

Guidance: Rotherham Early Help Assessment for Children and Families

This assessment should always be completed with the child(ren) and family and focus on the relationships within families, as well as being clear about what needs to change to help and support families to achieve positive outcomes.

Information should be captured from a range of sources that are relevant to the family and you should name where you got the information from. The assessment needs to be completed with the consent of the family however the assessment process should be explained in a user friendly way that doesn't alarm or cause concern. When the assessment is explained in a non-threatening, inclusive way families generally give consent. The consent should be explained in a way that families understand and state that we only ever share information on a need to know basis and do not share other than for the purpose of supporting the family.

It is extremely important that early Help episodes are not duplicated. Before starting an assessment please ensure that you check whether there is an active assessment open by contacting the Early Help Triage Team on: **01709 330495**

Please ensure that you complete all the boxes with relevant information.

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|---|------------------------------|-----------------------------------|---|--|
| Date Assessment Started: | Always complete this section | Date Assessment Completed: | <p>Include the date of completion of the current EHA and add any future updates.</p> <p>Include the version number and additional dates that the document was updated.</p> <p>Assessment is a fluid process and this document can be updated at any time; particularly at the first Team around the Family Meeting (TAF) where more information is usually shared</p> | |
| Person completing this assessment with the child/young person and family | | | | |
| Name | Agency | Role | Contact Details | Date that most recent involvement started |
| | | | | |
| Has a check been carried out to see if there is an existing open Early Help Assessment prior to commencing?(NB families should only have one early help assessment open and so a check is important before commencing) Early Help Triage: 01709 330495 | | | | |

Section 1: Family Composition & Details – include all those living in the family home

| Child | Name | Date of Birth/Earliest Date of Delivery for unborn baby | Gender | Ethnicity | EHM Number (if known) |
|-------|---|---|----------------------------|----------------------------|-----------------------|
| 1 | Please give details of all names that the child may be known as and indicate how they prefer to be addressed. | Ensure all fields complete | Ensure all fields complete | Ensure all fields complete | |
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| Address: | This should be the child's main home, but you may need to give detail of more than one address if the child regularly stays elsewhere. | Telephone Number: | |
| Postcode: | | Mobile Number: | |

| Parents/Carers/Adults living in family home | DOB | Gender | Relationship to the child | Parental Responsibility? | Ethnic Origin |
|---|-----|----------------|---|--------------------------|--|
| Include all adult details | | Male or female | Father; Step mother, Uncle, family friend | | Please discuss with the child and family how they classify their ethnicity |
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Details of any significant others not living in the family home

| Name | DOB | Gender | Relationship to the child | Address |
|------|-----|--------|---------------------------|--|
| | | | | Include any family members that are significant but do not live in the family home |
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Further information about the family:

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| Child's first language: | | Parent/Carer(s) first language: | |
| Child's religion: | Please discuss with the child and family how they describe their religious beliefs | Parent(s) religion: | Please discuss with the child and family how they describe their religious beliefs |
| Details of disability in the family: | | | |
| Do any of the children have a caring responsibility? If yes please give details | A young carer is a child under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).' Children and Families Act 2014 Section 96. Young carers often experience 'growing up early' suffer from isolation and miss out on the same opportunities as other children because they care for family members who are disabled or chronically ill, or for adults who are misusing alcohol or drugs. | Is this child privately fostered? (if yes please provide details) | Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity). |

Section 2: Assessment Information

Details of professionals currently/previously involved with any of the family members

| Worker Name | Family member supporting | Role/Team/Agency | Contact Details | Dates From/To | Have they contributed to this assessment? |
|---|--------------------------|------------------|------------------------------|--|---|
| Please remember to include school or nursery, health visitor and GP. Remember to include targeted or specialist services who are involved with the parents/carers /children | | | Telephone and email if known | Outline start/end dates where relevant | |
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All about the child, young person and family

This section should tell the families story and may include information about

- Health
- Education
- Emotional and behavioural development
- Identity
- family and social relationships
- Social presentation and self-care skills
- What is life like for the child and their family? (Please ensure the source of the information is clear and based on evidence)

This section should also include any information about the parent/carers on issues such as substance misuse, family background, history, parenting, finances and any other relevant information which impacts on the family.

