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| **EARLY HELP REQUEST FORM:** **including Commissioned Services, Intensive Teams & Cluster** |

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| **Person completing this form**  |
| **Date** | Date |
| **Name completed by** | Name | **Role** | Role |
| **Agency/Setting** | Agency | **Address** | Address |
| **Contact Number** | Number | **Email** | Email |
| **Consent** |
| **Has Parent / Carer consent been obtained?** | Yes/No |
| **Has Child/Young person consent been obtained?** | Yes/No |
| **If the Child/Young person has given consent, is the parent / carer aware?** | Yes/No |

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| **Child/young person’s details *Please complete details of the lead child/young person for whom support is requested*** |
| **Forename** | Forename | **Gender** | Gender |
| **Surname** | Surname | **Ethnicity** | Ethnicity |
| **DOB** | DOB | **NHS number** | NHS Number | **GP** | GP |
| **Age** | Age | **School** | School |
| **Address** | Address | **SEND** | Yes/No |
| **Postcode** | Postcode | **First Language** | Primary Language |

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| **Parent/carer 1 details** |
| **Name of parent/carer**  | Name | **DOB** | DOB |
| **Telephone number** | Phone | **email** | email |
| **Family requires an interpreter?** | Yes/No | **Language** | Language |

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| **Parent/carer 2 details** |
| **Name of parent/carer**  | Name | **DOB** | DOB |
| **Telephone number** | Phone | **email** | email |
| **Requires an interpreter?** | Yes/No | **Language** | Language |

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| **Child’s school attendance** |
| **Attendance % previous academic year**  | attendance | **Attendance % for last half term** | attendance |

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| **Child’s educational achievement *Where is the child/young person in Age Related Expectations (ARE): is it beginning, developing or secure. If using alternative assessments please explain*** |
|  | **Reading** | **Writing** | **S&L** | **Mathematics** | **Date of Assessment** |
| **24 months ago** | Reading | Writing | S&L | Maths | Assessment Date |
| **12 months ago** | Reading | Writing | S&L | Maths | Assessment Date |
| **Now**  | Reading | Writing | S&L | Maths | Assessment Date |

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| **Other children living in the household: *Information is required where a request has gone beyond a single child intervention and a think family work family approach needs to be considered.*** |
| **Name** | **Relationship** | **DOB** | **Age** | **Gender** | **Ethnicity** | **School** | **SEND** |
| Name | Relationship | DOB | Age | Gender | Ethnicity | School | Yes/No |
| Name | Relationship | DOB | Age | Gender | Ethnicity | School | Yes/No |
| To add an additional child click to the right of the row above and then click ‘Enter’ |

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| **Other important people** ***anyone who is important to the child/family and relationship between those people.*** |
| **Name** | **Relationship** | **Address** |
| Name | Relationship | Address |
| To add an additional person click to the right of the row above and then click ‘Enter’ |

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| **Other agencies currently supporting my family** |
| **Agency/Setting** | **Name** | **Job role** | **Phone number** | **Contact email** |
| Agency | Name | Role | Number | Email |
| To add an additional agency click to the right of the row above and then click ‘Enter’ |

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| **Plans and assessments *Plan currently in place, including planning and review, Assessments undertaken that are relevant to current need, Please attach any relevant plans*** |
| Plan | Plan start date | Details of ‘other’ |
| To add an additional plan click to the right of the row above and then click ‘Enter’ |
| Assessment | Assessment date | Details of ‘other’ |
| To add an additional assessment click to the right of the row above and then click ‘Enter’ |

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| **What is happening right now that is causing concern?*****Presenting concerns are factual and current, objective and observable, specific and measurable issues for which early help is required. Consider each child. e.g. Children’s behaviours at home/school, school attendance, self-harm, absconding/going missing, social presentation, etc.* p*resenting concerns that are factual and current, objective and******observable, specific and measurable*.** |
| Notes |

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| **What are the family and professionals worriedis likely to happen if the presenting issues are not addressed effectively?*****These predictions should be realistic and have a direct connection to the presenting issues as described above. Consider each child.*** |
| Notes |

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| **What factors are currently keeping (perpetuating) the presenting issues going*? Behaviours and circumstances that may be acting as a barrier to progress, including professional interventions if relevant*** |
| Notes |

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| **What strengths and protective factors are there that may be used to impact on the presenting issues? *Think about supportive relationships within the family, personal skills, knowledge and what has previously gone well, etc.*** |
| Notes |

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| **What are the wishes/feelings of the child/family? *What are the families aspirations, what would they like to be achieving*** |
| Notes |

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| **What service interventions have previously been tried and what is the reason for making this referral now? *Include any predisposing factors*** |
| Notes |

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| **Any additional information?**  |
| Notes |

