**Practice Guidance for Supporting Families Assessment Tool**

**Purpose and use of the new Rapid Assessment Tool:**

1. To provide a short tool for Early Help partners to use *in conversation* with families- *( ‘a conversation on a page’)*
2. The tool will facilitate a conversation between the practitioners and the family about their needs and what needs to change.
3. The tool will support the practitioners to understand whether the changes needed could be met with support from their own organisation **or** whether specialist support from Tier 3 Early Help is required
4. The conclusion of that could be either develop a plan with the family **or** make a request for support from Lambeth Early Help Team
5. The tool is for use by the wider early help partnership (children’s centres, schools, health etc.) in conversation with families. This is not for safeguarding concerns and does not replace the MARF. That is, the MARF remains in use for safeguarding referrals.

**Threshold Guidance**

Understanding the access criteria for services will help everyone to work together to identify the best support for an individual child, young person and their family or carers dependent on need. The threshold is the point at which a child or young person becomes eligible to access a particular level of service provision. Within individual organisations thresholds may vary so care should be taken to understand how the provision of support identified in each tier is accessed.

A full outline of Lambeth’s tiered thresholds can be found [here](https://www.lambethsaferchildren.org.uk/_files/ugd/6ecd3f_6daa1b997a824737a4c2afd12209329c.pdf)

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**Practice guidance for the tool**

Below we identify each heading in the tool and provide some notes or thoughts on what might be considered when completing that section of the tool. This is not a definitive guide but provides some ideas which may be helpful.

Your relationship with the child and family are the most important tool or intervention in respect of being able to really understand what might be going on for them, what barriers to change are, and identifying what they feel will really make a difference.

We know that the word “assessment” can be quite triggering for people. We want to be transparent about the purpose of the tool and we have therefore called it what is it. That said, having a good working relationship with the child and family will provide the security and confidence to have the conversation in an honest and vulnerable way, which will mean that the child and family are more likely to get the help they need, as they need it, without delay.

**Child and Family Details**

Getting the basic information, including full name and contact details correct on the form, means that contact can be made with the family quickly and easily.

It is important that no assumptions are made when completing this section. Asking the child questions about their identity, how they define themselves is crucial.

**Family’s areas of concern:**

The 10 areas of need have been identified from the Supporting Families criteria. Below, we have provided some ideas of what you might include within each of the broader headings. Again, this list is not exhaustive, but it should provide some idea about where you would categorize the concern identified. Feel free to tick as many as apply to the child and family.

1. **Education**

* Average of less than 90% attendance (inclusion of authorised absence is optional) for 2 consecutive terms
* Average of less than 50% attendance unauthorised and authorised on 2 consecutive terms.
* 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.
* Child’s special educational needs not being met

1. **Early years development**

* Expectant or new parents/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs)
* Child’s (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)

1. **Mental and physical health**

* Baby/child needs support with their mental health
* Adult needs support with their mental health
* 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)

1. **Substance Use**

* Adult reducing/abstaining from substance use (as measured by rescreening) AND adult better equipped to manage the substance use. Adult understands the risk/impact of the substance use on the family and children and can promote safety and implement actions to reduce harm
* And assessment undertaken with child/family to determine impact of substance misuse upon child and child is benefitting from appropriate support (e.g., whole-family substance misuse work, affected-by service, young carers service, appropriate therapeutic support)

1. **Family relationship**

* Parent/carers require parenting support
* 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

1. **Abuse and Exploitation**

* 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 experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment
* Child identified as at risk of, or being affected by radicalisation

1. **Involvement with Crime**

* Adult (18+) involved in crim and/or ASB (at last one offence/arrest/named as a suspect/ASB incident) in the last 12 months.
* Young person (under 18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour.
* 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.

1. **Domestic Abuse**

* Family affected by domestic abuse or inter-personal violence and 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

1. **Secure housing**

* 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 or at risk of homelessness
* Young people aged 16/17 at risk of, or who have been, excluded from the family home

1. **Financial stability**

* Adult in the family is workless
* Family require support with their finances and/or have unmanageable debt (e.g., rent arrears)
* Young person is NEET

**What has led you to have this conversation with the family?**

*Some points you might consider including:*

* What has been a trigger for the conversation? Did something specific happen? An incident or an allegation? Or have concerns been developing over a period of time?
* What is the history of your involvement with the family? What is your relationship with the child and family like?
* Are there any significant events worth mentioning? Has the family experienced any trauma that is having a significant impact on their current circumstances?
* What have you observed in spending time with the child/family? What is the quality of relationship between the family members? What do their interactions tell you about the relationship?
* Think about threshold here – what has happened to escalate concern or risk?

**What are the family seeking support with?**

*Some points you might consider including:*

* Think about each member of the family here. What would each person say, if you asked them what would help?
* What would make the biggest difference to the family? What is their priority concern, and do they have ideas of what would help?
* You might want to ask the “magic wand” question here. If you had a magic wand and could change anything, what would it be?

**What support do you, and the family, think will make a difference?**

* What support has already been provided to the family in the past? What has worked? What didn’t work?
* What does the child and/or family respond well to in terms of intervention or support?
* What do the family want? What ideas do they have about what would make a difference or promote sustainable change?
* What does their support system look like?
* Are there any factors that we should be aware of?

**Gaining consent from families:**

A practitioner identifying a child or young person with additional/emerging needs first needs to talk to the parent/carer or the young person about their concerns. This is both a chance to talk openly with the family and the moment to get their consent to work with them and share information with other agencies who can help them. Gaining consent is an important step because it makes the process clear to the family, gives them a chance to ask questions, to understand how their data will be used and find out which agencies might be supporting them in future.

Ensure the person you are asking can give consent. For consent to be valid, the person (child or parent) giving consent must be:

* capable of taking that decision (‘competent’)
* acting voluntarily (not under pressure or duress from anyone)
* provided with enough information to enable them to make the decision.