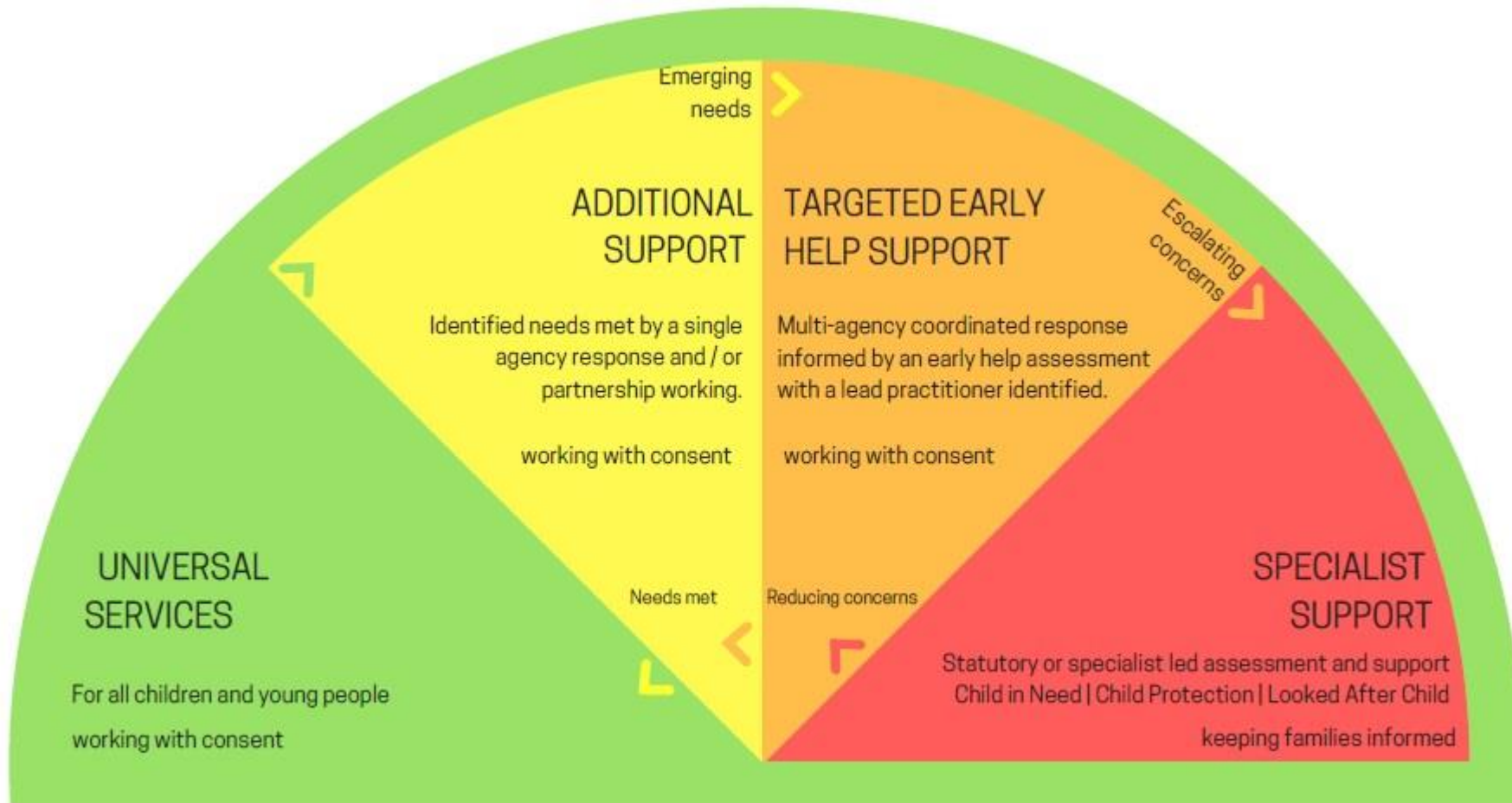


HULL Multi Agency Contact & Referral Form (EHaSH)

CONFIDENTIAL



Have you consulted the Hull Threshold Document in making this decision? Yes No

Requests for Universal and Additional Early Help support will not be assessed by EHASH for a threshold decision. The Early Help Hubs will assess the request.

Please indicate the reason for contact with the EHASH:

Please tick the relevant box

- Targeted Early Help Support requiring a multi-agency plan
- Safeguarding / child protection concerns

1. Consent

Please include as much information as possible to enable the Early Help and Safeguarding Hub in their decision making.

