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**Early Help Assessment Plan (EHAP)**

Completed Early Help Assessment Plans should be emailed to: **NELCChildrensFrontDoor@Nelincs.Gov.uk**

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| **FAMILY NETWORK DETAILS****(please complete the following for each person in the household (child, young person, parents, carers) insert more rows if needed** |
| **Full name** | **Date of birth****(dd/MM/yyyy)** | **Parental responsibility?** | **Relationship status with family****(main carer / young carer / parental responsibility / next of kin / emergency contact)** | **Male / Female** | **Ethnicity (MUST BE COMPLETED – see table of categories below for details)** | **Religion & First Language / Interpreter needed?** | **Disability?** | **Telephone Number** |
| ***Child A***  | ***09/02/2014*** |  | ***Child*** | ***Male*** | ***WB*** | *English* | ***No*** |  |
| ***Child B*** | ***23/09/2007*** |  | ***Child*** | ***Female*** | ***WB*** | *English* | ***No*** |  |
| ***Mum***  | ***04/11/1986*** | ***Yes*** | ***MC, NK, PR, EC*** | ***Female*** | ***WB*** | *English* | ***No*** | ***078745678901*** |
| ***Dad***  | ***14/01/1984*** | ***Yes*** | ***MC. NK, PR, EC*** | ***Male*** | ***WB*** | *English* | ***No*** | ***077512345671*** |
| **TELEPHONE NUMBER and FAMILY ADDRESS inc POSTCODE** | **Main Telephone number: 01472 323232****House name / number 23** **1st line of address**: *Southwold Crescent***2nd line of address**: *Grimsby***County**: *NE Lincs***Post Code**: *DN34 5HH* |

