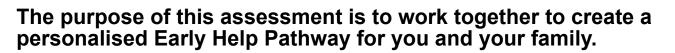
Your Early Help Pathway - Assessment



We want to get to know your family, and really understand the challenges you are facing. This will help us to work with you to find effective solutions.

Building on your family's strengths, we will agree an action plan that combines different types of support from across Warwickshire's Early Action Partnership.

Here is what to expect from the Early Help process:



Family Details

Family address:

Contact number / email:

Name	DOB	<u>Gen</u>	der
Other significant relat	ives or fami	ly friend	ds no
	Ass	sessn	nen
Who participated in th	nis assessme	ent?	Det
Participant	Role		the
			Nar
			Org Dat
			Det
			ass Nai

- tails of professional who recommended Early Help Pathway (Referrer): me: ganisation: te of Referral: tails of professional who completed the sessment with the family (Initiator): me: Organisation: Work email: Phone no: Date of Assessment:





Ethnicity Language **Role** ot living at this address:

t Details

Information Sharing

How your information may be used

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

or contact our Customer Service Centre at:

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

Early Help Assessment

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 at a later date, we will ask you about this before we do it.

Exceptional Circumstances

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 Help, we will need to consider if we have concerns that a child or young person has suffered, or is likely to suffer, significant harm.

In such situations, we must follow the Warwickshire Safeguarding Children Board (WSCB) procedures, which can be found at www.safeguardingwarwickshire.co.uk/safeguarding-children

Useful Information

You can find details of drop-in sessions, and access additional support and advice at www.warwickshire.gov.uk/childrenandfamilies.Or, speak to someone directly on:

Family Information Service Helpline - 01926 742274 (for general inquiries) Family Support Worker Helpline - 01926 412412 (for parenting advice and support)

Use this space below to record ideas, phone numbers, websites or other useful information you discuss:





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 at each stage of this discussion*.

	Situation	Understanding	
What happened in the past?	What is happening now?	What keeps this issue going?	What changes
What triggers this now?	What positives and strengths are there?	What could happen if things don't change?	How will we do
Who is affected and how?			What will it look





Actions

need to happen?

o it?

k like when it has changed?

Early Help Triage Tool

Please consider family strengths and challenges across these six themes, and describe the situation in as much detail as possible in the appropriate colour box. Boxes can be left blank when you agree there is nothing relevant to include*.

	Blue = recognising what is going well	Green = low level issues or concerns	Yellow = signs of struggle	Orange = complex issues or emerging crisis
Family members have their developmental, physical and mental health needs met	6 ï Y	; fYYb	MY``ck	Сfub[Y
Children and young people are accessing their full entitlement to education	6 ï Y	; fYYb	MY``ck	Сf u b[Y
Children and young people are safe from crime, exploitation and ASB	6 ï Y	; fYYb	MY``ck	CfUb[Y
Families are financially stable, appropriately housed, and work ready	6 ï Y	; fYYb	MY`ck	Сfub[Y
Parents and carers feel well- supported, skilled and confident in their parenting	6 ï Y	; fYYb	MY``ck	Сfub[Y
Family members are free from parental conflict, domestic abuse and violence	б ї Ү	; fYYb	MY``ck	Cfub[Y

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Family Action Plan

Summarise all actions from the Pathway to Change tool, and the Triage tool in this section. Please use a new line for each action and deadline. You can leave sections blank if you agree there are no actions needed. Deadlines and names can be updated after referrals if necessary*.

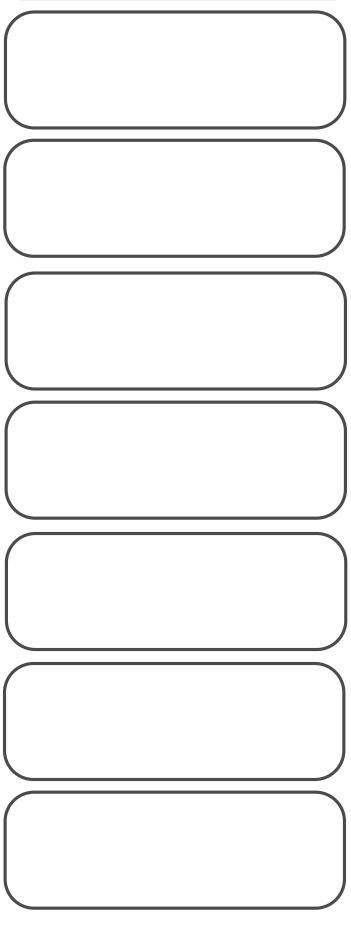
What needs to happen?	By when?
Family members have their developmental, physical and mental health needs met	
Children and young people are accessing their full entitlement to education	
Children and young people are safe from crime, exploitation and ASB	
Families are financially stable, appropriately housed, in work or making progress towards work	
Parents and carers feel well-supported, skilled and confident in their parenting	
Family members are free from parental conflict, domestic abuse and violence	
Any other actions?	
*Please refer to professional guidance prior to completion	







Who needs to be involved?



Family Agreement

I understand and accept the need for communication between professionals in order 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:	Signed:	Date:
Name:	Signed:	Date:
Name:	Signed:	Date:
Name:		

Proposed details for next meeting. If not yet agreed, please explain why below:

Time:

Location:

Child 's View

Date:

Family's View

Professional's View

Additional Information

Please use this section to provide any supplementary information, that you weren't able to include in other areas of the assessment. You can leave this section blank.



