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| **My Details** Please provide full details of the child/young person |
| First Name  | HEF | Family Name |  |
| D.O.B/E.D.D |  |
| Gender | Female [x]  Female [x] Male [x]  | Ethnicity | White British |
| Address |  | Contact number/s |  |
| Post Code |  | Early Years Setting or School | H – Secondary School E & F – Primary School  |
| Child/young person’s first language | English | Parent/carer(s) first language | English |
| Is the child/young person disabled | Yes [ ]  No[x]  | If yes give details |  |
|  My Parent/Carer(s) details |
| Name | Mum | Name | Dad |
| Address |  | Address |  |
| Post Code |  | Post code |  |
| Contact Number/s |  | Contact Number/s |  |
| Relationship to child/young person | Mother | Relationship to child/young person | Father |
| Parental responsibility | Yes [x] No[ ]  | Parental responsibility | Yes [x]  No[ ]  |
| Details of any special requirements (for child/young person and/or parent/carers) | Dad works away Monday – Friday so is unable to attend meetings and be as involved in the process as he’d like. His views were gained on a visit in the half term holidays.I have only been able to engage once with Mum throughout writing the assessment so her views and feelings are limited. |
| **Services Supporting Me****List services involved with the child or young person and family** |
| Name | Role | Contact Details |
|  | Family Service worker  |  |
|  | Head of Year and SENCO at Secondary School  |  |
|  | SENCO at Primary School  |  |
| CAMHS  | No allocated worker for H yet |  |
| Assessment Information |
| Name of person completing assessment  Family Worker  | Contact Number   |
| Role or position  | Date assessment started: Date assessment record completed:  |
| What is the reason for the assessment?* RF1 submitted to MASH from Secondary School expressing concerns around physical chastisement from Mum towards H at home, which surfaced from the school counsellor seeing scratches and bruises on H’s arms.
* After further enquires, it transpired that Mum is struggling to manage extremely aggressive behaviour presented by H at home, and that she is the one who has to protect herself from physical assaults from H. She stated that H is also self-harming in the form of cutting her arms and has been stealing alcohol from the home and going out in the middle of the night.
* Concerns also raised around the impact of H’s behaviour on her younger siblings F and E.
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| My Current Family & Home Situation |
| Please draw or capture the family structure and who the child/young person lives with and does not live with, including siblings, other significant adults and carers.H, F and E live with their parents, R and G, and their maternal grandmother, in a 5 bedroom privately owned detached house in North Swindon. They all have their own bedrooms and have one dog. A, maternal grandmother, who also resides in the family home, has a close, positive relationship with the children and is very involved in their lives. However, the relationship between H and A has become strained in recent times, due to H’s escalating challenging behaviour. The family have lived in Swindon for 11 years, having moved from Reading so that Mum could give up work to be a full time Mum. The family have a wide and extended support network, especially on Mum’s side. Maternal aunts, uncles and cousins visit regularly and have a positive relationships with the family. The majority of the paternal side of the family live in Scotland and the family visit them once or twice a year.  |
| **Assessment Summary** |
| Consider both strengths and needs in the following areas. You only need to capture on this record of your assessment the strengths and needs that are relevant to the current situation and future planning.  |
|  **My Health & Well-being** |
| Strengths/ResourcesMum reports that all of the children are registered with the GP at Homeground Surgery in North Swindon. They attend all necessary appointments. The children are also registered with Priory Vale Dentist practice and Specsavers opticians and have been seen in the last year.Mum reports that all of the children enjoy good general health and in particular, F and E are very happy children. All of the children’s immunisations are up to date and there are no concerns regarding their physical health. Mum and dad encourage the children to eat a fresh, varied diet and to keep physically active. Mum shared that F has an EHCP in place and this is being managed positively. F is a chatty boy who enjoys being outdoors with his friends, riding his bike and running around. Mum and dad are very proactive when responding to H and F’s additional needs. H has attended an appointment with TAMHS and is happy to engage further with CAMHS.E is a bubby, vocal, young girl who enjoys gymnastics and swimming.  |
