**Signs of Safety and wellbeing – My Early Help Conversation Log**

**the Three Houses – involving children in the conversation**

**Family member name:**       **Unique Identifier:**       **Practitioner name:**       **Date:**

House of

DREAMS

House of

GOOD THINGS

House of

WORRIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What Are We Worried About?** |  | **What is Going Well?** |  | **What Needs to Happen?** |
|  |  |  |  |  |

**“On a scale of 0-10 where 10 means this problem is sorted out as much as it can be and zero means things are so bad for the young person you need to get professional or other outside help , where do you rate this situation today ?”**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| **Parent / carer 0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Practitioner 0**    Child(ren) 0 | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Where there are multiple

children please state names

**Next Steps**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family** |  | | |
| **Practitioner** | **Early Help advice/ action/ signposting** | **Initiate an Early Help assessment** | **Complete and submit a request for support form** |
|  |  |  |
|  | | |