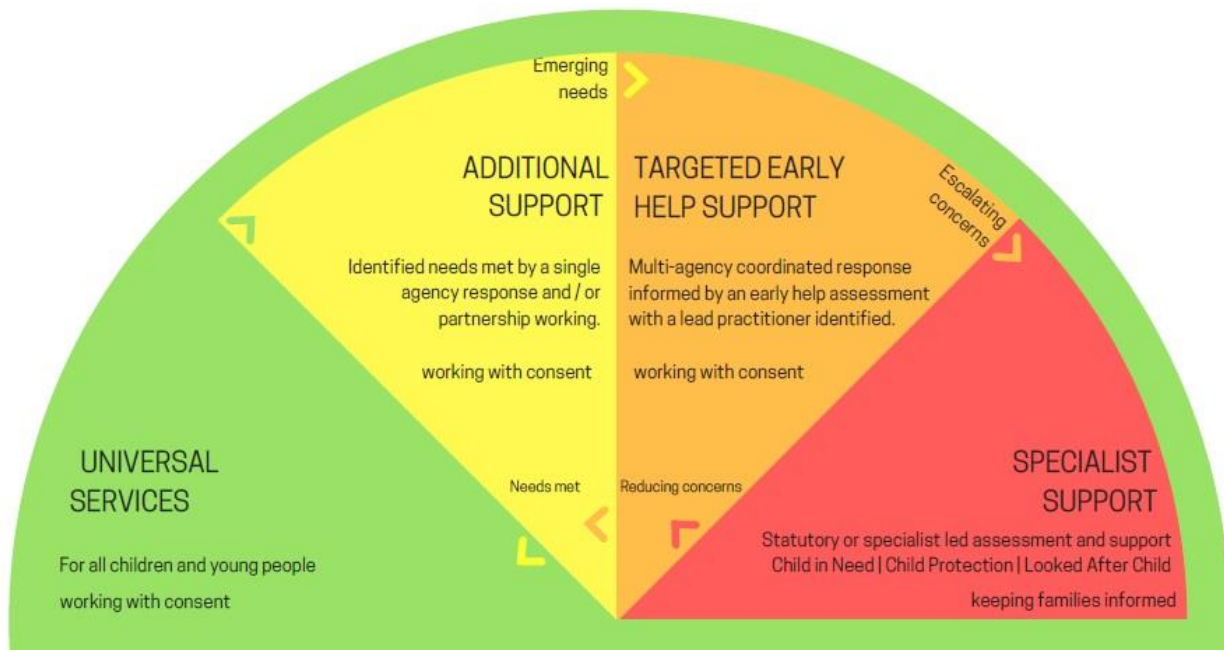


HULL Early Help Requests for Additional Support Form

CONFIDENTIAL



Have you consulted the Hull Threshold Document in making this decision? Yes No
This form is for Universal and Additional Support Requests ONLY. If your request falls within Targeted Early Help Support or Specialist Support then you need to refer to EHaSH.

Early Help is a consent based service; therefore if Universal or Additional Support 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 early help support?
- All requests for 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.
- Early Help Hubs 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 request will not be considered.

Please tick which service you would like to refer into:			
Early Help Family Support (0-11yrs)		Drug & Alcohol Support (Children & Young People)	
Early Help Family Support (11-19yrs)		Drug & Alcohol Support (Parental/Adults)	
Early Help Family Support (targeted pregnancy)		Family Group Conferencing	
Early Help Family Support (SEND)		Parenting Support	
Early Help Family Support (NEETs)		Young Carers Support	
Early Help Children's Centre Services		Youth Services (10-19yrs)	

To access HeadStart services please complete the checklist.

Referrer Details	
Full Name	
Job Title	
Referring Agency	
Agency Address	
Telephone Number	
Email Address	
Date of referral	

Mother / Father / Carers Details					
Name	Address including postcode	Contact Number	Date of Birth	EDD if applicable	Relationship to child

Family Composition (All children including people with parenting responsibility who live separately)			
Name	Address including postcode and <u>Contact Number</u> if different to above	Date of Birth	School

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?	

Has an Early Help Outcome Star Assessment been completed with the family?				
Yes:		No:		Star Number:

Presenting Issues (please choose one)	
Asylum seeker - Accompanied	Parental/ Adults Conflict
Asylum seeker - Unaccompanied	Parenting Issues
Chronic School Attendance Issues	Parental/Mental/Emotional Health
Child with a disability/complex needs	Parental offending
Crime concern (adults)	Parental Substance Misuse
Domestic Violence/ Abuse within the household	Parental Illness
Family Dysfunction	Socially Unacceptable Behaviour
Family in acute stress due to low income	Special Educational Needs
Housing/homelessness Family	Youth Offending
Bullying (Physical and Cyber)	Young Person Mental/Emotional Health
Child Missing From Education	Young Person Substance Misuse
Housing/ Homelessness (Family)	Young Carer
Housing/ Homelessness (lone child)	Vulnerable Pregnancy Pathway
Child Left Home Alone	Vulnerable Health Pathway

Describe what life is like for the child and family. Include your assessment of what is concerning you and any support the family may need.
Please outline what is working well, detail the families strengths and any protective factors in place.

Completed forms should be returned to: Early.Help@hullcc.gcsx.gov.uk

If explicit written consent cannot be gained at the time of referral please tick and sign to say family have consented and detail who in the family has consented to the referral being made and consent to their request for support being discussed at a multi agency allocations meeting or EHAM.

Name of practitioner	The family have given verbal consent to a request for support from Early help.	YES/NO
Name of family member who has given verbal consent to the request for additional support being made. (Must have PR for the children in the family).	Relationship to the children within the family	Date