

Referral to an Early Help and Family Support Panel

In order to be able to provide the panel with as much information as possible it is important that this form is populated with all relevant detail. It may delay discussion if there are gaps.

Name(s):

Address:

Date of Birth/EDD:

Details of all family members listed on the EHA

Name	Relationship	Date of Birth

Reason for referral to panel

Step Down

Identification of Coordinator

Progress to meet needs identified has slowed or stopped - the situation is 'Stuck'

Date EH Initiated

Date of last TAF review

Number of TAF reviews held

List members of the TAF including all family members

Record List of Actions on the Early Help Plan indicating whether met or unmet with the name of the agency responsible for the action

What is working well?

What are you worried about?

What needs to happen?

What are the views of the Parents and/or Young person on the referral to panel and what do they hope to happen as a result

Confirm Consent from the Parent(s)/Young Person for this to be referred to panel and for information to be shared with panel members. Also that they have received the Information leaflet outlining details of the panel
Yes No

Parental/Young Persons Signature

Referrers Name, Agency and contact details

Date Referral Sent to panel

Discuss this referral with your local Early Help Officer (contact details on the LSCB website) and send the completed referral form to earlyhelp.panels@cumbria.gov.uk