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| **EXTENDED FAMILY MEMBERS and PROFESSIONALS INVOLVED - who else is currently involved with the family NOT living in the home address, insert more rows if needed** |
| **Name and relationship**  | **Telephone number and address** | **Supporting who?** | **Consulted in respect of this Assessment?** | **Consent gained to discuss Early Help assessment** |
| *Maternal Grandparent X* | *78 The Ridgeway Grimsby* | *Whole family* | *No* | *Yes* |
| *Maternal Grandparent Y* | *Cathrine Atherton Way* | *Whole Family* | *No*  | *Yes*  |
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| **Communication Needs (inc. language & disability)** - (If anyone does not have English as their primary language and or anyone has a disability please provide relevant details here)*None* |
| **Do you know of anyone else or any agencies/professionals that you think could become involved***?* *Mrs A – Head Teacher to Child A**Mr R – Leaning Mentor to Child A**Mr B – School Nurse to Child A & B**Mr F – Head Teacher to Child B* |
| **Assessment Details** |
| **WHAT ARE THE WORRIES/ REASON FOR THE ASSESSMENT? Outline of the history and what has led to this assessment needing to be completed.** |
| *Primary School are worried that Child A is struggling to settle within school, he doesn’t make friends easily, can be disruptive in class, he can become emotional if challenged and has, on one occasion, tried to hit out at a member of staff.**Child A often complains of toothache and will ask to see me, the school nurse, about this and asks to go home due to the pain.**School are concerned about Child B, she has become withdrawn in classes, last term she was always very polite and engaging in lessons, however this term she has become defiant in classes, does not complete her homework and has sworn at teachers when challenged.* *Parents both report that they struggle with Child A’s behaviour at home and he has on a couple of occasions hit out at mum when she says no to him. I am concerned that despite a couple of conversations with both parents about Child A regularly saying he has toothache they have not taken him to the dentist.**Parents also report that they are concerned about Child B, she is pushing the boundaries at home, not coming home on time, secretive about where she has been and who she has been with and is spending more time on her mobile phone.**Parents are concerned that Child B has got in with the wrong crowd and have on a couple of occasions thought she may have been drinking.* *In school there have a couple or reports from other young people that Child B is mixing with an older group of young people on the local park. This park is known for young people meeting up and drinking on it.* |
| **COMPLICATING FACTORS and Strengths** |
| **Complicating Factors** *(*Actions, behaviours, circumstances and events in and around the family, child and carers and by professionals that make it more difficult to address the worries/wellbeing concerns). Consider all elements of the Assessment Triangle (Copy with further details is on [www.nelincs.gov.uk/childrenservices/docs](http://www.nelincs.gov.uk/childrenservices/docs) ) and contextualised safeguarding concerns. (Risk Assessment Tool available on <https://www.safernel.co.uk/staying-safe-and-prevention/prevention-early-intervention> |
| **Child’s development Needs:** (Health, Education, Emotional and Behavioural development, Identity, Family and Social Relationships, Social Presentation, Selfcare skills)*Parents have been requested on several occasions to take Child A to the dentist, they agree to do this but have not booked an appointment despite a couple of reminders***Parenting Capacity:** (Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance and Boundaries, Stability)*Tensions are high at home and the parents report that they will often argue**Both parents have different views and they have very different parenting styles and strategies.* **Family and Environmental Factors:** (Family History and Functioning, Wider Family, Housing, Employment, Income, Families Social Interaction, Community Resources)*Both parents work full time and find it challenging juggling work and childcare**The Family have limited support and poor relationship with paternal family, they do not have any contact and when seen in the community they will shout abuse despite both children being present.* **Contextualised Safeguarding Concerns** (Is the child/young person going missing from home or care, frequenting areas known for on/off sex work/child sexual exploitation hotspots or mixing with peers linked to these areas, is the young person suspected to be involved in a gang or group, do they have unexplained money or gifts?)*Child B has been spotted on a local park mixing with young people older than her and who are known to the local policing team* |
| **What is working well for child/ren and/or family?**  |
| **Existing Strengths** (what works well for the family, what are the best things about the care of the children and who supports/helps the parents and child/ren?) **Considering all elements of the Assessment Triangle and Contextualised Safeguarding as above** |
| ***Child’s development Needs****: (Health, Education, Emotional and Behavioural development, Identity, Family and Social Relationships, Social Presentation, Selfcare skills)**Child A goes has good attendance at school, he has a good relationship with his Learning Mentor and his School Nurse and will talk about his worries. Child A is happy with the 1:1 support he is getting. Child A ’s school report that he thrives from the one to one sessions that they have put in place. Child A clearly loves and care about his parents and sister and often talks about them with pride**Child B’s attendance is good, and she is predicted to do well in her mock exams****Parenting Capacity****: (Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance and Boundaries, Stability)**Mum spends one to one with Child A and finds this has a positive effect on his behaviour**Dad enjoys doing activities with Child A and will often do jobs together around the house, Child A enjoys DIY and will often talk about this with pride**Both parents make themselves available if they are asked to come into either school for meetings**Parents do try to put boundaries in place for both children* ***Family and Environmental Factors****: (Family History and Functioning, Wider Family, Housing, Employment, Income, Families Social Interaction, Community Resources)**Maternal grandparents are very supportive and will help with practical and emotional support, both children report having a good relationship with them and enjoy spending time together. Both parents work and there are no concerns around home conditions.* ***Contextualised Safeguarding Concerns*** *(Is the child/young person going missing from home or care, frequenting areas known for on/off sex work/child sexual exploitation hotspots or mixing with peers linked to these areas, is the young person suspected to be involved in a gang or group, do they have unexplained money or gifts?)**Child A does have some friends who live nearby, and he enjoys seeing them on a weekend.* |
| **Existing wellbeing/safety** (when the worry is present, what helps the child/ren or family manage, overcome or avoid the worry?) **Considering all elements of the Assessment Triangle and Contextualised Safeguarding as above** |
| *Mum and Dad have both been into school for Child A to ask for support and they work well with the teachers in both schools.**Child A has a go to worker in school that he can talk to when he is feeling sad in school, this is helping.* *Mum said that her and Dad do not argue in front of the Children.**Mum’s parents are supportive and will talk over the phone a lot, they both work full time so they cannot offer physical support.*  |
| **Authors Analysis of the concerns and what needs to happen** |
| *Child A is regularly suffering from toothache and needs to be seen by a dentist. Due to the pain Child A regularly asks to see me, and to go home, unless this is explored with a Dentist I feel that this will start to impact on his learning within school and also on his emotional wellbeing. Both parents have been made aware Child A’s complaints on several occasions however have not taken him to have this looked at.**I am concerned that there has been a difference in attitude and openness with Child B, this coincides with her hanging around with a new peer group, she is more secretive and parents state they are also struggling with some of her behaviours and pushing of boundaries at home. I feel that we need to find a way of Child B opening up about what is happening for her at the moment and also undertake a risk assessment around her possible risky behaviours.* |
| **AUTHORS OVERALL WORRY SCALE** |
|  Worried Not worried **0 1 2 3 4 5 6 7 8 9 10** **What could improve it by 1?**Child A to attend a dentist appointment & someone who Child B trusts to gain their wishes and feelings |
| **Dates the child/young person/s were seen and spoken to and what did they say in relation to the worry** | *Child A was seen on the 10/05/2020 he completed the 3 houses with the teacher in school. He said that his house of good things is mummy and Child A time, going to the beach for a walk and cuddling up watching films, he also said he likes doing jobs with daddy and that mummy isn’t allowed to help because she isn’t allowed to use tools. Child A said that in his house of worries he worries that mummy will get hurt when her and daddy argue and that he will have to protect her, he said he doesn’t know why she will get hurt. He would like to not have pains in his mouth anymore.**Child B was seen by me on 12/05/2020 to gain their wishes and feelings, however she would not engage and kept repeating she was ok and not to be worried about her.* |
| **Past Social Care/Early Help involvement – have the family been open to services before, if so when and why?** | *The family have not been open to services before.*  |

