This assessment of the needs and worries of families should be in line with advice and guidance from the Birmingham Safeguarding Children’s Partnership**,** [**Right Help, Right Time Framework**](http://www.lscbbirmingham.org.uk/index.php/delivering-effective-support). The aim of this assessment is to work consensually with the family to share strengths and difficulties. Wherever possible, the needs of children and families will be met by universal services.

You can contact the **Early Help Support Team** on **0121 303 8117** to find out if an Early Help Assessment is available and any current Lead Professional details. Click [here for resources and guidance](https://intranet.birminghamchildrenstrust.co.uk/download/) from the **Early Help Support Team**

The [**Waiting Room**](https://the-waitingroom.org/)resource can be used to help identify partners and services in your area that can meet the specific needs of the family and may be available to support them.

“As soon as a professional is aware that a child has any additional needs which may require the involvement of more

than one professional, they should talk to that child and their family and offer advice and support.”

Right Help, Right Time, 2018

**How to submit this form: Please complete all sections and return this form too** **EHST@birminghamchildrenstrust.co.uk**

Birmingham Children's Trust is accredited to send and receive sensitive and confidential information from other secure organisations, without the need for using GCSX email addresses. This change is described further[**here**](https://www.birminghamchildrenstrust.co.uk/info/6/contact_us/119/changes_to_gcsx_secure_emails)

|  |
| --- |
|  **Section 1. About this assessment** |
|  **Date of Assessment**Choose an item. | Friday, 03 March 2023 |  **Are you current providing support to the family** | YES |
|  **Briefly summarise what has led to this assessment for the child and family** |
| An Early Help Assessment has been opened for the family due to concerns about the children’s school attendance and presentation. A Graded Care Profile 2 (GCP2) is being completed alongside this to assess if support is needed with parenting and inform the Early Help plan for the family. Jessica and James are young parents with four young children and appear to find it challenging to meet all of their needs at times. Both parents can often present as stressed, shouting at the children when they take them to school. There are also concerns about the level of stimulation and supervision provided to the children at home; school books are not read and parents do not engage with school events such as parents’ evening. |
| **Section 2. Have you gained consent from the family to share information and/or request this support** | YES |
| If you have, please describe who has consented and if you have not been able to gain consent, please tell us why |
| Both parents have consented to assessment and support.  |

|  |
| --- |
| **Section 3. Child(ren) or Young Person you are concerned about** |
| Full Name  | Gender | DOB / Age / Due Date | Address & Telephone | Ethnicity | Disability / Diagnosis | Education Setting | Interpreter / Signing | Nationality | Nat Ins NHS no. |
| Oliver Lewis | Male | 24/09/2014 | 1 The Highway, Birmingham | White British | N/A | Oak Tree Primary School | No | British |   |
| Jacob Lewis | Male | 06/12/2015 | 1 The Highway, Birmingham | White British | N/A | Oak Tree Primary School | No | British |   |
| Amelia Lewis | Female | 19/05/2017 | 1 The Highway, Birmingham | White British | N/A | Oak Tree Primary School | No | British |   |
| Harry Lewis | Male | 11/03/2020 | 1 The Highway, Birmingham | White British | N/A | None | No | British |   |
|   |   |   |   |   |   |   |   |   |   |
| Other children or Young People you are aware of in the household |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |

|  |
| --- |
| **Adults you are aware of in the household** |
| Full Name  | Gender | DOB / Age | Address & Telephone | Ethnicity | Disability / Diagnosis | Interpreter / Signing  | Nationality | Nat InsNHS no. | Relationship (Parental Responsibility |
| Jessica Taylor | Female | 02/04/1995 | 1 The Highway, Birmingham | White British | N/A | No | British |   | Mother |
| James Lewis | Male | 11/12/1994 | 1 The Highway, Birmingham | White British | N/A | No | British |   | Father |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| Any other significant adults, children or young people who live elsewhere |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |

|  |
| --- |
| **Section 4. Details about you (for example Organisation such as school name)** |
| Organisation | Service | Full name | Telephone | Email | Address | Nature of Relationship | Currently Involved |
| Oak Tree Primary School | School | Adam Thomas |   |   |   | School DSL | Yes |
| Other agencies involved with the child(ren), young people or Family |
| BCHC | Health Visitor | Emily Jones |   |   |   | Health Visitor | Yes |
| Cherry Tree Children’s Centre | Family Support | Yasmin Khan |   |   |  | Family Support Worker | Yes |
|   |   |   |   |   |  |   |   |
|   |   |   |   |   |   |   |   |
|   |  |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

|  |
| --- |
| **Section 5. Previous Assessments / Screening Tools or Plans available**  |
| Title | Type | Date | Completed by (Name) | Organisation | Purpose | Attached |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

