**About the Early Help 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 to 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 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 have to share information, for instance if you or a member 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 of 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:**

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| * We are with you (WAWY) (substance misuse services)
* Adult Social Care
* 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
* Locality Services
* Mental Health Services providers
* Merseyside Fire and Rescue Service/ Merseyside Police
 | * National Probation Service / Community Rehabilitation Company
* Specialist health service providers
* Sefton Council commissioned services, e.g.,Venus, SWACA, Parenting 2000
* Sefton@Work
* Prison Service
* Regulatory Services such as Environmental Health and Licensing
* Revenues and Benefits
* Pre-School / School / Academy / College
* Solicitor
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**Exceptional circumstances**

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

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| **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: |

 **1.Family Background information**

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| **Details of all children in your family** |
| **Name**  | **DOB / Due date** | **Gender** | **Ethnicity** | **Religion** | **Name of school or educational setting** | **Is the child receiving SEND support? Y/N** | **Does the child have CAMHS involvement? Y/N** | **Does the child have a disability?****Y/N** |
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| *Please include all the children (everyone under 19) in the family.*  |  |  |  |
| **GP details:****Name, address, contact phone details** | **Dentist details:****Name, address, contact phone details** | **School Health Nurse/Health Visitor:*****Name, address, contact phone details*** |

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| **Main family address of child(including postcode)**  | **Family phone numbers and email addresses** |
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| **Details of parents/carers, immediate household members and significant people (including non-family members).** |
| **Name**  | **Date of birth** | **Gender** | **Ethnicity** | **Religion** | **Relationship to child - state Parental Responsibility** | **Address (if different from main family address)** |
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| *Please include all the adults in the immediate family, living in the house or involved in looking after children.*  |

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| **What is the cultural background for your family?** *This**includes family beliefs, local culture, morals, traditions and values.* |
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| **Who is in your family, and who lives in your home? You can write or draw this (e.g. a family tree/diagram of household/genogram)** |
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| **What is your family history? Include information about important things that have happened to you and your family (e.g. house moves, job moves, family achievement, bereavement, illness, relationship separation, somebody close to you serving custodial sentence)** |
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| **Which agencies and professionals are/have been involved in supporting your family?**  |
| **Name** | **Supporting who and how?** | **Role /agency** | **Contact details** | **Contributed to the assessment? Y/N** | **Start date** | **End date** |
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| *This could include school, health, or anyone else working with your family, like a housing worker or substance recovery worker.* |

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| **What happened to get us here?** |
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| **What actions have you taken as a family, what has helped?**  |
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| **What support have you received from other agencies/people? What has helped?**  |
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**Parent/Carers View: Name**

***Please use the prompt sheet to support the conversation.***

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| **Areas of your life**  | **What’s working well?** This is where you record the good stuff! Think about what you’re good at; your successes. Who makes up your support networks? What has worked in the past? | **What could be better and why?** Think about what’s important to you and your family. What could be better? What would help you? |
| **Health and Wellbeing** |  |  |
| **Economic Wellbeing** |  |  |
| **Education** |  |  |
| **Community engagement** |  |  |
| **Relationships** |  |  |

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| **Are there members of your household who are unemployed or who are facing financial difficulty?** | **Is domestic abuse impacting your family?**  | **Is school attendance below 90% for any of the children in your family?** | **Is there crime/anti-social behaviour impacting your family?** | **Are there family health issues for either parent/ child/ren? (e.g. physical/mental health, teenage pregnancy, drug/alcohol misuse)**  | **Is the child/ren a Young Carer?** | **Is the family at risk of homelessness?**  |
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**If Yes to any of the above, please ensure this is discussed and plans made to address these in the Whole Family Action Plan within the EHA**

 **Child/Young Persons View: Name**

 *Please use the prompts or Child’s voice toolkit to support the conversation. It is important to complete with each individual child/young person in the family.*

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| **Areas of your life**  | **What’s working well?** This is where you record the good stuff! Think about what you’re good at; your successes. Who looks after you and helps with problems? | **What could be better and why?** Think about what’s important to you and your family. What could be better? What would help you? |
| **Home life**What is it like at home? |  |  |
| **Relationships**How do you feel about your family? |  |  |
| **School/College/Work**How do you feel about school/College/Work?  |  |  |
| **Social/Community**(Do you feel safe? Are you engaged in any hobbies? Do you have good friends?) |  |  |
| **Health and Wellbeing**Who helps you stay healthy? Do you consider yourself to have disability? Who can you talk to about how things are for you? |  |  |

# Professional views

This part should be completed by the practitioner filling in the EHA with the family and then given to those working with the family to share their view.

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| **Child/Children’s name** |  |
| **Professional’s name** |  |
| **Organisation** |  |
| **Role** |  |

Please comment on how things are going for the child/children in this family.

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| **What could be better and why?**  |
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| **What’s working well?** |
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| **What support could you offer the family?** |
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| **If significant concerns have been raised during your conversation with the family what have you done to address these? What else is needed that isn’t already in place?** |
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| **Whole Family Action Plan**What needs to change? Set actions that will have positive outcomes for the child/ren, say who will lead on the action and what the benefits/outcomes will be. |

Has the family completed an Outcome Star? YES NO If so please attach the Star electronically or upload to EHM.

 The scaling of the Outcome Star(s) completed may support the overall plan for the family.

**Remember you should set specific actions that are easy to measure, achievable, realistic and timely, which can support positive change. The plan should include all areas of support identified by the child/parent and professionals.**

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| **Area of need** | **What will the outcome be? (BENEFIT to family)** | **What needs to be done? (ACTION)** | **Who will do it?** | **By when?** |
| Choose an item. |  |  |  |  |
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**What next?**

For some families, completing the EHA will be enough to help them to make changes. Others may access support through Early Help with a single agency and some may get more support, for example through a Team around the Family.

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| **How will the family be supported?** |
| Single Agency Support |  | Team around the Family (TAF) |  |
| Signpost to other services |  | Seek advice from CSC |  |
| EHA closed-family are able to access universal services |  | Other (specify) |  |

**Reviewing the Early Help Family Action Plan**

* If moving to a Team around the Family (TAF) you must review plan using TAF form within 6 weeks.
* Continue to review every 12 weeks using the Team around The Family until outcomes are achieved.
* When outcomes are achieved it is important the family are provided with universal services to access and are aware of where to go if they need support in the future.

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| **Who will review the plan?**  | **When will this happen?**  |
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**Lead Professional**

Discussions between professionals and the family should determine who is best placed to be the Lead Professional. The Lead Professional should ensure that these actions take place and be a point of contact for the family.

**Please sign upon completion of your Early Help Assessment:**

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| **Primary Carers signatures and printed names:** |
| Primary carer 1 Signature: | Printed Name:  |
| Primary carer 2 Signature: | Printed Name: |
| Child/Young Person  | Printed Name |