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| Please select all options that apply to each child/ren. If an individual sibling has a specific need please indicate as appropriate with child’s initials. Where needs of the adults have an impact on the child please be clear what consequent needs the child has e.g. parental alcohol misuse impacts on child school attendance. If you select the option “Abuse or Neglect”, you must have discussed with your Safeguarding Lead.  |
| **Identified Needs**  |
| **Child** |
| Abuse or Neglect |[ ]  Domestic Abuse |[ ]  Homeless Housing Needs |[ ]
| Alcohol Misuse |[ ]  Drug Misuse |[ ]  Missing Education |[ ]
| Attendance and Exclusions |[ ]  Gangs |[ ]  Not in Education, Employment or Training |[ ]
| Child Sexual Exploitation |[ ]  Develop Social Skills And Enjoy Recreation |[ ]  Learning Disability |[ ]
| Emotional Wellbeing/Mental Health |[ ]  Physical Health Needs/disability |[ ]  Problematic/Harmful Sexual Behaviour |[ ]
| Self-Harm/Risk of Suicide |[ ]  Socially Unacceptable Behaviour |[ ]  Teenage Pregnancy |[ ]
| Young Carer |[ ]  Youth Offending |[ ]   |  |
| **Parent/Carer** |
| Alcohol Misuse |[ ]  Benefits/Financial Issues |[ ]  Criminal Activity |[ ]
| Domestic Abuse |[ ]  Drug Misuse |[ ]  Housing Need |[ ]
| Learning Disability |[ ]  Emotional Wellbeing/Mental Health |[ ]  Non-Engagement with Health Services |[ ]
| Parenting Support |[ ]  Physical Disability or Health Needs |[ ]  Socially Unacceptable Behaviour |[ ]
| **Other Family/Household Member** |
| Alcohol Misuse |[ ]  Benefits/Financial Issues |[ ]  Criminal Activity |[ ]
| Domestic Abuse |[ ]  Drug Misuse |[ ]  Housing Need |[ ]
| Learning Disability |[ ]  Emotional Wellbeing/Mental Health |[ ]  Non-Engagement with Health Services |[ ]
| Parenting Support |[ ]  Physical Disability or Health Needs |[ ]  Socially Unacceptable Behaviour |[ ]

**Privacy Notice**

1. Leeds City Council takes its obligations under the Data Protection legislation very seriously. The main laws are the Data Protection Act 2018 and the General Data Protection Regulation. The information you provide to *Name of cluster* will be subject to rigorous measures and procedures to make sure that it cannot be seen, accessed or disclosed to anyone who should not see it. Our service also needs to use sensitive personal data relating to you (also called “special category data”) which requires more protection by us to keep it safe. Leeds City Council are the owner (data controller) of this information and therefore obliged to fully comply with the relevant Data Protection laws and regulations.
2. Any personal and sensitive information you provide will be collected, used, shared and held by Leeds City Council Cluster for the purposes of providing support to you and your family. Usually, we collect and hold your information to enable us to comply with a legal obligation, or because we are acting in the public interest or exercising a public task in our official authority. Please note, we would like you to fully engage with us, however there may be circumstances where may use and share your information without your agreement, as we are legally required to do so.
3. Where appropriate and in order to make the best decisions for children and young people, Leeds City Council will share your information with other services within Leeds (such as, cluster, Children’s services, Families First programme, Education providers etc) and also with other relevant organisations, such as the NHS, schools and the Police etc. We may also give some information about you to relevant government departments, such as the Department for Education or the Department for Housing, Communities and Local Government, for reporting purposes and in order to make the services of Leeds better.
4. There may be cases where we need to liaise with foreign authorities, for example when a child with links to a foreign country is missing education or becomes the subject of a child protection plan, or requires immediate protection, however we will ensure the safeguards are in place to protect the data.
5. We are required by law to keep records for varying lengths of time depending on individual circumstances. This information is set out in our retention schedule. More information can be given to you on request or can be found on our website, [www.leeds.gov.uk](http://www.leeds.gov.uk)
6. You have rights in respect of the information we hold about you, including the right to ask for access to your information or to withdraw from this process. Further information in respect of your rights is available at <https://www.leeds.gov.uk/opendata/your-rights>. To exercise any of your rights, please speak to a member of cluster staff in the first instance or contact: dpfoi@leeds.gov.uk; any One Stop Centre or send to Information Management & Governance, PO Box 837, LS1 9PZ, and we will advise you of the procedure.
7. The Council’s corporate privacy notice, which includes details of the authority’s Data Protection Officer (see the above contact details) is available at: <https://www.leeds.gov.uk/privacy-statement/privacy-notice>. A paper copy of this information is available on request. In addition you can contact the Information Commissioner if you have any concerns at [www.ico.org.uk](http://www.ico.org.uk)

**Declaration**

I acknowledge receipt of this privacy notice. I understand that my information will be shared with relevant professionals.

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|  | **Name** | **Signature** | **Date** |
| **Parent/carer** | Name | Signature | Date |
| **Parent/carer** | Name | Signature | Date |
| **Young Person** *aged 13 and upwards* | Name | Signature | Date |
| **Requestor**  | Name | Signature | Date |