Cambridgeshire Early Help Assessment

|  |  |
| --- | --- |
| Family Name: | Date of Assessment: |
| Main Family Address: |
| Family Telephone Number: | Family Email: |
| Name of Assessor: | Assessor Telephone Number: |
| Role / Organisation: | Assessor Email: |

Family Details

Please identify who is in the family / household and other significant family members who may not live in the household

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full name*****indicate PR in brackets e.g. John Smith (PR)*** | **Date of birth****or est. due date** | **Gender**M / F | **Ethnic origin*****(see guidance sheet for codes)*** | **First language** | **Does the assessment relate to this person?**Y / N | **Do they live at the main family address?****Y / N** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Please provide the address of family members listed who do not live at the main family address:**  |
| **Full Name** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **What has led to this assessment at this time?**  |
|  |

|  |
| --- |
| **What support has already been provided? (Think back at least 12 months) What are the current reasons / difficulties which mean the interventions / service involvement outlined above is not sufficient to meet the family’s needs** |
|  |

|  |
| --- |
| **Other agencies involved** |
| **Agency** | **Contact Details** | **Date** | **Detail of involvement** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Assessment

**Please ensure the needs of all children / young people / adults who have consented to the assessment are recorded in this section. Please see** [**www.cambridgeshire.gov.uk/thinkfamily**](http://www.cambridgeshire.gov.uk/thinkfamily) **for additional guidance / screening tools.**

|  |
| --- |
| **Please summarise the needs and issues of the family. What is happening? Please include the views of the family and be clear to identify where views differ.** |
| Child(ren) / Young People | **What are you worried about?** |
| **What is working well?** |
| **What needs to happen next?** |

|  |  |
| --- | --- |
| Adult(s) needs | **What are you worried about?** |
| **What is working well?** |
| **What needs to happen next?** |

|  |  |
| --- | --- |
| Home and community | **What are you worried about?** |
| **What is working well?** |
| **What needs to happen next?** |
| **If living in social housing, please provide the name and contact details of the Registered Social Landlord:** |

|  |
| --- |
| **In summary, what are your conclusions about what needs to change and why? Please describe how much you and the family agree on these conclusions** |
| **How would you know if things have improved (refer to indicators in the Outcomes Framework)**  |

Consent

|  |
| --- |
| ***Please ensure that all children and young people and/or adults who have agreed to the assessment, and have the capacity to consent, have agreed to the points below:-*** |
| I/we agree this assessment is an accurate summary of my / our family’s situation |
| I/we understand that the information in this assessment will be shared with appropriate professionals and services agreed with ourselves to identify and provide me and my family with the right support |
| I/we understand that information held about me and my family will be used to support us with a Think Family approach. I have shown where to find further information about the Think Family approach at [www.cambridgeshire.gov.uk/thinkfamily](http://www.cambridgeshire.gov.uk/thinkfamily) which includes details of how this information is stored and shared. If I don’t have easy access to the internet, I/we have been given a leaflet about it |
| I/we understand that this information will be centrally stored and that authorised persons would have access to it to understand if the support you received or are receiving has been effective and to evaluate the quality of completed assessments and plans. The local Authority will collect, store and share our personal information in a way that is compatible with the Data Protection Act |
| **Child/Young Person/Adult Name** | **Signature** | **Date** |
|  |  |  |
| Is there any individual or organisation that you would not wish parts of this assessment to be shared with and why is this?  |  |

Needs / Vulnerability Summary - **Please tick all the needs / vulnerabilities which relate to this family**

|  |  |
| --- | --- |
| **Health** | **Children who need help** |
| Alcohol misuse by child/young person |  | Young Carer |  |
| Alcohol misuse by parent/carer |  | Challenging behaviours at home or school |  |
| Drug misuse by child/young person |  | Child Sexual Exploitation concerns |  |
| Drug misuse by parent/carer |  | Neglect or Abuse |  |
| Mental health of child/young person |  | Previous Social Care involvement |  |
| Mental health of parent/carer |  | Extremism concerns |  |
| Physical disability or illness of child/young person |  | Female Genital Mutilation |  |
| Physical disability or illness of parent/carer |  | Gangs and/or drug exploitation: child involvement concerns |  |
| Learning disability of child/young person |  | Missing from home concerns |  |
| Learning disability of parent/carer |  | **Education** |
| **Crime / Anti-Social behaviour (ASB)** | School attendance concerns *(record % atten. over last term)* |  |
| A child / young person with a proven offence |  | School exclusion (approx. no.) or at risk of |  |
| Anti-Social Behaviour intervention |  | Not receiving suitable / appropriate full time education |  |
| An adult serving a community order or suspended sentence or 12mths from release from prison |  | Alternative Educational Provision |  |
| Police call outs (ASB and Non-ASB related) |  | Special Educational Needs and / or Disability |  |
| Professional concern that the family are at risk of offending / ASB |  | Request for EHCP being processed |  |
| **Domestic violence and abuse** | **Financial exclusion** |
| Current, have experienced or at risk of being a victim or perpetrator of Domestic Abuse |  | Young Person / Adult on out of work benefits |  |
| **Other** | Young Person either at risk of, or currently, not in education, employment or training |  |
| Please detail below any need / vulnerability which you feel the family has but does not fit into one of the categories above | Family are or at risk of being homeless |  |
|  | Professional concern that a family is at risk of financial exclusion |  |