

Early Help Hub Request for Help

Important: you must gain consent for this request (see Section 3)

Please tick all appropriate boxes or write Not Applicable N/A or Not Known N/K

1. Details of person making the Early Help Hub (EHH) Service Request

Surname		Forename		Role	
Tel no		Email			
Agency & Address					
Date of referral					

2. Child/Young Person's Details

Surname				AKA		
Forename(s)				Date of birth or EDD		
Gender	Male		Female		Unborn	
					NHS number	
Current address						
Postcode		Type of address Eg. temporary / living with relatives				
Tel No (inc code)				Email address		
Mobile No (text messages may be sent if we cannot contact you)						
Home address (if different)						
Postcode		Tel No (inc code)				
First language (please specify)						
Interpreter required (yes/no)						
Religion or belief (if any) (please specify)						

Child/young person's GP & Surgery	
School/Early Years Setting attended	

3. Consent

Ensure consent is obtained from the family for a Request and for sensitive information to be shared with professionals in the EHH. Please note anybody over 13 years, who is deemed competent, can give their own consent. This may be with or without parental consent.

By ticking this box, you are confirming that the following verbal consent has been given: “I agree to this Request and to my information being shared with agencies that are part of the EHH response”:

Are Parent(s)/Carers consenting to this request? delete as appropriate	Yes	No	Unknown	Not Applicable
Is the Child/Young Person consenting to the Request? delete as appropriate	Yes	No	Unknown	Not Applicable

Name of person giving consent	
Date	

What are the Child/Young Person(s) views?

What are the Parent(s)/Carer(s) views?

4. Child/Young Person's Current Family & Social Situations

Parents/carers caring for child/young person

Surname	Forenames	Gender	Address and Tel No	Date of Birth	Relationship to child	Parental Responsibility	Ethnicity*

(Tab down to increase rows)

Other children in household

(Please indicate with a * against the name if this request is also for any other of the children)

Surname	Forenames	Gender	Date of Birth	Relationship to child	School/Early Years Setting	Ethnicity*

(Tab down to increase rows)

Significant others/other family members

Surname	Forenames	Gender	Address and Tel No	Date of Birth	Relationship to child	Parental Responsibility	Ethnicity*

(Tab down to increase rows)

* Please use options outlined in Section 6 of this form.

Safeguarding	Child in Care	Child in Need	Child Protection Plan	Other
Is a CAF/TAC/Early Support in place for this child?	If yes, give lead professional's details:			
Do you know if a DASH assessment has been done?	If yes, was it categorised as High, Medium or Standard. Date of assessment:			

Please provide any relevant details about the family or child (eg culture, Traveller community, HM forces, religion, learning or communication needs, recent changes in circumstances, disability etc)

5. Are there any other professionals involved?

Name	Role	Contact details inc email/tel no

(Tab down to increase rows)

6. Child/young person's ethnicity

- | | | |
|--|--|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Mixed – Any other mixed background | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Black or Black British - African |
| <input type="checkbox"/> White – Any Other White Cultural Background | <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Black or Black British – Any other Black background |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed – White and Black African | <input type="checkbox"/> Asian or Asian British – Any other Asian background | <input type="checkbox"/> Cornish |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Any other ethnic group | |

7. Why are you making a Request for Early Help for this child/young person/family?

What is your involvement with the family, child or young person (please include how long you have known them and in what capacity, and what work you have already been doing to support them)?

Describe strengths and difficulties and any specific incidents that have prompted your concern:

What am I worried about?

What is working well for the child young person and/or family at this time?

What needs to happen (please define clearly the type of intervention or piece of work that will improve outcomes for the family/child/young person)?

Do you consider the Child/Young Person to be a victim of, or at Risk of, Sexual or Other Exploitation?

If yes, please give details below;

What Early Help Service is being requested?

Early Years Service *

Portage

Health Visiting

Family Support

Family Group Conference

School Nursing

Parenting Programme

Video Interaction Guidance

Early Support (SCIP)

Early Support (TAC)*

Targeted Youth Support

***If you are requesting an Early Support TAC you MUST include date, time and venue of first meeting, the professionals/parents who need inviting and the name of the lead professional.**

Unsure – EHH to decide

* all requests for Early Years **must** include the levels of development, including details of delay for the child, and any supporting evidence, for example: <https://www.foundationyears.org.uk/wp-content/uploads/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf>

Previous interventions tried

8. Have you made any other requests or referrals for this child/young person/family?

Family Member	Date	Agency - main reason

(Tab down to increase rows)

9. What happens next?

Send this request to the Early Help Hub earlyhelphub@cornwall.gov.uk

Please state the service you are requesting in the subject box of your email. This will assist in the triaging of your request.

If you need any help in completing this form please contact the Early Help Hub

Telephone enquiries: 01872 322277 Monday to Thursday 8.45am to 5.15pm

Friday 8.45am to 4.45pm

Or visit the website www.cornwall.gov.uk/earlyhelphub



The Early Help Hub receives your Request.



The Early Help Hub will carry out **additional checks** with Health, Education and Cornwall Council Children's Services to ensure we are as well informed as we can be about the request.



Your request, together with the added information, will be triaged by a team of professionals from Early Help who will help you to access the right service, or signpost you to the right support. Requesters may be contacted for further information. Requesters and the family will be informed of the outcome of the request.

Data Protection - Privacy Statement

The information you provide is being collected by Children, Schools and Families Early Help Hub (EHH) for the purpose of helping us to make the right decisions about the type of service you need ensuring you receive services best suited to your needs and circumstances

This information may also be shared with other relevant professionals in conjunction with the nature of the request or enquiry. The data held relating to the delivery of support by EHH to your child will

be used both for the provision of services and also for performance and service planning. This information will be held in a secure environment for a minimum of 3 years from date of case closure for all contacts and a maximum of 25 years from date of birth for all referrals in accordance with the CSF data retention policy after which time it will be destroyed in a secure manner. A full copy of our Privacy Notice can be found at www.cornwall.gov.uk/health-and-social-care/childrens-services/how-we-use-your-information-to-provide-services/