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| **Family and their Network’s Experience** |
| **Parents/Carer’s Experience** (please use exact words of the parents/carers wherever possible) |
| Name & Relationship  | What does s/he say they are worried most about in the child/ren’s life. Please use exact words of parent/carer wherever possible.  | On a scale of 0 -10 how worried are they? 10 no worries 0 worst the situation could be | What does s/he say are the best things about their life, their family, and their care of the child/ren EXISTING STRENGTHS | What does s/he say needs to happen to address the worries or wellbeing concerns recorded in this assessment? |
| *Dad* | *Dad said that he is worried that Child A does not listen to them at home and he can become violent when told no* | *3* | *Dad said he loves spending time with Child A and doing jobs together, he said that they enjoy doing things like this.*  | *Child A to get some support around his behaviour*  |
| *Dad* | *Dad is worried that Child B has got in with the wrong crowd, they used to be really close but she is now very secretive. He doesn’t know her new friends and she will not tell him anything about them.* | *2* | *Dad said that when they are all together and things are going well they all laugh and joke around together.* | *Child B to not hang around with her new friends or at least introduce them to her friends so he knows who they are* |
| *Mum* | *Mum is worried about Child A will hurt her when he lashes out. She is worried about his behaviour in school and that it might affect his learning.* | *4* | *Mum said that they have lovely 1:1 time and that she enjoys their family days out.*  | *Child A to have support around his behaviour**Mum and Dad to get some support to manage Child A’s behaviour in the home.*  |
| *Mum* | *Mum is worried that Child B might have started drinking and hanging around with people older than her. She is worried that she has become secretive and moody* | *3* | *When all of them are together and they have family nights in watching movies* | *Child B to be honest about where she is going and who with* |
| **Key Family Members and Support Network Experience** (please use exact words wherever possible) |
| Name & Role | What does s/he say they are worried most about in the child/ren’s life. Please use exact words of wherever possible. | On a scale of 0 -10 how worried are they? 10 no worries 0 worst the situation could be | What does s/he say are the best things about their life, their family and their care of the child/ren | What does s/he say needs to happen to address the worries or wellbeing concerns recorded in this Assessment? |
| *Mrs A – Head Teacher to Child A* | *Mrs A is worried that Child A frequently complains of toothache, that his parents know about this but have not taken him to a dentist. Mrs A is also concerned about how emotional and aggressive Child A can become when challenged in school.* | *4* | *Mrs Miller says that Child A has few friends in class and is well liked.* *He gets on well with her and they have lovely talks every day.*  | *Parents to take Child A to the dentist.**The support to continue in school with Child A and for him to carry on having someone to talk to about his feelings.*  |
| *Mr R – Learning Mentor to Child A* | *Mr R is worried about Child A’s behaviour, especially when he is told he can not do something, his violence is getting worse in class.* | *4* | *Child A does work hard and want to please people* | *Emotional support in school to continue* |
| *Mr F – Head Teacher to Child B* | *Mr F is worried that Child B is mixing with older young people and that since this has started her attitude in school has declined* | *4* | *Child B is academically very bright and has the ability to gain good grades* | *Support to be put in place for Child B to be able to speak to someone in school if she needs to.* |
| *Mr B – School Nurse to both children* | *Child A has complained of toothache for around a month now, parents say they will take him to a dentist, but this hasn’t happened. I am worried that he is in pain and this may be contributing to his poor behaviour in class.* | *3* | *Child A has a good sense of humour and does try to please people* | *Child A to be taken to the dentist to explore his complaints* |
| *Mr B – School Nurse to both children* | *Child B is displaying a significant change in her behaviour and her peers are saying she is mixing with people known to the police, I have asked her about this but she doesn’t respond. I am worried that she may be at risk of Child Sexual Exploitation due to her peers.* | *2* | *Child B clearly has parents who care and are trying their best to support her.* | *Child Sexual Exploitation to be explored and assessed* |

