

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*

(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*

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(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:		
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

(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 | <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

(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.