**Early Help Assessment**

Early Help is about having a good quality guided conversation with a family about different aspects of their life such as home, school, college, work, social/community, and health and well-being. This Assessment should always be completed with the Child, Young Person and Family and focus on what’s working well and what can be done if things need to improve. These quality conversations need to happen as early as possible.

Please use this form to record the details of this conversation and to help you to plan alongside the family what needs to change and how.

**About the person completing the assessment**

|  |  |
| --- | --- |
| Start date of assessment |  |
| Details of person completing the assessment |  |
| Name |  |
| Role |  |
| Agency |  |
| Address |  |
| Email address |  |
| Telephone number (s) |  |

**About the family living in your home**

|  |  |
| --- | --- |
| Family Last name (s) |  |
| Families Address (including Post Code) |  |
| Housing Provider, if rented housing  (Name and address of Landlord) |  |
| Telephone Number(s) |  |
| Religion |  |
| Ethnicity |  |
| Nationality |  |
| First Language |  |
| Details of any disability in the family |  |
| Do any of the children have a caring responsibility? | Yes/No |
| Are any of the children privately fostered? (if yes please provide details) |  |

**Details of each family member and/or significant people living in your home**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Request** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** |
| First Name(s) |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |
| Religion |  |  |  |  |  |  |
| Ethnicity |  |  |  |  |  |  |
| Previous names or aka |  |  |  |  |  |  |
| Relationship |  |  |  |  |  |  |
| Date of Birth or Estimated Date of Delivery (if unborn) |  |  |  |  |  |  |
| Education, Employment or  Training (please provide name of school/college/nursery) |  |  |  |  |  |  |

**Details of any significant people not living in the home**

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| --- | --- | --- | --- | --- | --- | --- |
| **Request** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** |
| First Name(s) |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |
| Religion |  |  |  |  |  |  |
| Ethnicity |  |  |  |  |  |  |
| Date of Birth |  |  |  |  |  |  |
| Relationship |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |

**Professional Involvement – other agencies and/or professionals currently involved with the family and whether they have contributed to the assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request** | **Professional 1** | **Professional 2** | **Professional 3** | **Professional 4** | **Professional 5** |
| Agency/Professional Name |  |  |  |  |  |
| Address and Telephone Number |  |  |  |  |  |
| Who are they supporting in the family? |  |  |  |  |  |
| Contributed to this Assessment? Yes/No |  |  |  |  |  |

**Tell us what has led to this assessment?**

What are you worried about?Worries – Past and present harm which has occurred. On-going issues which are causing the different members of the family to not meet their potential.

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| --- | --- |
| **Who the response is from** | **Response** |
| Parent/ Carer |  |
| Child/ Young Person |  |
| Assessor/other professionals |  |

**How does the family manage any worries or concerns? What helps the child or family manage, overcome or avoid the worry?**

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| **Who the response is from** | **Response** |
| Parent/ Carer |  |
| Child / Young Person |  |
| Assessor / Other professionals |  |

**Complicating factors (including any previous involvements):**

What is making this problem harder to deal with? What are the behaviours which increase the worry? What don’t we know?

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| **Who the response is from** | **Response** |
| Parent/Carer |  |
| Child/Young Person |  |
| Assessor/other professionals |  |

**What is working well- Existing strengths?**

What are the best things about the parents and the care of the children? Who supports/help the parents and children?

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| **Who the response is from** | **Response** |
| Parent/Carer |  |
| Child/Young Person |  |
| Assessor/other professionals |  |

**Community Support Network**

What local facilities do you use? i.e., schools, day nurseries, sports, play and Leisure centres, libraries etc.

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| **Who the response is from** | **Response** |
| Parent/ Carer |  |
| Child / Young Person |  |
| Assessor / other professionals |  |

**On a scale of 0-10 (with 10 being not worried and 0 being extremely worried) where would you scale regarding the worries you have identified.**

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| --- | --- | --- |
| Who has given the score | The Score | Reason for the score |
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## What needs to happen next?