**Section 6.**

|  |
| --- |
| **View of Child, Young Person(s)**  |
| What is going well | What are we worried about | What needs to happen next |
| I completed the ‘Day in my Life’ and ‘My Feelings’ Tools with Oliver, Jacob and Amelia at school.Oliver shared that he is happy in school most of the time because he likes his teacher and he enjoys playing football with his friends. He said his favourite thing about home is playing on his tablet. Jacob also said that he likes school and his favourite things are playtime and art. He said that he likes playing with his cousins when he goes to their house because they have a trampoline in the garden. Amelia said that her favourite thing about school was the dinners and also that her teacher is “nice”. She said she likes playing with Harry at home and helping Mummy to look after him. Harry’s speech is delayed so it is not possible to gain his views directly. Children’s Centre have shared that he enjoys coming to stay and play sessions with his mother although attendance at these is not consistent.  | During the direct work, Oliver said that he would like to go to football club but he said his dad has told him he can’t. Oliver said he is sometimes unhappy with his family because his dad shouts a lot. Jacob said that he feels sad when his brother [Oliver] fights with him at home and his mum and dad don’t stop him. He said that sometimes Oliver hurts him and his mum doesn’t listen. Amelia said that she would like her mum to play with her more but she is “too busy”. All three children indicated from the ‘Day in my Life’ tool that there was little routine or boundaries in place at home and they usually entertain themselves.  | Positive parenting work to be completed with both parents. Ongoing emotional support to be provided to children in school.  |

**On a scale of zero (0) to ten (10)** – Tell me on a scale of (0) zero to (10) ten, how you feel about your life at the moment?

 **Concerns No Concerns**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter their initials  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |

**Section 7**.

|  |
| --- |
| **View of Parent, Carer or other Adult(s)** |
| What is going well | What are we worried about | What needs to happen next |
| Jessica and James have engaged with the EHA and GCP2. They have accepted that they find some aspects of parenting difficult and would welcome some support. James is working full time as a delivery driver and is proud of this as he is able to support the family. He acknowledged that his childhood was difficult and feels he is doing his best to give his children a better start than he had. Jessica is a stay at home mum and feels she does her best to look after the children on the whole. She has some support from her mother and sister who lives locally also has children. Jessica said she would like Harry to go to nursery as the older children benefitted from this in the past. She said she has not had time to complete the application for him. Both parents demonstrated a good understanding of many of the children’s basic physical care needs, for example showing that they cook fresh meals for the family.  | Jessica and James both feel that Oliver and Jacob’s behaviour can be challenging and they struggle to manage this at times. Jessica is aware that Harry’s speech is delayed but feels there may be a developmental delay. James gets angry when professionals such as school are critical about their parenting and does not agree with all of the concerns. Jessica said she knows that the children’s school attendance is lower than it should be but feels the school are too negative. She said she can struggle at times to get up and get all of the children ready when James is working an early shift. She said she can feel tired and low in mood at times and admitted she will sometimes keep the children off school for the day if they are running late because she feels embarrassed arriving after the gate has shut.  | Both parents acknowledge some of the concerns and are willing to complete Positive Parenting work. Jessica to consider seeing her GP about her mental health/emotional wellbeing |

**On a scale of zero (0) to ten (10)** – Tell me on a scale of (0) zero to (10) ten, how you feel about your life at the moment?

**Concerns No Concerns**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter their initials  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |

**Section 8.**

|  |
| --- |
| **View of those working with and supporting the whole family directly in partnership with others** |
| **Ensure that you have considered the 6 Think Family areas of need**: (1) Crime and ASB, (2) School Readiness and Attendance in Education (3) Children who need help, (4) Financial Isolation and Employment and training, (5) Domestic and Emotional Abuse, (6) Health issues |
| What is going well | A Graded Care Profile 2 (GCP2) assessment was completed with Jessica and James and with contributions from health visitor and children’s centre. The tool identified strengths in the following areas:Nutrition (3)Both parents cook for the children and although food provided can vary, it is generally of adequate quality. There are some fresh meals prepared such as pasta and shepherd’s pie as well as frozen food such as fish fingers and chips. Oliver, Jacob and Amelia have a free school meal at lunch time. The children are provided with a good quantity of food and are given a snack when they return home from school. James tends to do a weekly shop for the family and buys what they need to prepare meals. The family have been provided with food bank vouchers at times when they have struggled financially. James and Jessica prepare an evening meal for the children, and the children usually eat together with parents eating later. The family have a dining table in the kitchen although they sometimes eat on the sofa in the living room.Housing (3)The family have all basic amenities (fridge, cooker, table and chairs, hearing, hot water etc). The family live in a three bedroom house rented from the council and they have an enclosed back garden. Oliver and Jacob share a bedroom, Amelia has her own room and Harry sleeps in a toddler bed in parents’ bedroom. Road safety (1)Children are taken to school by a parent and hold hands crossing the road. Safety in carer’s absence (2)The children are usually cared for by one or both of their parents. Maternal grandmother babysits on the occasions where both parents are busy. |
| What are we worried about | The GCP2 tool identified concerns in the following areas (taken from GCP2 report):Hygiene (4)The children are often unkempt with untidy hair and dirty nails. Amelia sometimes comes to school smelling of urine. Parents have been spoken about this and stated it is due to her bedwetting. Parents have been advised on several occasions that she needs to be washed in the morning if this is the case.Health (4)Parents have had to be prompted by school or Health Visitor on several occasions to take the children to the GP when they are unwell. School attendance is low due to reported illness however often this is not followed up with an appointment with the GP. Jacob wears glasses but often comes to school without them. Oliver has asthma but does not always have an inhaler at school which causes concern.Safety Awareness & Practice (4)When the family are at home, James is often playing computer games and Jessica is on her phone, meaning the children are frequently unsupervised. Harry in particular is very young and may be at risk if he is not monitored appropriately. There are no stair gates and concerns have been raised about children being seen leaning out of upstairs bedroom windows.Emotional Care (4)Both parents can often seem distracted and the children often vie for their attention. This can lead to the children displaying unwanted behaviour such as shouting and fighting which parents find challenging to manage. Children will play with each other, but parents do not play with them. On occasions the family will watch television together. Stimulation & Education (4)Harry’s speech is delayed, and Health Visitor is concerned this could be due to a lack of stimulation. The family are eligible for nursery funding and have been advised to access a nursery place for him. School attendance for Oliver is 62%, Jacob 65% and Amelia is 58%. This is in part due to a high level of lateness. Parents do not engage well with school and often do not provide a reason for absence. All three children are behind age-related expectations. Oliver and Jacob have expressed a wish to attend a football club however Jessica and James have not been supportive of this. The boys are very active and would benefit from a sports activity as would Amelia. After school clubs have also been offered free of charge and parents agreed but the consent forms have not been returned. Children’s centre have made efforts to engage parents and encourage them to bring Harry to stay and play groups but this has not yet happened. |
| What needs to happen next | A plan has been agreed as part of the GCP2 assessment. This will focus on improving children’s school attendance, accessing a nursery place for Harry and positive parenting work for Jessica and James.  |

**On a scale of zero (0) to ten (10)** – Indicate below, based on your assessment, how the family are doing at the moment?

**Concerns No Concerns**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter their initials  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |

**Section 9.**

**Reflection:** Reflecting on this assessment you should consider when discussing the concerns and next steps:

1. Are there any other guidelines and policies which need to be considered
2. Which potential courses of action are available
3. What are you going to do next, which course of action will you take or need support with

|  |
| --- |
| **Referring to the Right Help, Right Time framework, could the needs of the family most appropriately be described as:** |
| Universal Need | Universal Plus | Additional Needs | Complex/ Significant Needs |
| [ ]  | [ ]  | [x]  | [ ]  |
| General needs are met and assist families to access appropriate services locally | A single universal service or two services are likely to be involved; these services should work together on a plan with the child and family by completing and registering a plan | A child and their family have needs that require a multi-disciplinary approach. Engage the family and other professionals to co-ordinate support for the family by completing and registering a plan | A child or their family have needs that are so complex or significant that they need an immediate statutory social work assessment and intervention or other specialist services to prevent significant harm or serious risks to their health or welfare. |

**Section 10.**

|  |
| --- |
| **What are the next steps? Please agree with the family who will be invited to help support the family plan.** |
| Click here to enter text. |

**Privacy Statement:**

The personal data collected on this form will be stored and used by us to provide our services to you. We will share relevant data with Children Safeguarding Partner Organisations also involved in providing services to you. We will collect store and use your personal data in line with the General Data Protection Regulation (GDPR) and Data Protection Act 2018.

**For further information on how your information is used, how we maintain the security of your information and your rights in relation to the information we hold about you please see our full privacy notice**