

Your Family Assessment



About Your Family's Assessment

We want all children in Sefton to have the best start in life, to enable them to reach their full potential. Sometimes children and families need additional support to achieve this. The aim of this Early Help Assessment (EHA) is to work with you and those around you, to help understand what is going on and to decide the best way forward. Where possible the needs of children and families will be met by universal services and your wider family/support networks but sometimes we need that little bit more. Our aim is to support you to receive the right help at the right time.

The person filling in this Early Help Assessment will guide you through the process. They will make sure it includes the views of everyone in your family and all those who support you.

Parents will receive a copy of the completed assessment.

Parent/Carer agreement:

I agree to participate in an early help assessment. I understand the information I give will be used to help me and my family. I understand that this information will be shared and stored with other professionals to plan what is needed, as necessary. I understand this information will be shared with other schools should my child move to a different school; this is to help your child/ren receive support when this is needed.

Practitioners' agreement:

I agree to help you complete the EHA and make plans with you to get things working well. This means I will:

- Help you to record what is working well and what could be better.
- Liaise with agencies and other professionals involved in your life. E.g., GP, Health Visitor if needed.
- Explain and organise a meeting called a 'Team Around the Family Meeting' if needed.
- Support you to make referrals to specialist agencies if they are the best people to provide you with help.
- Provide support from my agency.
- Request specialist support if needed.

How we keep your information safe

We need to collect and share information about your family so that we can help you and offer the right support that you may need. For instance, we may want to talk to your child's school to find out more or contact your GP if you have a health problem that you need extra help with.

Whenever we do this, we will treat your information as confidential and only share it with people that need to know about your family.

Sometimes there are circumstances when we must share information, for instance, if you or a member of your family may come to some harm.

If we do this, we will tell you and

explain why. We will only share the information necessary to get you the help you need or have asked for. All your information is kept secure by Sefton Council.

We may also need to contact anyone with parental responsibility, unless there is a good reason not to do so, for instance, putting your child at risk of harm.

From time to time, Sefton Council must provide the Government with information about the families we work with and support. This information will be managed in accordance with the Data Protection Act. You have the right to ask what information we hold about you and your family and what we are sharing.

Listed below are examples of the organisations we may share your information with:

- Adult Social Care
- Career Connect
- Children's Social Care
- Clinical Commissioning Group (CCG)
- Department for Work and Pensions / Jobcentre Plus
- Education Services
- General Practitioners (GPs)
- Hospital Trusts (as appropriate)
- Housing provider / Housing Association
- National Probation Service / Youth Justice Service
- Mental Health Services providers
- MerseyCare / Mersey and Peel Community Service / Merseyside Police
- NHS
- Prison Service
- Regulatory Services such as Environmental Health and Licensing
- Rehabilitation Company
- Revenues and Benefits
- Sefton Council commissioned services, e.g., Venus, SWACA, Parenting 2000
- Solicitor
- Specialist health service providers & MerseyCare 0-19 services
- Change, Grow Live (Substance Use support service)

Exceptional circumstances

Where there is an immediate risk of harm a professional is required to follow Sefton Local Safeguarding procedures.

Parents/Primary Carers of Child/Child's signatures and printed names:	
Primary carer 1 Signature:	Printed Name:
Primary carer 2 Signature:	Printed Name:
Young person/child signature (if appropriate):	Printed Name:



Family Name	
Assessment start date	

Home address								
Is this your permanent address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you feel your home is at risk?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If No, please discuss further in section 9 and include in plan						If Yes, please discuss further in section 9 and include in plan	
Primary Contact Number								
Email Address								
Individuals included in the assessment								
Full Name	Contact details	Child/Adult?	Gender	DOB	Ethnicity	Religion	Family relationship (Include who has PR & for whom)	
Communication/language needs (English as an additional language / interpreter required)								

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Individuals <u>not</u> included in the assessment					
Full Name	Child/Adult?	Gender	DOB	Family relationship (Indicate who has PR & for whom)	Reason for not being included in the assessment

Professionals – Assessment Lead				
Full Name	Role	Organisation	Telephone/email	Working with?


Other professionals/agencies		Please always include Education/Early Years provider/ Dentist/GP			
Full Name	Role	Organisation	Telephone/email	Whom are they working with?	Have they contributed to the assessment? Y/N

What is happening for you and your family? What has led you to ask for support?
What actions have you taken as a family, how has this helped?
Have you worked with any services? How has this helped?