| Worries/Concerns/Needs**H:** Mum reports that H is supposed to wear glasses but chooses not to. Mum shared that H was diagnosed with high functioning autism when she was about 9 years old. Mum and Dad report that H’s mental health has deteriorated considerably over the years. She displays extremely aggressive behaviour at home which includes shouting, screaming, swearing, punching, hitting, scratching and pulling hair. She is also seen to be threatening towards her siblings. H has self-harmed in the form of cutting her wrists, ripping scabs off cuts, chewing the skin around her finger nails until it is raw, bleeding and swollen and biting the back of her hands. H regularly makes threats to kill herself and her parents have both noted that they believe she is currently actively suicidal. Mum and dad have voiced concerns around H’s sense of identity. They report that there seems to be a pattern of when Heather is experiencing social difficulties, starting in about Year 5, she expresses she wants to be a boy, cut all her hair off and wear boy’s clothes. This can change back and forth and they worry that H is struggling to know where she fits and feels comfortable in her peer groups. Mum states that Heather is currently in the initial stages of receiving mental health support through TAMHS. A first appointment was attended and H and Mum were advised that Heather should be progressed to CAMHS due to the level of concern around her mental health.Mum shared concerns that H’s eating patterns are very “erratic”. She refuses to eat breakfast and does not eat 3 regular meals a day, however she will suddenly “raid the cupboards and eat everything in sight”. Mum added that she has noticed H has lost quite a lot of weight recently, but is unsure whether this is because she is undereating or whether it’s a growth spurt.Mum and dad have noticed alcohol has gone missing for the house and recently when H became aggressive towards her parents, said “thanks for the beer”. Whilst Mum states H has never appeared drunk when she has come home, she is concerned that H is now using alcohol as a mechanism to help manage her difficult feelings and emotions. H shared that she feels things are “bad” at the moment but couldn’t identify a reason why. She said she feels “anxious” a lot. She wouldn’t elaborate any further about how she feels. **F:**F has various health needs and has been diagnosed with autistic spectrum disorder, anxiety disorder, Tourette’s syndrome and dyslexia. F’s health needs means he finds it difficult to regulate his emotions and can internalise a lot of his feelings. Mum reports that F can lose his temper easily and he will “lash out”, burst into tears or break things, like his favourite toys. Mum reports that F can be very anxious and worried about things, for example school and friendships, but isn’t able to necessarily articulate this, which makes it harder for him to manage.Mum states that “when things are volatile at home, with H, he’ll cry and cry and cry and he’ll hide in his room if he hears things going on.” The negative impact of this could be long lasting for F. **E:**Whilst E has no diagnosed health needs, Mum and dad shared concerns they have around the impact that witnessing and experiencing H’s behaviour will have on E’s emotional well-being in the long run.Mum reports that E is able to put more context to the situations with Heather and “is very frightened of her”. She added that E won’t cross H on the stairs as H will glare at her or hold her fist up to her. It’s apparent E is very fragile emotionally and is being impacted by H’s behaviour. She voiced to me that she feels sad and lonely at home and is worried about her Mum.  |
| **My Development, Educational Attainments & Achievements** |
| Strengths/Resources**H:**Mum explains that H used to attend Nova Hreod, but herself and Dad felt H’s needs were not being met. They decided to home school H, before she took the decision herself that she was ready to go back to school. H now attends Abbey Park School.Mum states that H has always generally reached developmental milestones in line with her peers but this has sometimes been dependent on her emotional and social challenges. H reports that her favourite lesson is Art. Mrs B from Secondary School reports that, until recently, H has had good attendance and achieved well in her lessons. She states that H’s teachers report she “gets her head down in lessons” and completes her work to a good level. Mrs B reports that H has a particular group of friends that she is close to, who are very similar to her**.