### (Note: Focus on Section 4: worries that need support i.e. domestic abuse, neglect, health issues, school attendance and build on the strengths)

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| Action (add more as required) | What needs to happen in the family’s and professional’s view? | Agreed Actions? | Outcome? | By whom and when? |
| Action 1 |  |  |  |  |
| Action 2 |  |  |  |  |
| Action 3 |  |  |  |  |
| Action 4 |  |  |  |  |
| Action 5 |  |  |  |  |

**Supporting Families Referral Form**

**Supporting Families Programme criteria:**

**Guidance**

To be eligible for the Supporting Families Programme, each family must include dependent children and/or expectant parents.

Please complete this form for **any family that meet at least 3** of the **10** criteria for the Supporting Families Programme as detailed below.

|  |  |
| --- | --- |
| 1. **Getting a good education** | Please select options from the dropdown menu below: |
| Average of less than 90% attendance (inclusion of authorised absence is optional) for 2 consecutive terms | Choose an item. |
| Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms | Choose an item. |
| Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET | Choose an item. |
| Child's special educational needs not being met | Choose an item. |

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| 1. **Good early years development** | Please select options from the dropdown menu below: |
| Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs) | Choose an item. |
| Child’s (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) | Choose an item. |
| 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 | Choose an item. |

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| 1. **Improved mental and physical health** | Please select options from the dropdown menu below: |
| Baby/child needs support with their mental health | Choose an item. |
| Adult needs support with their mental health | Choose an item. |
| Child and/or parent/carer require support with learning disabilities, neurodiverse conditions and/or physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations) | Choose an item. |

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| 1. **Promoting recovery and reducing harm from substance use** | Please select options from the dropdown menu below: |
| An adult has a drug and/or alcohol problem | Choose an item. |
| A child or young person has a drug and/or alcohol problem | Choose an item. |

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| 1. **Improve family relationships** | Please select options from the dropdown menu below: |
| Parent/carers require parenting support | Choose an item. |
| Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved | Choose an item. |
| Child / young person violent or abusive in the home (to parents/carers or siblings) | Choose an item. |
| Unsupported young carer or caring circumstances changed requiring additional support | Choose an item. |

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| 1. **Children safe from abuse and exploitation** | Please select options from the dropdown menu below: |
| Emotional, physical, sexual abuse or neglect, historic or current, within the household | Choose an item. |
| Child going missing from home | Choose an item. |
| Child identified as at risk of, or experiencing, sexual exploitation | Choose an item. |
| Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g.,  county lines) | Choose an item. |
| Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences) | Choose an item. |

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| 1. **Crime prevention and tackling crime** | Please select options from the dropdown menu below: |
| Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named as a suspect/ASB incident) in the last 12 months | Choose an item. |
| Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour | Choose an item. |
| Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named as a suspect/ASB  incident) in the last 12 months | Choose an item. |

|  |  |
| --- | --- |
| 1. **Safe from domestic abuse** | Please select options from the dropdown menu below: |
| Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim) | Choose an item. |
| Adult in the family is a perpetrator of domestic abuse | Choose an item. |
| Child currently or historically affected by domestic abuse | Choose an item. |

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| --- | --- |
| 1. **Secure housing** | Please select options from the dropdown menu below: |
| Families who are in local authority temporary accommodation and are at risk of losing this | Choose an item. |
| Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness | Choose an item. |
| Young people aged 16/17 at risk of, or who have been, excluded from the family home | Choose an item. |

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| 1. **Financial stability** | Please select options from the dropdown menu below: |
| Adult in the family is workless | Choose an item. |
| Family require support with their finances and / or have unmanageable debt (e.g., rent arrears) | Choose an item. |
| Young person is NEET | Choose an item. |

**Please note**: Supporting Families Programme forms part of Milton Keynes City Council’s responsibilities. In compliance with the [MKC corporate privacy notice](https://www.milton-keynes.gov.uk/milton-keynes-council/privacy-notices/milton-keynes-city-council-corporate-privacy-notice), personal information might be shared with other council services. The full privacy notice can be found on the MKC website.