Areas of support

<p>1. Children's Learning</p> <p>Supporting families outcome- Getting a good education</p> 	<ul style="list-style-type: none"> ✓ Average of less than 90% attendance ✓ Any difficulties engaging with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around Elective Home Education, child is off-roll and not receiving an education, risk of NEET (Not in Education, Employment or Training) ✓ Child's special educational needs not being met. <p>Prompts for children-</p> <ul style="list-style-type: none"> ➤ School age- What does the child say about school? What are their aspirations? Who can they go to if they have a problem? ➤ Preschool age – nursery/school applications. What are the plans. Does the child speak about school? Are they excited? Worried? ➤ Baby – are the carers talking about the child accessing nursery/baby classes/groups. Where is this? What does this look like? Frequency? Are there any barriers. 	
<p>Family Member/Professional contributions</p>	<p>What are the good things?</p>	<p>Any Worries?</p>

Is this an area for support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>2. Giving your child the best start</p> <p>Supporting families outcome-Good early years development</p> 	<ul style="list-style-type: none"> ✓ Expectant or new parent/carers who require additional or specialist support. ✓ Child's (0-5 yrs.) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) ✓ Child's (0-5 yrs.) developmental needs not being met (e.g., communication skills/speech and language, problem-solving, school readiness, personal, social and emotional development) <p>Prompts for children –</p> <ul style="list-style-type: none"> ➤ What is the child's view on dentists/ etc? Can they recall going? Who took them and when? Do they know what a dentist is? ➤ Do they speak of playing with friends etc away from the family home? Are they keen to learn and develop? Do they want to show their newly learned skills to you? 	
Family Member & Professional contributions	What at the good things?	Any worries?
Is this an area for support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>3. Family Health</p> <p>Supporting families outcome-Improved mental and physical health</p>	<ul style="list-style-type: none"> ✓ Child needs support with their mental health. ✓ Adult needs support with their mental health ✓ Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations) ✓ Loss of close family/friends ✓ Impact of habits e.g., gambling, smoking, drug/alcohol use ✓ Has your child been diagnosed with asthma or attended GP or A&E with breathing difficulties/wheezing? 	
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Important: Are parents/carers aware of safer sleep? ICON?


Prompts for children-

- Do they understand what Mental Health is?
- Can they describe what their Mental Health is like and or their carers? Do they have any worries? Who can they speak to if they are concerned?
- Loss – friend/family bereavement, loss of a pet, a friend moving school or out of the area, parent/carers separating,
- Does the child have opportunities to maintain good emotional and physical Health?
- Consider the impact of adult/ child’s habits on the individual and wider family


Family Member & Professional contributions	What are the good things?	Any worries?
Is this an area for support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	


<p>4. Substance use</p> <p>Supporting families outcome-Promoting</p>	<ul style="list-style-type: none"> ✓ An adult has difficulties with substance misuse. ✓ A child or young person has difficulties with substance misuse. ✓ Any family history of substance misuse ✓ Have any of the family accessed support for substance misuse? ✓ Are there any barriers to accessing support?
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recovery & reducing harm from substance misuse 	Prompts for children – <ul style="list-style-type: none"> ➤ What are their views? Are they happy with the way things are? What is the impact on the child? Parent/carer/. What would make things better? ➤ Does the child understand the risks? Are they able to tell when someone is under the influence? ➤ How do things affect them? ➤ What are their wishes for their Parent/carer? What is stopping this from happening? 	
Family Member & Professional contributions	What are the good things?	Any Worries?
Is this an area for support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

5. Family life Supporting families' outcomes-Improved family relationships 	<ul style="list-style-type: none"> ✓ Harmful levels of parental conflict i.e., when it is frequent, intense, or poorly resolved. ✓ Child / young person violent or abusive in the home (to parents/carers or siblings) ✓ Unsupported young carer or caring circumstances changed requiring additional support. Prompts for children – <ul style="list-style-type: none"> ➤ Who are the key family members? Is there anyone missing? Why is this? ➤ What could change to make things better? ➤ How would they describe the relationships between the people they love? ➤ What does conflict look like? How does that make them feel? Who can they reach out to when there are difficulties? 	
Family Member & Professional contributions	What are the good things?	Any Worries?


Is this an area for support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>


<p>6. Keeping safe Supporting families- Children safe from abuse and exploitation</p> 	<ul style="list-style-type: none"> ✓ Showing signs of Emotional, physical, sexual abuse or neglect, historic or current, within the household ✓ Child going missing from home. ✓ Child identified as at risk of, or experiencing, sexual exploitation. ✓ Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines) ✓ Child identified as at risk of radicalisation. ✓ Child experiencing harm outside of the family (e.g., peer-to-peer abuse, bullying, online harassment, sexual harassment/offences) <p>CE (Criminal exploitation) Checklist to be completed if there are any signs of CE.</p> <p>Prompts for children -</p> <ul style="list-style-type: none"> ➤ What is the child's understanding? Do they go missing? Are they worried about anything? A sibling/ a family member? Whom can they speak? ➤ Friendship circles? Community activities they attend. ➤ Social media access? Thoughts? Worries? ➤ Push and pull factors- does anyone influence their decisions? 	
Family member & Professional contributions	What are the good things?	Any Worries?
Is this an area for support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>7. Safety in the community</p> <p>Supporting families outcome-Crime prevention and tackling crime</p> 	<ul style="list-style-type: none"> ✓ In the last 12 months Adult (18+) or young person (u18) involved in crime and/or anti-social behaviour(ASB) ✓ Young person (u18) at risk of crime – including gangs, serious violence, or involved in harmful risk-taking behaviour. ✓ Any involvement with Youth Justice Service ✓ Any family received custodial sentences? <p>Prompts for Children –</p> <ul style="list-style-type: none"> ➤ How safe do they feel where they live/go to school/visit? ➤ Who do they spend time with? ➤ Where do they spend their time? ➤ Impact of behaviours on themselves/wider family? Who can they speak to? ➤ What /who could help? ➤ Is there anything going on around them that is worrying them? ➤ Are they aware of online safety? 	
<p>Family Member & Professional contributions</p>	<p>What are the good things?</p>	<p>Any Worries?</p>
<p>Is this an area of support?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	