** Mrs B and Mrs E have suggested implementing a part time timetable for H to help reduce her anxiety about coming to school.People close to H report that she loves music, especially the band My Chemical Romance. Mum reports that H used to love horse riding, but hasn’t done this for a while. **F:**F attends Primary School and is currently of the age to be in Year 6.Despite F’s additional needs, when he’s comfortable Mum reports that “he doesn’t stop talking and loves telling everyone what he’s been up to”. He has a basic understanding of emotions and one/two-step instructions.F shared that “my favourite bit about school is helping the little children in reception and when I do cooking on a Tuesday and Friday”.Ms F from Primary provided the following positives for F:He has come into school every single day this term without fuss and happily.He responds positively to his personalised curriculum, engaging with all that Mrs Y offers him, from creative artwork to independent research.He has been an excellent helper in Reception and Year 1.He is able to communicate in a calm way when in a 1:1 with a teacher/adult.He has been calm when he has joined in some English lessons in class with an adult working 1:2 or 1:3He takes pride in his space in 'Wagtails'.He is able to recall his lunchtime rota and has been flexible in adapting to changes. He values his loyal friendships.He is able to ask if he can eat in the classroom at lunch time in a respectful way.He loves cooking, looks forward to it and leads others when they are less familiar - a great washer-upper.”Mum reports that F loves being around people and has now established a few very close friendships. He enjoys being outdoors, cycling and playing on his PlayStation. F told me “I really love my PS4, I think I’m glued to it at home… I think it helps me keep me calm.”F has expressed that when he’s older, he’d like to be a lorry drive like his Dad or a farmer. **E:**E also attends Primary School. Mum reports that E is a chatterbox and says that E is always saying “all my friends call me a chatterbox, I don’t know why”.Mum and dad have no concerns regarding E’s learning development and believe her to be progressing well, in line with her peers. E stated that school “is going really well”, “I like making stories” and “I like a little bit of maths, but only about 10/20 minutes because I’m not very good”. She added “I really like golden time on a Friday”.Mum states that E has lots of friends, and that she tends to gravitate more towards the boys than the girls. E participates in an after school gymnastics club and is part of a swimming club outside of school.E’s teacher at Primary School reports:She comes to school happy and ready to learn.She is caring towards other childrenShe shows an interest in many aspects of school and is happy to engage in conversation with adults.Recently she has set herself her own target of improving her presentation at school. |
| Worries/Concerns/Needs**H:**Mrs B from Secondary School reported that He= currently has 87% attendance. This has significantly decreased since November 2018. Mrs B reported that teachers have observed a noticeable deterioration in H’s presentation and participation in lessons in recent months.H reports she finds school very hard and that it makes her feel very anxious. She said she particularly doesn’t like French or PE.Mum states “academically she can achieve more but doesn’t have the motivation to do so.”Mum explains that H has always struggled socially which stemmed right from issues being able to maintain friendships when at primary school. She stated that H tends to form “very intense relationships and doesn’t seem to understand what other people need or want from her”. Mum has concerns that H doesn’t understand the social dynamics that come with teenage friendships, especially within female peer groups, and perhaps doesn’t have a clear understanding of the parameters of a healthy friendships/relationship.Mum and Dad have expressed concerns around H’s desire to “grow up too quickly”. This includes going out of the house late at night, not telling friends and family where she is and pushing family and close ones away. This puts H at risk in the community and increases the risk of her being vulnerable to exploitation.Mum states that H has the potential to do well in life but have concerns that her mental health difficulties will be a barrier to this. It’s likely that if H’s mental and emotional health continues to deteriorate, we would see a direct impact on her school attendance and achievements. **F:**Ms F reports concerns around F include:F’s Tourette's has a significant impact on being able to join any mainstream class activities - this is profound when in a whole class and increases as the day progresses.His reading levels are at P levels impacted drastically by his dyslexia. He can comprehend at a greater level (year 2...) when he is read to. He is unable to access any Y6 reading/comprehension without a 1:1 support.The impact of his behaviour on younger children - they can be anxious by the volume of the sounds he makes and the words he uses - sometimes insulting and occasionally sexual in nature. This is greatest when he is