

Your Early Help Pathway - Assessment

The purpose of this assessment is to work together to create a personalised Early Help Pathway for you and your family.

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:

Speak

Speak with a professional and complete your Early Help Pathway together

Speak about the things that are going well for you and your family, as well as the challenges you are facing

Do

Do work with professionals to make progress on the actions you identify together

Do use online resources and universal services if you need further information and guidance via www.warwickshire.gov.uk/childrenandfamilies

Review

Review your action plan - how well are things going for you and your family?

Review next steps with your lead professional and decide what type of support you need moving forward

Contents of this document:

- > **Important Information** - details about how your information will be used, including gaining your consent, plus useful contact details
- > **Pathway to Change** - a tool to support the understanding of your situation and identify solutions
- > **Early Help Triage** - a tool to help you and your lead professional identify the most appropriate support for you
- > **Family Action Plan** - a record of what needs to happen so the right support is put in place for you and your family

Family Details

Family address:

Contact number / email:

| <u>Name</u> | <u>DOB</u> | <u>Gender</u> | <u>Ethnicity</u> | <u>Language</u> | <u>Role</u> |
|-------------|------------|---------------|------------------|-----------------|-------------|
| | | | | | |

Other significant relatives or family friends not living at this address:

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

Assessment Details

Who participated in this assessment?

| <u>Participant</u> | <u>Role</u> |
|--------------------|-------------|
| | |

Details of professional who recommended the Early Help Pathway (Referrer):

Name:
Organisation:
Date of Referral:

Details of professional who completed the assessment with the family (Initiator):

Name:
Organisation:
Work email:
Phone no:
Date of Assessment:

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*.



What happened in the past?

What is happening now?

What keeps this issue going?

What changes need to happen?

What triggers this now?

What positives and strengths are there?

What could happen if things don't change?

How will we do it?

Who is affected and how?

What will it look 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*.



CHILDREN & FAMILY SUPPORT



| | 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 7 Y | ; fYYb | MY`ck | CfUb[Y |
| Children and young people are accessing their full entitlement to education | 6 7 Y | ; fYYb | MY`ck | CfUb[Y |
| Children and young people are safe from crime, exploitation and ASB | 6 7 Y | ; fYYb | MY`ck | CfUb[Y |
| Families are financially stable, appropriately housed, and work ready | 6 7 Y | ; fYYb | MY`ck | CfUb[Y |
| Parents and carers feel well-supported, skilled and confident in their parenting | 6 7 Y | ; fYYb | MY`ck | CfUb[Y |
| Family members are free from parental conflict, domestic abuse and violence | 6 7 Y | ; fYYb | MY`ck | CfUb[Y |

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? | Who needs to be involved? |
|--|----------|---------------------------|
| 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

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:..... **Signed:**..... **Date:**.....

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

Time: **Date:** **Location:**

| <u>Child's View</u> | <u>Family's View</u> | <u>Professional's View</u> |
|---------------------|----------------------|----------------------------|
| | | |

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.