How has the child/young person been involved in this assessment? Outline the child's thoughts and feelings that are understood from completing the assessment with them and offer analysis of how this will inform the plan.

- From the information that you have gathered, outline what the child/young person feels is happening for them. Ensure that the voice of the child captures their thoughts and feelings on what is happening for them at this time. You may want to explore what is working well for them at the moment and what they are worried about. Use the child's words in this section, (do not professionalise them.) If the child does not want to (or is unable) to talk about this you may need to carry out some analysis of what you have observed from the child's behaviour.
- It is recommended that you always seek to see the child alone. Please give examples of how you captured the information and how this is relevant to the current issues identified. Attach any direct work completed with the child/young person (where applicable)

Ask the questions about this when the assessment is happening and then again at the end once it is complete.

NB Never leave this section blank and do not complete this section without using the voice of the child.

| What are we worried about? | What is working well? | What needs to happen? |
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| <p>Past worries</p> <p>Complicating Factors</p> <p>Worry Statement (s)</p> | <p>Existing Strengths/wellbeing</p> | <p>What will things need to look like for things to be better?</p> <p>Wellbeing Goals</p> |
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Scaling – Having discussed what life is like for this child right now, how worried are we?



This provides a measurement that everyone can understand. This should include family members and those supporting the families. This should continually provide a rating of how the case is progressing.

0 is extremely worried where 10 is not worried at all. You cannot change this scale around and must use it in the way described. The colours on the scale were asked for by partners to give a visual representation of progress/concerns as they felt it would help children and families to ‘own’ the process.

Section 3: Next Steps: What are the first steps to making things better and moving from the worries further towards the goals (this must link to the map above)?

The next steps should address the concerns raised in the assessment, with consideration to those that will have the greatest impact on the child and family members

The plan should be incorporated in the first TAF meeting to agree who will do what and when by- please be specific with completion times.

The plan should be written in partnership with the family and involved professionals

The Early Help Assessment must always be shared centrally with the early help triage team. This is critical to ensure that information is shared with the Lead Professional if new concerns are identified. It also guards against different professionals completing more than one assessment.

It is also extremely important that the Early Help Triage Team is notified when the assessment closes. The final assessment should include the reason for closure e.g. 'stepped up to social care' all outcomes achieved; family moved away etc.

| What do the child and family think should happen first? Action | Who will do this? | By When? | How can we ensure that the action is carried out? | Review Date/Comments |
|---|---|---------------------|---|--|
| <ul style="list-style-type: none"> • Make sure that the actions are clear and achievable. <p>Actions should be related to concerns identified in the "worry statement" and contribute to achieving a well-being goal.</p> <ul style="list-style-type: none"> • Use jargon and acronyms free language. • Ensure that actions contribute to the priorities of the plan | <p>Be clear, do not refer to people as 'mum' or 'parents' or agency names, write names and place in family and name and job roles</p> | <p>Be realistic</p> | <p>This is important to ensure that all eventualities have been covered and that the professional and family understand what will happen if actions do not happen. E.G. 'follow up visits to the home are to take place if appointments are not kept to ensure that Jake is well'</p> <p>Use Signs of Safety language. e.g. If Paul does not see Billy and Susan at the time that they have</p> | <p>This should include distance travelled and detail how the action has impacted on the life of the child and family. What's things have improved, stayed the same, got worse?</p> |

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| | E.g. Tracey (mum) Jayne (Pastoral Lead in School) | | agreed in the plan, Paul will visit the family home to see if Jake is ok. | |
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| What do professionals think needs to happen? | Who will do this? | By When? | How can we ensure the action is carried out? | Review Date/Comments |
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What are the child(ren's) and parents/carers views of the plan?