with a large group. He can be physical with others at playtime, rough and tumble without control, rather than malicious.Mum reports that F struggles with non-verbal communication and understanding complex emotions. This can often mean that his peer’s perception of him is “silly” which results in them taking advantage and teasing him for this. Mum shared concerns that F “doesn’t tend to see danger” as he “wouldn’t know how to manage unsafe situations”. Mum added that F tends to get lost easily and becomes disorientated, without being able to find a potential place of safety. F expressed a worry that “all my friends know where they are going to secondary school, but I still don’t know… I want to go to Crowdy’s but I don’t think Mum knows yet if that’s going to happen… it makes me feel a bit worried”.**E:**Mum explains that she has no concerns regarding E’s educational development. She is however concerned that the impact of what E is witnessing at home with H, will be seen at school through a deterioration in E’s behaviour and/or attention and participation in lessons. Primary School report: E can struggle in group situations, she is not always able to share her ideas or take those of others on board.She can be over emotional.Has days where she very tired in school.Always seeking approval from adults around her.E voiced that “maths is really hard for me” and “I get really nervous in tests”. |
| **Parenting /Caring**  |
| Strengths/ResourcesMum provide a warm, caring and safe home environment for their three children. They are emotionally available and promote open and honest communication between the family. Mum and dad have been observed to be very pro-active and encouraging in their parenting, supporting their children in any and every way they can for them to achieve and thrive to the best of their abilities. Mum reports that E and F are very tactile and love their cuddles.F voiced “I think things are good at home”.E and F generally have a close, caring relationship between each other. Mum took the decision to give up her job as a psychiatrist to be a full time Mum, to be able to support her children’s needs, particularly in respect to F and H. Dad works as a lorry driver and is away Monday-Friday, returning to the family every weekend. Mum reports that “this has always been the way and the children don’t know any different”. She states that the children have a positive, playful relationship with their father. The family are financially stable and it’s clear that the children are having their physical needs met. Mum reports the children are generally well behaved at home and they have clear routines in place. E and F get up around 6/6:30am, get ready for school and have breakfast before they go. In the evening, the family eat dinner between 5-6pm. E and F then have a bath and spend some time playing a game such as Uno or reading before bedtime at 7:30pm.  |
| Worries/Concerns/NeedsMum and dad shared their concerns that H has distanced herself from the rest of the family and described the relationship as “rocky”.Mum reports that H does not get on with her siblings, particularly E, who she tries to intimidate and scare. E voiced that “when there’s lots of noises, like H shouting and swearing, I don’t like it and I hide in my bedroom.” She added “I can’t really give her (H) hugs because she doesn’t like being touched… it makes me feel quite sad”.E also voiced “If I feel worried, I talk to Grandma because she’s mostly free… Mum is normally with H or F. I feel like I don’t get much attention and I’m quite left out”. E shared, regarding her Mum “I think she’s getting a bit fed up and sad, sometimes I hear her crying in her bedroom and it makes me really worried.”Mum states that she is struggling to know how to manage H’s extreme behaviours, including her suicidal thoughts, physical aggression and leaving the house in the night, as well as minimising the impact on F and E. Dad expressed his concerns that “something bad is going to happen” and feels the situation is constantly escalating with H. He shared he is worried about Mum managing this and keeping F and E safe on her own, through the week. Mum and dad report that H does not always listen to house rules or boundaries and threatens to self-harm if her parents try to enforce this. Mum shared that H used to go to bed at 8:30pm and would be happy to give over her gadgets before bedtime. Now, mum reports that H refuses to give her gadgets over, which caused the altercation which triggered the referral into the multi-agency safeguarding hub, or take her Melatonin which causes H to have difficulty falling asleep. Mum reports that she knows H is regularly up until the early hours of the morning which then has a knock on effect the next day and H cannot get up for school. There are no concerns regarding the parenting and caring of F and E. |
|  **My Family & Community** |
