**Part 1 - Early Support Assessment – Pathway to Change**

**Your Early Support Plan**

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| **Section 1 - Assessment Details** | |
| **Date of Early Support Assessment:** | Click or tap to enter a date. |
| **Name, organisation and contact details of lead professional:** | Click or tap here to enter text. |
| **Organisation theme:** | Choose an item. |
| **Name and role of anyone else involved in the assessment:** | Click or tap here to enter text. |





**Part 1 – Early Support Assessment and Plan**

**This part of the assessment should be completed for families receiving multi agency support. The assessment consists of:**

* **Pathway to Change**

A tool to support the understanding of your situation and identify solutions.

* **Child and Family Plan**

A record of what needs to happen, so the right support is put in place for you and your family

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| **Section 2 - Child Details** | | | | | | | |
| **Name** | **Address** | **D.O. B** | **Gender** | **Religion** | **Ethnicity** | **Sub ethnicity** | **Language** |
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| **Section 3 - Other household members** | | | | | | | |
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| **Section 4 - Other significant relatives or family friends not living at the address** | | | | | | | |
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| **Parent/ Carers email address(es)** |
| Click or tap here to enter text. |

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| **Section 5 - Education Details** | | | |
| **Name** | **Education Setting** | **Is there an EHCP in place** | **Any other supporting information** |
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| **Please record any additional information here** |
| Click or tap here to enter text. |

**Pathway to Change This tool is designed to help us get a shared understanding of your situation and to identify solutions. It is important that the voice of all family members is captured**

**throughout the discussion.**

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| **What has happened?  What is happening now? Who is affected and how?** |
| Click or tap here to enter text. |
| **What positives and strengths are there?** |
| Click or tap here to enter text. |
| **What keeps the issue going?** |
| Click or tap here to enter text. |
| **What could happen in things don’t change?** |
| Click or tap here to enter text. |
| **What is the shared intended outcome of the child(ren)?** |
| Click or tap here to enter text. |

**SITUATION**

**UNDERSTANDING**

**SHARED OUTCOME**

**PARENTS AND CHILD(REN)’S VIEWS**

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| **Voice of the child(ren)** |
| Click or tap here to enter text. |
| **Voice of parent(s), carer(s) and the wider network** |
| Click or tap here to enter text. |
| **Do the parents/ carers care for a child who has a disability, SEN or significant mental health challenges? Please provide details.** |
| Click or tap here to enter text. |
| **Additional information (communication needs, immigration status, legal status)** |
| Click or tap here to enter text. |

**IMPORTANT INFORMATION**

If you are completing an Early Support Pathway to Change Assessment**, please skip to Child and Family Plan.**

You **DO NOT need to complete Part 2 – Family Help Assessment** unless this has been agreed with your Early Support Officer or Family Connect.

**Part 2 - Family Help Assessment and Plan**

**Your Early Support Plan**

**Part 2 – Family Help Assessment and Plan**

This part of the assessment **should only be completed following a conversation with an Early Support Officer and/ or Family Connect.**

The assessment builds upon the information gathered in the Early Support Assessment (Part 1) above and helps to ensure that the family do not have to repeat their story.



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| **Assessment Details** | |
| **Date Family Help Assessment started:** | Click or tap to enter a date. |
| **Date Family Help Assessment completed:** | Click or tap to enter a date. |
| **Name, organisation & contact details of lead professional:** | Click or tap here to enter text. |
| **Organisation theme:** | Choose an item. |
| **Name and role of anyone else involved in the assessment:** | Click or tap here to enter text. |

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| **Reason for completing assessment** |
| Click or tap here to enter text. |
| **Child(ren)’s developmental needs details (growth and learning)** |
| Click or tap here to enter text. |
| **Parenting** |
| Click or tap here to enter text. |

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| **Family and Environmental factors (family and surroundings)** |
| Click or tap here to enter text. |
| **What is this telling us? What does it mean for the child and family? What needs to happen next?** |
| Click or tap here to enter text. |
| **Are there concerns around homelessness?** |
| Click or tap here to enter text. |
| **What might make us more worried for the child(ren) and what would happen then?** |
| Click or tap here to enter text. |
| **Confirm relevant (necessary) information from assessment/plan has been shared. This should include involved family members, as well as other agencies or professionals (where appropriate). Ensure views of the family members are included with regards information sharing and how it will be managed** |
| Click or tap here to enter text. |

**Child and Family Plan**

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| **What is the outcome we are working towards?** | **What action needs to be taken to achieve the outcome?** | **Who will be responsible for this action?** | **Timescale** |
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# Important Information

**Your Early Support Plan**

* **Spectrum of Support**

[Warwickshire’s Spectrum of Support](https://api.warwickshire.gov.uk/documents/WCCC-1642278725-4997) is a framework for professionals who are working with children, young people, and families. The document provides guidance and helps to identify circumstances when children may need additional support to achieve their potential.

* **Family Information Service Helpline - 01926 742274**

You can find additional support, advice and information at [www.warwickshire.gov.uk/childrenandfamilies](http://www.warwickshire.gov.uk/childrenandfamilies).



**Information sharing**

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy. Please let us know when any of your contact details change. You have the right to know what information we hold about you and we try to make sure it is correct.

If you would like further information visit our website: [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy)

or contact our Customer Service Centre at:

Warwickshire County Council, Shire Hall, Warwick, CV34 4RL Telephone: 01926 410410

The person undertaking this assessment should explain openly and honestly to you what information will be shared, and why.

We collect information so that we can understand what help you and your family may need. If we cannot meet all of your needs, we may need to share all or part of this information with other organisations so they can help us provide you with effective support.

If we need to share further information with any other organisations later, we will ask you about this before we do it.

**Consent**

We will respect the wishes of children, young people and families who do not consent to share confidential information. However, we will use our judgement if we consider there are concerns which are sufficient enough to override a lack of consent.

In some circumstances, if parents and carers refuse the provision of early support we will need to consider if we have concerns that a child or young person has suffered, or is likely to suffer, significant harm.

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| **Agreement** | | |
| I understand and accept the need for communication between professionals to complete this assessment. I understand that my information will be stored and used for the purpose of providing my family with effective support. I will tell you if I do not agree for parts of my information to be shared and understand this will be respected wherever possible. | | |
| **Name** Click or tap here to enter text. | **Signature**  Click or tap here to enter text.  **…………………………………………………………………** | **Date** Click or tap to enter a date. |
| **Name** Click or tap here to enter text. | **Signature**  Click or tap here to enter text.  **…………………………………………………………………..** | **Date** Click or tap to enter a date. |

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| **Date of Next Meeting** | | |
| **Date** Click or tap to enter a date. | **Time** Click or tap here to enter text. | **Venue** Click or tap here to enter text. |

**Please email a copy of this assessment to**

**earlysupportdocumentation@warwickshire.gov.uk and ensure the family receive a copy.**

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