<p>8. Feeling safe</p> <p>Supporting families outcomes-Safe from domestic abuse</p> 	<ul style="list-style-type: none"> ✓ Family affected by domestic abuse - historic, recent, current or at risk (victim) ✓ Adult in the family is a perpetrator of domestic abuse. ✓ Child currently or historically affected by domestic abuse. <p>Prompts for children-</p> <ul style="list-style-type: none"> ➤ What is it like living in their home? ➤ Daily lived experience- What does safety mean to them? What does it look like? ➤ Protective factors ➤ When do they feel safe/unsafe? 	
<p>Family Member & Professional contributions</p>	<p>What are the good things?</p>	<p>Any Worries?</p>
<p>Is this an area of support?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

<p>9. Where you live</p> <p>Supporting families outcome-Secure Housing</p>	<ul style="list-style-type: none"> ✓ Families who are in local authority temporary accommodation and are at risk of losing this . ✓ Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness. ✓ Young people aged 16/17 at risk of, or who have been, excluded from the family home. <p>Prompts for children-</p> <ul style="list-style-type: none"> ➤ How would they describe their home? 	
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	<ul style="list-style-type: none"> ➤ Do they like where they live? ➤ Is there anything they would change? ➤ What could be better and how do they think this could be achieved? ➤ What do they want things to be like? How can this be achieved? <p>GCP2 could support in this area</p>	
Family Member & Professional contributions	What are the good things?	Any Worries?
Is this an area of support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p>10. Your money</p> <p>Supporting families outcomes- Financial stability</p> 	<ul style="list-style-type: none"> ✓ Adult in the family is unemployed. ✓ Family require support with their finances and/or have unmanageable debt (e.g., rent arrears, impact of gambling, loan sharks, pay day loans, cost of living rises) ✓ Family is experiencing increased pressure in this area. ✓ Changes to benefits that have impacted family circumstances. <p>Prompts for children –</p> <ul style="list-style-type: none"> ➤ What is their understanding of money? ➤ Do they have any worries? ➤ Consider Daily lived experience-impact of debt, affordability of essential items, basic items for age of the child. ➤ Young person is NEET (not in education, training, or employment) 	
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Family Member & Professional contributions	What are the good things?	Any Worries?
Is this an area of support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Overall, how are things going?											
	0	1	2	3	4	5	6	7	8	9	10
Include everyone who has contributed to the assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Analysis and conclusions Describe the main areas of strength, areas of support needs and family's readiness to accept support	
What are the family's strengths and resources?	What are the family's needs and worries?
Considering all the information, what areas of support would the child/ren and family benefit from and what does this mean for the child/ren?	
Child's voice-What would help them? How do they feel about working with adults?	
Parent/Carers view of assessment & analysis	

Initial Action plan (This identifies the areas of need that are shared as part of the assessment).				
Areas of support	Family Goals	How do we get there?	Who is responsible?	By when?
This will be areas identified through the assessment	Family goals listed here should be those agreed at the assessment and or review. e.g., young person's school attendance to be above 90%.	Individual actions agreed with the family in response to the desired change. A single desired change may be broken down into a few smaller, specific action points.	(This can include family members and significant others) Which actions have family members agreed to take responsibility for?	Please provide a specific date. <ul style="list-style-type: none"> • Avoid using ASAP. • If an action is 'ongoing' please state when the action will be reviewed.
Review date			A review should be completed every 4 – 6 weeks. The review should be recorded on an Early Help Review form.	

Consent and information sharing

Having been assessed as a family that will benefit from the Early Help offer, I have been given a copy of the Privacy Notice (<https://www.sefton.gov.uk/earlyhelp>). This document explains how we can legally share your information now and in the future.

Please list here any services and/or individuals e.g., family members you do not want this assessment to be shared with.

Consent declaration

To be signed by each adult or young person included in this assessment.

I give permission for the sharing of my personal information as described above, including the personal information of the children for whom I am the parent/carer.

Name	Signature	Date
Assessment lead name	Signature	Date Assessment Completed

Research

Basic personal information will also be shared for local and national research purposes in accordance with the safeguards listed in the Privacy Notice. This information will not be used to make personal decisions about a family and where any research results are published, this will be in anonymised form.