| Strengths/Resources:The family have a good level of support from extended family, some of who live in Swindon. Mum stated she is trying to encourage other family members to move closer. Maternal grandmother, who resides at the family home, is a close emotional support for the children and helps out a lot in the home, with the children. E, in particular, is close to her Grandmother and says she chooses to talk to her when she’s worried. H, E and F have positive relationships with their cousins. H is especially close to her cousin G who comes to visit from Wolverhampton at various times in the year. Mum also has close friends, one in particular who is a mental health nurse and has a daughter the same age as H. Mum reports that her friend’s daughter is a very positive influence on H and H seems to always return from seeing her in a lighter, happier mood. Mum has good links in the community and is on the committee for COAST, an autism parent support group.The family regularly engage in activities together on the weekends and enjoy spending time as a family.  |
| Worries/Concerns/Needs: H’s life experiences of managing her autism, suffering from social challenges and struggling with her sense of identity is observed to have impacted her sense of belonging and security. Mum reports that H regularly leaves the home late at night without explanation and is known to go and sit in the park for hours at time. Concerns have been shared by both Mum and dad that H is vulnerable to being “lead astray” in the community and has the potential of being negatively influenced by her peers as she struggles to know where she “fits in” and has a poor judgement of character. This difficulty in being able to identify risks, linked with a need to “belong”, could put H at higher risk of exploitation and grooming as she tries to find her place socially. There are no concerns regarding E and F. |
| **A day in my life**Describe a day in the life of the child or young person. Consider how identify and culture may impact on his/her life. |
| **H:**Currently, H is struggling day to day and there is no particular pattern in her life. On a good day, H states that she may go in to school, but it could be the afternoon or the morning, depending on her lessons. When she returns from school she will spend the rest of the day in the bedroom, on her laptop or listening to music. H said when she’s feeling low, she doesn’t talk to anyone, not even friends, and her only outlet is to either draw or leave the house. H said she can sometimes not fall asleep until the early morning, which tends to lead into a day when she doesn’t feel well enough to get up and go to school.If H doesn’t go to school, she will lie in bed for most of the morning, until her Mum gets her up and encourages her to get washed and dressed, although H doesn’t always want to do this. On these days, H has no set routine and does not eat at set times. Mum states that H will suddenly decide she’s hungry and then raid the cupboards and return back to her bedroom. **F:****(Activity completed with F and can be viewed on the NDrive.)**F told me that his Mum wakes him up at about 6am for school. He’ll get ready for school and then have his breakfast. Mum then takes him to school with his sister E. F told me that he doesn’t like going to school and finds this “really hard” because he feels “very anxious”, but that he has “been getting better at going in”. F tells me that he spends most of his school day out of the classroom, either with his support teacher or helping in reception. He said he particularly likes Fridays because it’s the end of the week and he does cooking. F said he has a packed lunch at school which is better because then he knows Mum will give him food he likes. When F gets home from school he shared that he is “glued” to his PlayStation and that his favourite game is The Cruise 2. He said he also goes on his phone. F told me that he has to do some chores like making his bed, which he doesn’t like doing. F said he then has dinner, which Mum says is normally between 5-6pm. F and E then have a bath and get ready for bed. They then have half an hour or so of family game time, playing Uno, or reading a book. Bedtime is at 7:30pm. **E:****(Activity completed with E and can be viewed on the Ndrive.)**Mrs M tells me she wakes E up at 6:30am to get ready for school. E says she really likes going to school and makes sure she has breakfast to make her “brain strong”. E tells me that Mum takes her school with her brother F. E said she loves the parts of the day when she gets to play with her friends in school but doesn’t like when she has to do Maths. E says she really like her teacher and feels she can talk to her when she’s feeling upset or worried. When E gets home from school she likes playing Roblox on her games console. She has dinner with her family between 5-6pm and gets ready to go to bed for 7:30pm. E told me she has a bath nearly every night and likes it when she plays games with her Mum. E said she doesn’t feel she gets to spend enough time with her Mum, so she loves it when she gets to do this.  |