If a practitioner believes a child is at risk of significant harm they have a duty to make a contact to the EHASH immediately. These contacts do not necessarily require consent but it is good practice to inform an adult with parental responsibility that the contact is being made, UNLESS doing so would place the child at further risk of significant harm or may lead to the loss or destruction of evidence of a crime or influencing a child about the disclosure made. For ALL other contacts **consent** should always be sought from an adult with parental responsibility for the child/young person (or the young person themselves if they are competent) before passing information about them to the EHASH.

If Targeted Early Help support or an Early Help Assessment are being requested then verbal consent from the family must be gained before submitting the form.

When gaining consent, please explain to the family:

- What information is being shared in the request for targeted early help support?
- All requests for targeted early help support may be subject to an early help action and allocation meeting process where information will be shared among different agencies to determine the most appropriate support service for the family.
- EHASH will contact other agencies (including health) for relevant information these agencies may hold about their involvement and the child and family's needs.

Please document the consent in your organisation's record for the individual, detailing who gave the consent and when. Please tick this box to confirm this has been completed otherwise your contact may not be considered.

Have Parents/Carers consented to you making contact with the Early Help and Safeguarding Hub? Y N

If yes to above:	Choose an item.	Name
If no to above: <i>Please provide a reason why</i>		

2. Details of Person Making Contact	
Full Name	
Job Title	
Organisation Making Contact	
Service area and address	
Telephone number	
Email address	
Date of Contact	
Source of Contact	Choose an item.

3. Child Details										
Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	School (if applicable)	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.

4. Parent/Carer Details (whether living in the household or not)										
Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	Parental Responsibility	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
				Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.		Choose an item.

5. Children in The Household/Other Significant Family Members

Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	School (if applicable)	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.

6. Significant Agencies Involved and Their Reasons for Involvement - please include GP details

Agency	Contact Name	Contact Number	Address	Brief Reason for Involvement

7. Brief History of Your Involvement

How long have you been involved with this family?	
Please summarise your involvement & knowledge of family history	
Do you have knowledge of any previous early help assessments or Team around the Family (TAF) meetings held and details of the lead practitioner?	

Please Identify Only ONE Main Issue of Concern:

8. Presenting issues			
Abuse - Emotional		Family in acute stress due to low income	Radicalisation
Abuse - Neglect		Female Genital Mutilation (FGM)	Remanded to Custody - child
Abuse - Physical		Bullying (Physical and Cyber)	Sexually Inappropriate Behaviour
Abuse - Sexual		Child Missing From Education	Parental Illness
Asylum seeker - Accompanied		Housing/ Homelessness (Family)	Socially Unacceptable Behaviour
Asylum seeker - Unaccompanied		Housing/ Homelessness (Lone child)	Step Parent Adoption
Chronic School Attendance Issues		Child Left Home Alone	Special Educational Needs
Child with a disability/complex health needs		Parental/ Adults Conflict	Youth Offending
Child Sexual Exploitation (CSE)		Parenting Issues	Young Person Mental/Emotional Health
Child Criminal Exploitation		Parental/Mental/Emotional Health	Young Person Substance Misuse
Crime concern (adults)		Parental offending	Young Carer
Domestic Violence/ Abuse within the household		Parental Substance Misuse	Vulnerable Pregnancy Pathway
Family Dysfunction		Private Fostering Enquiry	Vulnerable Health Pathway

Please complete for safeguarding/ child protection concerns and targeted early help support which requires a multi-agency plan

9. Please outline your concerns and why you believe this child is at risk of significant harm or in need of targeted early help

Explain what you are worried about describing what life is like for the child and family, including your assessment of what is concerning you, including your assessment of the family situation,

Please identify the key factors in relation to the following areas, with particular attention as to how this is affecting the child.

Danger/Harm

Detail about significant child protection incident or patterns and history that indicate child protection concerns

Safety <i>How the child/ren have been protected</i>
Complicating Factors <i>Conditions / behaviours which contribute to greater difficulty for the family</i>
Strengths / Protective Factors <i>Assets, resources, capability within the family, individual / community</i>
Grey areas / disputed facts <i>Issues where further clarification is needed</i>
What have you already tried or offered? Please outline what services you will continue to provide. <i>What is working well, what needs to happen/change, what can your agency contribute to keep the child safe/support the child family?</i>
What does the family/child young person think of their situation and what do they want to change? Please comment on the families capacity to change.

Contacts relating to risk of significant harm must be made via telephone and followed up in writing within 24 hours

Completed contact and referral forms should be sent to Hull EHASH: EHASHgc@hullcc.gcsx.gov.uk

If out of hours, please contact: Emergency Duty Team – Telephone 01482 300304

Early Help requests for support should be sent to the Early Help Hubs: Early.Help@hullcc.gcsx.gov.uk