



Early Help Request Form

Reading Borough Council

Details of the person completing the form

Name

Role

Organisation

Email address

Section 1 - Request for support

Identifying details

*Record the details of the unborn baby, infant, child or young person being assessed.
If unborn, give the baby's name as 'unborn baby' plus the mother's surname.*

Sex Male Female Unknown

Forename(s)

Date of birth / EDD

Surname

Previous / AKA

Contact details

Current / main address

Home telephone no.

Mobile telephone no.

Post code

E-mail address

Previous / other address

Post code

Other telephone no.

Ethnicity

White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & black African <input type="checkbox"/>	
White (other)* <input type="checkbox"/>	Black (other)* <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other ethnic* <input type="checkbox"/>
		Asian (other)* <input type="checkbox"/>	Mixed (other)* <input type="checkbox"/>	Not given <input type="checkbox"/>

* If other, please specify

Other personal details

Does the child have a disability? Yes No

If yes, please specify

Child's 1st language Immigration status

Parents' 1st language Religion

Details of parent / carer looking after the child now (1)

Forename(s) Surname

Current / main address (if different to child's) Sex Male Female
 Post code Parental responsibility? Yes No

Relationship to child
 Previous / other address Contact telephone no.
 Post code

Details of parent / carer looking after the child now (2)

Forename(s) Surname

Current / main address (if different to child's) Sex Male Female
 Post code Parental responsibility? Yes No

Relationship to child
 Previous / other address Contact telephone no.
 Post code

Details of all other people in the same household

Forename(s)	Surname	Date of birth	Male	Female	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

----- Details of other children & significant people (NOT in same household) -----

Forename(s)	Surname	Date of birth	Male	Female	Relationship
			<input type="checkbox"/>	<input type="checkbox"/>	
Address					
Post code					
Contact telephone no.					
			<input type="checkbox"/>	<input type="checkbox"/>	
Post code					
Contact telephone no.					
			<input type="checkbox"/>	<input type="checkbox"/>	
Address					
Post code					
Contact telephone no.					

----- Other relevant services (statutory, voluntary, independent, community, faith) -----

Service name	Contact details
GP healthcare	Name
	Phone
	Address
	E-mail
Education / Childcare	Name
	Phone
	Address
	E-mail
	Name
	Phone
	Address
	E-mail
	Name
	Phone
	Address
	E-mail
	Name
	Phone
	Address
	E-mail

----- Early Help Request -----

What has led to this referral? (In Early Help Hub this pulls from the Pathway Start record)

What are the concerns or worries regarding this child/family?

What is going well or currently helping the child/family?

What aspects of the family's life do you hope to be different/to be improved? *(tick as many as apply)*

Parent/Carer		Child/Young Person	
Finance and Budget Management	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Access to Employment	<input type="checkbox"/>	Behaviour**	<input type="checkbox"/>
Level of Domestic Violence	<input type="checkbox"/>	Attendance	<input type="checkbox"/>
Access to Mental Health Services	<input type="checkbox"/>	Not in Education, Employment or Training	<input type="checkbox"/>
Parenting Skills and Confidence	<input type="checkbox"/>	Health (other than Mental Health)	<input type="checkbox"/>
Access to Substance Misuse Services	<input type="checkbox"/>	Social Isolation	<input type="checkbox"/>
Health (other than Mental Health)	<input type="checkbox"/>	Access to Community Activities	<input type="checkbox"/>
Social Isolation	<input type="checkbox"/>	Emotional Well Being	<input type="checkbox"/>
Access to Community Activities	<input type="checkbox"/>	Feeling Safe	<input type="checkbox"/>
Practical Help**	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Housing	<input type="checkbox"/>		
Other (please specify below)	<input type="checkbox"/>		
Is the parent on a Parenting Order? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Mental Health is ticked please provide additional information on Mental Health	
If Housing is ticked please provide additional information on the housing situation		If Behaviour is ticked please provide additional information on the types of behaviour	
**Examples of Practical Help include Learning to Cook on a Budget sessions, basic home care skills etc		**Examples included in Behaviour are behaviour in school, behaviour in the community including anti-social behaviour, substance misuse, risky behaviours, youth crime etc	

Other (please specify)

----- Additional Information/Assessments -----

Do you have any additional information or assessments about this child/family?

Yes No

If Yes, please indicate below

	Yes/No	Additional Information	Additional Instructions
Social care eg Single Assessment, Child Protection Plan or notes	Yes/No		Please provide Frameworki client number in the Additional Information Column. CAT Team staff will review information on Frameworki
Education eg SEN, Pastoral Support Plan, Ed Psychologist	Yes/No		<p>Please provide details of how these can be accessed please do not send by email</p> <p>In Early Help Hub these can be attached using the 'Attachments' section if appropriate</p>
Health eg Family Health Assessment, Health Visitors Developmental Checks	Yes/No		
Mental Health eg psychiatric, psychological, CAMHS	Yes/No		
Domestic Violence/abuse eg DASH Risk Indicator checklist	Yes/No		
Offending eg ONSET, ASSET, Pre-Sentence Reports	Yes/No		
Housing	Yes/No		
Substance misuse	Yes/No		
Other (please specify)	Yes/No		

----- **Consent to share personal information** -----

You are asked to consent to personal information about you / your child being shared with other agencies when it is appropriate to do so. Most agencies involved in providing services are required by law to cooperate to improve the well-being of children and young people, but require your consent to help do so.

Information already held, or collected during an assessment and the provision of a service, may be shared with others directly involved in caring for you / your child. This information may include details about your / your child's health, welfare and development, home or family circumstances.

The purpose of sharing information is to enable suitable services to be provided, through a better understanding of strengths and needs. It will also avoid you having to repeat the same information.

In some circumstances, information can be shared between agencies without consent, for example where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, it is normal practice to obtain consent where possible.

If you have any concerns about particular information being shared with particular agencies, you should first discuss this with your Key-Worker / Lead Professional. Within each agency it is assumed that, where you give information to one professional, you understand that it can be shared with another professional in that agency, to enable suitable services to be provided to you / your child.

The professional working with you / your child will give you a general leaflet explaining what information is held about you / your child, by which agencies, why it is held, why it is shared with other agencies, and details about the law and your rights.

I give my consent for information about me / my child to be shared with any appropriate agency in order to help me / my child receive a better service (unless I indicate otherwise*).

*** I specifically do not want information to be shared with the following agency.**

I understand that by signing this form I will not affect my rights under Data Protection law or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying my Key-Worker / Lead Professional.

Signature of young person if appropriate

Date

Signature of person with parental responsibility if appropriate

Date