| **Analysis: what is the impact/risk to this child/young person if nothing changes?****Please include your Worry Statement(s) and Scale of how worried you are.** |
| H has been displaying increasingly challenging and concerning behaviour, outlined in the assessment, for the past 6 months, although H’s self-harm and identity difficulties have stemmed right from when she was in primary school. This behaviour is impacting H’s relationships within her home environment, and is making her increasingly vulnerable to exploitation and harm in the community. Moreover, with H’s behaviour becoming more physically and verbally aggressive, her younger siblings are noticeably being impacted emotionally which is affecting their sense of security and behaviour. It’s evident that H has struggled to manage the feelings that come with her medical diagnosis and has always felt “different” to her peers. We know from research that a teenager with an ASD diagnosis, coupled with managing their own adolescent development, is much more vulnerable to traumatisation due to their deficits in social communication and emotion regulation. This also leads to higher rates of anxiety and other emotional and behaviours difficulties. These young people have been shown to become more angry and upset in response to challenging situations than typically developing children, which could lead to more targeted aggression towards people close to them. In regards to the impact on E and F, research informs us that children who are regularly exposed to frequent extreme behaviour and outbursts of aggression and anger from a sibling may experience chronic feelings of anxiety, anger and frustration. This makes them at greater risk of developing mental health difficulties like depression and anxiety themselves. We are worried that, if nothing changes.… H will continue to display increasingly challenging and extreme behaviour, creating a heightened level of stress and risk of harm in the family home. This would significantly impact her mental, emotional and social well-being and the ability to maintain positive relationships with family and friends. This is likely to increase the feeling of isolation and negatively impact H’s confidence and self-esteem, which in turn is more likely to affect the ability of H being able to access a stable and consistent education. Moreover, the current situation is evidently already impacting on the emotional well-being of E and F which, if it was to continue, is likely to affect their mental health and overall resilience long term. They could also begin to mimic H’s negative behaviours and learn to manage their emotions in an ineffective way.

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| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

**On a scale of 0 to 10 where 0 is the worst possible where do you score this statement if there is no change?**

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|  |  | FS | M&DH |  |  |  |  |  |  |  |

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| **Child/young person’s views: Does this assessment capture your views?** |
| It was very difficult to ascertain H’s wishes and opinions in detail as she did not want to engage in the assessment. She is aware that it has been written and has been given the opportunity to provide the information she feels comfortable with. E and F are also aware that I am writing a “report” and E has said she is happy that I am going to help the family. |
| Signed  | Date |
| **Parent/carer(s) views: Does this assessment capture your views?** |
|  |
| Signed  | Date |
| **Practitioner’s views: Does this assessment capture your views?** |
|  |
| Signed  | Date |
| **Concerns about significant harm to infant, child or young person**If at any time during the course of this assessment you feel that an infant, child or young person has been harmed or abused or is at risk of harm or abuse, you must follow the South West Child Protection Procedures as set out at [www.swcpp.org.uk](http://www.swcpp.org.uk)If you think the child or young person maybe a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child/young person to children’s social care. You should seek the agreement of the child and family before making such a referral.Please also refer to Swindon LSCB Multi Agency Threshold Guidance <http://www.swindonlscb.org.uk/wav/Pages/Multi-Agency-Thresholds-Document.aspx>It will help you identify a child/young person’s degree of need and respond appropriately. |
| **Please ensure the Family Contact Point have a copy of all parts of the EHR and Plan****FCP@swindon.gov.uk****01793 466903****Please remember to use secure e-mail or WinZip and password protect** |