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| **Planning** |
| **Family Safety Plan** |
| **Name and role** **(WHO IN YOUR FAMILY CAN HELP?)** | **What are the specific tasks of this person?****(WHAT WILL THEY DO AND WHY?)** | **How often will they see the child (WHEN WILL THEY HELP YOU?)** |
| *Grandparent X* | *Grandparent X will offer over the phone support during the week to both Mum and Dad, including talking to both children. Grandparent X will support at weekends and can have Child A at his house to help build up relationships.*  | *Weekends.*  |
| *Grandparent Y* | *Grandparent Y will come to the house in the week to support with both children and give mum and dad some time together to relax and switch off from work and home.*  | *Weekly.* |
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| **PROFESSIONAL SUPPORT****Which professionals are involved/need to be involved and why?** |
| **Which Agencies are involved/need to be involved** | **Why are they involved or need to become involved?** | **Who is going to complete the referral? If necessary** | **When will the referral be made by?** |
| *Child A ’s school* | *Support in school by offering nurturing support, including 1:1 time and a safe space for Child A to be if he is emotional or angry*  |  | *This is ongoing support which will be reviewed 6 weekly within school* |
| *Locality Family Hub* | *Parents to attend a group parenting programme to explore routines, boundaries, and consequences for both children to manage their behaviour in the home, this is to include the two Child Online Safety sessions* | *Mrs A – Head Teacher* | *09/05/2020* |
| *Family Dentist* | *To check Child A’s teeth and explore why he often complains of pains in his mouth* | *Mum and/or Dad* | *09/05/2020* |
| *Mr B- School Nurse* | *To work with Child B and her parents to complete the Exploitation Screening tool*  | *Mr B to complete the screening tool and submit to MASH* | *16/05/2020* |
| **All request for Early Help/Locality Family Hub support are initially screen for a safeguarding overview****FAMILY: Does the family know you are making this Early Help Assessment Plan to us? Yes** [x]  **No** [ ] Has consent been received for the family’s personal information to be processed and shared by NELC with appropriate partners and organisations? (refer to consent at end of Plan) **Yes** [x]  **No** [ ] If consent has not been received author to return to family and seek consent before progressing further unless immediate risk of or suffering significant harmAre there any agencies the family have specified that we are not to share any information with at this time? If so please provide this information here…..**(state NONE if there are none)** |
| **AUTHOR DETAILS** | **Name:** Mr B | **Email:**  | **Phone No.:**  |
| **HOW DO YOU KNOW THE CHILD / FAMILY?** | Professional Capacity | **IF PROFESSIONAL, GIVE ROLE & ORGANISATIONAL DETAILS** | School Nurse to Child A & B  |
| **PROFESSIONALS ONLY -** how would you like us to provide feedback? | **Telephone** [ ]   **Email** [x]   **Letter** [ ]  **Other (please specify):**  |
| **Person(s) with Parental Responsibility or young person giving consent** (please refer to Fraser Competency Checklist)[Fraser competency checklist](http://www.safernel.co.uk/wp-content/uploads/2018/02/Fraser-competency-checklist.doc) (Word document) | **Name (please print):** | **Signature:** | **Date:** |
| **Name (please print):** | **Signature:** | **Date:** |
| **Name (please print):** | **Signature:** | **Date:** |

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| **Please record if the family meet more than one of the 6 Troubled Families criteria below;****IMPORTANT - Please tick the boxes if the family are facing any of the following problems, please tick all that apply:** |
| [ ] **CRIME/ANTI-SOCIAL BEHAVIOUR**: If the child, young person or adult is involved in crime or anti-social behaviour | [ ] **WORKLESS**: If the adult or young person is out of work, at risk of worklessness, facing significant debt, or at risk of financial exclusion | [x] **HEALTH**: If the adult, child, or young person has a health problem or a range of health problems, including substance misuse, poor mental health. |
| [ ] **EDUCATION**: If the child or young person; is not attending school regularly, has been excluded, is home educated, has been presented at the Behaviour and Attendance Collaborative (BAC), or attends an Alternative Provision | [x] **CHILD NEEDS SUPPORT**: Child is assessed as needing Early Help, a Child in Need, subject to a Child Protection Plan, Looked After, reported as missing, at risk of Child Sexual Exploitation (CSE) or Harmful Sexualised Behaviour (HSB), or a young carer | [ ] **DOMESTIC ABUSE**: If a person in the family is experiencing or perpetrating domestic violence/abuse (within the last 12 months). |

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| **Suggested Outcomes** (internal process to be triaged within Locality screening) | **CSAM** [ ]   **IAG given** [ ]  **Close Early Help Case** [ ]  **Universal**  [ ]   **External Agency** [ ]   |
| **Reasons for these Suggested Outcomes** (Internal screening team) |
| **Date decision maker provided feedback to author** |

**Ethnicity**

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| White – British  | Mixed White and Black Caribbean | Asian or Asian British - Pakistani | Chinese |
| White – Irish | Mixed White and Black African | Asian or Asian British - Bangladeshi | Any other ethnic group |
| White Traveller of Irish Heritage | Mixed White and Asian | Any other Asian background | Refused |
| Gypsy / Roma | Any other mixed background | Black or Black British - Caribbean | Information not yet obtained |
| Any other white background | Asian or Asian British - Indian | Black or Black British - African | Any other Black |

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