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| client_logo  **Early Help Hub Enquiry Form** | | |
| **Main Contact Telephone Number(s) for the family** | **Home:** |  |
| **Mobile:** |  |
| **Work:** |  |

**Children / Young People and Parent Carer Details**

*Please state the relationship to each other*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Relationship and Name**  **Please name the child who you are referring in 1st on the form followed by other family members** | **DOB** | **Gender** | **Ethnicity & First Language** | **Please**  **tick child / children you have concerns about** | **Address** | **Parental Responsibility** |
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| **Are the any disabilities within the household / family? If yes, please give details of person and disability** | | | | | | |
| **Is an interpreter required? If yes, please give details of person requiring interpreter** | | | | | | |

**Consent**

|  |  |  |
| --- | --- | --- |
| **Name of Child / Young Person** | **Is the Child / Young Person aware of the enquiry?** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
| **Name of Parent / Carer** | **Is the Parent / Carer aware of the enquiry?** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
| **Has written consent been obtained from all children / young people or parent / carers to make enquiry?** | **Yes  No** | ***If yes, please attach consent form for each individual child / young person / parent / carer*** |
| **If no consent, why?** | | |
|  | | |

**Person / Organisation Requesting Enquiry**

|  |  |
| --- | --- |
| **Date & time of enquiry** |  |
| **Contact name & job title** |  |
| **Organisation Address** |  |
| **Telephone number / email** |  |
| **Does the person with to remain anonymous?** |  |

**School / Nursery Details**

**Are any of the children/young people concerned currently attending school / nursery?**  **Yes  No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If yes, Child / Young Person’s Name** | **School / Nursery Name and Address** | **School / Nursery Contact & Role** | **School Year** | **Is the child / young person on the SEN register?** | **Latest school attendance figure? %** |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |

**Presenting Issues**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child / Young Person’s or Parent / Carer’s Name** | **Low Level Neglect** | **Behaviour** | **Parenting** | **Anti-Social Behaviour** | **CSE** | **Domestic Abuse** |
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**Enquiry**

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| **Risk** - What are you worried about? *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Resilience** – What are the protective factors? / What’s going well? *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Resistance** – Are parents / carers complying with enquiries and willing to access help? *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Child’s Voice –** what does the child or young person say and wants to change to improve their life? *Please state the relevant child / young person’s name next to where information is in relation to that individual.* |
| **Parents Views -** *Please state the relevant parent / carers name next to where information is in relation to that individual.* |
| **Brief details of any relevant work previously provided?** (include any early intervention, social care, school, health parenting courses, counselling and service interventions) *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Analysis** – How can risk be managed / alleviated for the child or young person - *Please state the relevant child / young person’s name next to where information is in relation to that individual.* |

**Other agencies currently working with the family**

Is there any other agency known to be working with the family? Please specify

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency** | **Workers Name** | **Role** | | **Contact Details** | |
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| **Has an Early Help Assessment been completed for any child / young person in the family?** | | **Yes  No** | | | |
| **If yes, please state all children / young people’s names where the assessment has been carried out.** | |  | **By whom:** | | **Date:** |
| **Has a Single Assessment been completed for any child / young person in the family?** | | **Yes  No** | | | |
| **If yes, please state all children / young people’s names where the assessment has been carried out.** | |  | **By whom:** | | **Date:** |

**Does the family meet the ‘Stronger Family’ criteria?**

Doncaster’s Stronger Families Programme is based on 6 family themes of which families must meet two to be eligible for the support available under the programme. These family themes are:

|  |  |
| --- | --- |
| Families involved in crime and Anti-social behavior | Yes / No / Don’t Know |
| Families where children do not attend school regularly | Yes / No / Don’t Know |
| Families who need help early | Yes / No / Don’t Know |
| Families affected by health issues | Yes / No / Don’t Know |
| Families who are affected by domestic violence and abuse | Yes / No / Don’t Know |
| Families who have adults claiming out of work benefits, are at risk of financial exclusion or where young people are at risk of worklessness | Yes / No / Don’t Know |