

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 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 | <input type="checkbox"/> | Female | <input type="checkbox"/> | Unborn | <input type="checkbox"/> |
| | | | | | 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 Early Help Hub. 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 Early Help Hub response":

| | |
|-------------------------------|--|
| Name of person giving consent | |
| Date | |

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* |
|---------|-----------|--------|--------------------|---------------|-----------------------|-------------------------|------------|
| | | | | | | | |
| | | | | | | | |

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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* |
|---------|-----------|--------|---------------|-----------------------|----------------------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

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Significant others/other family members

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

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

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* 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: | | |
| Is this child or young person at risk of Child Sexual Exploitation? | | If so, have you contacted the MARU? | | |

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

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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 | <input type="checkbox"/> Asian or Asian British - | <input type="checkbox"/> Black or Black British – |

Cultural Background

- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian

Pakistani

- Asian or Asian British - Bangladeshi
- Asian or Asian British – Any other Asian background

Any other Black background

- Chinese
- Any other ethnic group

7. Why are you making a Request for Early Help Hub 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)?

Give specific reasons for the request (include strengths and difficulties and any specific incidents that have prompted your concern):

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

What Early Help Service is being requested?

- Early Years Inclusion Service
- Family Intervention Project
- Family Support
- Health Visiting
- Parenting Programme
- School Nursing
- Targeted Youth Support
- Video Interaction Guidance
- Unsure – Early Help Hub to decide

Previous interventions tried

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

| Family Member | Date | Agency - main reason |
|---------------|------|----------------------|
| | | |
| | | |

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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.