- Ask the question above once the assessment is complete. You will need to allow the child/young person time and space to read (and/or understand) what you have recorded.
- This is a good opportunity to check for clarity.
- You can go back and change things in the assessment.
- Encourage the child to fill this in themselves if they want to do, or use the child's own words.
- If the child or young person is not happy with the assessment, agree what you are going to do.
- Try to get the child to directly express their views rather than recording what the parent says that they think. (Professional judgement should be used coupled with detail on the age and development stage of the child.)
- Never leave this blank or write 'not applicable'. If the child is not available, then arrange to discuss with them before finalising this version

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| Is there evidence of domestic abuse? | Yes | No | Don't Know |
| If 'Yes' give details | <p>It can be difficult to ask this question but evidence suggests that it is professionals rather than parents/carers that have an issue about it. Domestic Abuse has long lasting impact on children and it is important to understand if this is occurring and subsequently impacting on the child and family. A useful way to start the discussion is to talk about the impact that parental conflict can have on children and how it is important that we work together to understand when families are experiencing these issues so that we can offer the right support. Explain that it is also very important to understand when conflict is absent and that the parent's relationship is rewarding and positive.</p> <p>http://www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf</p> | | |
| Is there evidence of parental alcohol or substance misuse? | Yes | No | Don't Know |
| If 'Yes' give details | <p>It can be difficult to ask this question but evidence suggests that it is professionals rather than parents/carers that have an issue about it. Substance Misuse has long lasting impact on children and it is important to understand if this is occurring and subsequently impacting on the child and family.</p> <p>https://www.rip.org.uk/resources/publications/frontline-resources/understanding-and-working-with-neglect</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf</p> | | |

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| Is there evidence of neglect? | Yes No |
| If 'Yes' give details | As with other vulnerabilities above it can be difficult to ask this question but evidence suggests that it is professionals rather than parents/carers that have an issue about it. Neglect has long lasting impact on children and it is important to understand if this is occurring and subsequently impacting on the child and family and to what level. Neglect & the Graded Care Profile is a tool that can help in understanding neglect better. https://www.rip.org.uk/resources/publications/frontline-resources/understanding-and-working-with-neglect |
| Is there parental mental ill health? | Yes No Don't Know |
| If 'Yes' give details | When a parent in the family experiences mental health difficulties this can impact negatively on some or all family members. When mental health is experienced alongside domestic abuse and substance misuse this can have long term impact on children; it is important to understand these issues when assessing the family in order to ensure the best possible support is put in place to help to improve things and questions should focus on the wellbeing of the parent and scope whether they are experiencing any difficulties or ill health in this regard. |
| Comment on the quality of parental relationships (whether parents are living together or apart) | Children's exposure to conflict between their parents – whether parents are together or separated – can put children's mental health and long-term life chances at risk. How parents relate to each other, whether parents are separated or together, represents one of the strongest influences on children's long-term mental health, wellbeing and future life chances. This is well researched and it is important that in supporting a child and family this area is explored. http://www.eif.org.uk/parental-conflict-damages-childrens-mental-health-and-life-chances/ |

Manager/Supervisor Oversight and Analysis

This space is for manager's analysis and oversight of the assessment; ensure that this is always completed and any suggestions carried out. Managers oversight should be discussed in supervision

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| Manager Name: | | Manager Contact Details: | |
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CONSENT: Rotherham is committed to offering Early Help to children and families as problems begin to emerge. This assessment is important so that we can gather your thoughts, wishes and concerns and work together to put in place a plan that will help you and your family. In order to support you and your family, it may be necessary for your information to be shared between Council departments and other relevant organisations. Rotherham Council will ensure that any information sharing that takes place is proportionate, lawful and managed securely. Furthermore, your information will only be shared for the purpose of ensuring that relevant support is offered to you and your family, and to ensure that services are better coordinated and focused on your family's needs.

For further information, visit http://www.rotherham.gov.uk/info/200031/data_protection_and_freedom_of_information By completing this section you confirm your consent to this assessment, support plan and relevant information sharing.

Signed:**Date:****Print name:**

By completing this section and checking the 'yes' box (which inserts a cross) you, the practitioner, confirm that you have received signed, written consent on the original copy of the Early Help Assessment and Support Plan document and that the family, child or young person understand and agree that you will share the information with other agencies to maximise the support available to them. Yes

Please return this form securely to ehassess@rotherham.gov.uk, ehassess@rotherham.gcsx.gov.uk or ehassess@rotherham.gov.uk.cjism.net (see guidance)

NB Please ensure that you notify the Early Help Triage Team when you close this EHA with date of closure and reason for closure, along with accompanying final version

Appendix 1: Genogram

