

0 to 19 Torbay request for Early Help form

To be completed by professional or parent for self referrals



The new 0 to 19 Torbay Early Help Service provides families with children aged under 19 years with extra help and support that is sometimes required. It is important that families can access the right support, at the right time, from the right service and we will either provide that support or help families to access the right service.

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| <p>For families with Level 1 needs: Needs usually being met through universal services but due to coronavirus may have additional needs that can be met within existing service. Please send referral forms to publichealthnursing.torbay@nhs.net</p> | <p>For families with Level 2 needs: Has additional needs that can be met through partnership working led by existing service. Please complete the referral form and email to: publichealthnursing.torbay@nhs.net</p> | <p>For families with Level 3 & 4 needs: Following the Targeted Help process</p> |
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| Family Details and Contact Information | | | | | |
|--|---|--------------------------------|--------|----------------------------|-----------------|
| Household address: | | Main contact telephone number: | | | |
| Postcode: | | Email address: | | | |
| Full Name of family Member | Contact Details | DOB/EDD | Gender | Relationship within family | Language spoken |
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| Referrers Details and Contact Information | | | | | |
| Referrers Name: | | Agency/Organisation: | | | |
| Landline Number: | | Address: | | | |
| Mobile Number: | | | | | |
| Email: | | | | | |
| Date of referral: | | Postcode: | | | |
| Reason for Referral | | | | | |
| What are you worried about? | What is happening for this family? What is going well? | What needs to happen and why? | | | |
| | | | | | |
| Are there any risks in relation to home visiting or lone working? YES/NO If YES, please explain: | | | | | |
| Are there any identified barriers to accessing our service? YES/NO (e.g. parental capacity, willingness to learn, cultural sensitivities, physical access) If YES, please explain: | | | | | |

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| Who is currently working with the family? | What support are they providing? E.g. 1:1 support | What are they working towards? E.g. support to access community services |
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| | | |
| Has the child been previously known to Children's Services? | | YES/NO |
| Are the parents aware of the referral? | | YES/NO |
| Have they given you verbal consent* to complete this referral and share it with 0 to 19 Torbay? YES/NO <i>If no, please ensure that parents are made aware and consent* has been sought as this referral cannot be progressed without consent.</i> | | |
| Referrer. Please note referrals should only be Level 2. Please ensure that you have explained the threshold descriptor to the family. | | |
| Consent* Referrer please sign on parent's behalf once verbal consent has been given. | | |
| <p>I / We have read and agree to this referral to the 0 to 19 Torbay Service for support. I / We agree to the information contained within this referral being shared with and stored securely by 0 to 19 Torbay (Public health nursing, Action for Children and The Children's Society), for the purposes of identifying and providing support to my family.</p> <p>Please note that by giving this consent, you are agreeing to 0 to 19 Torbay discussing your family and circumstances with other professionals working with your family to gather information to help us to provide the best support possible.</p> <p>Your confirmation and agreement</p> <ul style="list-style-type: none"> I confirm that I have received the 0 to 19 Torbay privacy notice about how the 0 to 19 Torbay partnership must use personal information about me and my child(ren) and that the notice has been explained by the referrer. I agree that 0 to 19 Torbay can share personal information about me and/or my child(ren) as described above. I know that I do not have to give this agreement but it might affect the services provided by the health team that I and my family receive. I know that I can change my mind about this at any time and that I can contact the 0 to 19 Torbay Service if I want to do this. <p>As a rule, the information that you provide will only be shared with your consent. The only times we will share information without your consent are:</p> <ul style="list-style-type: none"> If we need to find out urgently if a child is at risk of harm or we need to help a child who is at risk of harm. If we need to help an adult who is at risk of harm If we need to help prevent or detect a serious crime <p>By signing this form, I agree to the sharing of information set out above.</p> | | |
| Name: (Parent/Carer) | Signature: | Date: |
| Name: (Parent/Carer) | Signature: | Date: |
| Referrer: If you are unable to obtain a signature from a parent/carers, please obtain verbal consent*: | | |
| Name of parent/carers who gave verbal consent*: | Date of verbal consent*: | |
| Name: N/A (Referrer) | Signature: | Date: |

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| Office Use Only | |
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| Following completion of triage, the presenting issue identified is? | |
| The outcome of the referral following triage is: | Declined services Unable to make contact Tier 1 Tier 2 Tier 3/4 |
| Manager Decision | |