to fix up. I want Ken to be less lazy, I want some me time

Child(ren) views (What do I want to happen)?

I don't know. - Susan

Evaluation and Closure Summary

Early Help I.D. number

Date of closure

Lead worker

Guide to Levels of Need:

Step up to Vulnerable Children and Corporate Parenting (VCCP)

1

2

3

4a

4b

4c

Evaluation

Red

Identified needs not met. Please complete;

Not engaged

Deceased

Moved out of Local Authority area

Other (please state)

Amber 1

Identified needs cannot be met but the case has been escalated to Vulnerable Children and Corporate Parenting (VCCP).

Name of Social Worker:

Amber 2

Some, but not all, identified needs have been met. Please identify the organisation(s) and worker(s) still involved;

Green

All identified needs have been successfully met.

Family evaluation

Child / Young Person

On a scale of 1-4 (1 = low and 4 = significant) could you please give your opinion on the impact in terms of the identified issues;

Low impact

1

2

3

4

significant impact

Parent / Carers

On a scale of 1-4 (1 = low and 4 = significant) could you please give your opinion on the impact in terms of the identified issues;

Low impact

1

2

3

4

significant impact

Ethnicity

ASIAN - ANY OTHER ASIAN BACKGROUND
ASIAN - BANGLADESHI
ASIAN - INDIAN
ASIAN - PAKISTANI
BLACK - AFRICAN
BLACK - ANY OTHER BLACK BACKGROUND
BLACK - CARIBBEAN
CHINESE
GYPSY/ROMA/TRAVELLER
MIXED - ANY OTHER MIXED BACKGROUND
MIXED - WHITE AND ASIAN
MIXED - WHITE AND BLACK AFRICAN
MIXED - WHITE AND BLACK CARIBBEAN
WHITE - ANY OTHER WHITE BACKGROUND
WHITE - BRITISH
WHITE - IRISH

DO NOT WISH TO COMPLETE

