

## Request for “More Help” Form. Access – Community Health, Wellbeing and SEND



If you are working with a child or young person with SEND and it has been agreed with the family that “more help” may be required from a service so that further assessment or intervention can take place please complete this form.

Wherever possible this will be following a request for help discussion, consultation or meeting with the service who are likely to be able to provide this additional help.

Please complete the information below with the child/young person and family so that we have an overview of the help required.

Guidance on how to complete this form can be found:

<https://www.plymouthonlinedirectory.com/plymouthlocaloffer/access>

Child/ young person’s name: **Joe Blogs**

Date of birth: **01/01/2020**

Ethnicity: **White British**

UPN/NHS number (if known):

Address and post code: **123 Memory Lane, Plymouth, PL1 1AD**

### Family contact details

- Name: **Valerie Blogs (Mother)**
- Telephone Number: **07712345673**
- Email: **valerieblogs@example.com**

### School/Setting:

- Name: **Example Preschool**
- Telephone Number: **01752 123456**
- Email: **examplepreschool@plymouth.com**
- Attendance - **9am-12:15pm – M/W/F**

### Details of person making this request

- Name: **Sue Dunn**
- Role: **Preschool SENCO**
- Telephone Number: **01752 123456**

- Email: [suedunn@examplepreschool.com](mailto:suedunn@examplepreschool.com)

Please tick if the family aware of the Information Sharing Agreement and have consented to this request for involvement through Access.

Please note that we cannot process this request unless the above has been discussed with the family and the box ticked to confirm that they give consent

**What is the presenting need/problem?**

### Introduction

Joe is a 3-year-old boy who has been attending the setting for the last 2 years. Joe is the youngest of 3 children and lives at home with his parents.

### Cognition and Learning

- Joe needs help with self-help skills, as he cannot currently dress himself.
- Joe has fleeting attention and is not able to concentrate on an activity for longer than 1 minute.
- Joe struggles to problem solve, if he is needing help with something, he will cry.
- Joe is currently not toilet trained.

### Social, Emotional and Mental Health

- Joe struggles to interact with his peers and is mainly solitary in his play.
- Joe gets very frustrated and is unable to calm down without adult assistance.
- Joe displays behaviours, such as snatching, hitting and kicking towards adults and peers.
- Joe struggles to attend group sessions with his peers, due to not being able to share resources and can get overwhelmed.

### Communication and Interaction

- Joe is nonverbal and is making babbling sounds.
- Joe uses gesture to get his needs met by an adult.
- Joe struggles to understand adult direction and routines.
- Joe currently doesn't respond to his name.

### Physical and Sensory

- Joe is not yet walking and is crawling when in the setting.
- Joe is sound sensitive and will cover his ears in noisy environments.
- Joe will eat nonedible items and needs adult supervision to ensure he doesn't choke.
- Joe is unable to use a spoon and struggles to drink from a cup.

### Medical Needs

- Joe has been diagnosed with cerebral palsy from birth.

**What is the desired outcome?**

- Support from Early Years Inclusion Service
- Referral to OT
- CDC Assessment

**What have you tried already and what has been the impact?**

The following is attached:

- IEP Targets/Reviewed IEPs
- SENDIF Inclusion Funding (if applicable) – 2.5 hours a week
- TAM meeting minutes
- ASQ
- Most recent summative assessment
- Relevant medical information/reports

**Are any services currently working with the child or young person? If so which ones?**

- SALT – waiting list (added to list in September 2024)
- Health Visitor – Barbara Bryan – [b.bryan@healthvisitor.com](mailto:b.bryan@healthvisitor.com)
- Family Support Worker (Banardo's) – Jane Deer – [jdeer@example.com](mailto:jdeer@example.com)

**What are the views of the child, young person and family and what would they like to change? (Their desired outcome and what do they want to change?)**

Joe's parents are concerned about the progress Joe is making and would like some guidance and advice as to how to support his learning and development at home.

- Joe is struggling to sleep at nighttime.
- Struggling to regulate his emotions.
- Struggling to communicate his wants and needs.
- Joe currently doesn't have any awareness of toileting.

**Have you had a conversation/consultation/meeting with a particular service to discuss this request for more help?**

YES/NO

**If so - which service? When/how did you have the discussion and what was the outcome?**

- Name: Dave Friend (Early Years Inclusion Service)
- Date: July 2024
- Content: Through Access Early Help – Conversation was had with team leader.  
Outcome – to send in a referral to Access.

**What additional information have you included as evidence to support your request? Please tick and attach as appropriate.**

Graduated Approach to Inclusion (GATI) or Early Years Graduated Approach to Inclusion (EY GATI) documentation e.g., SEND Multi Agency Support Plan (MASP)	TAM IEP SENDIF Applied
Other assessments relevant to child's needs e.g. Early Years Foundation Stage (EYFS) assessments, communication interaction assessments, Ages and Stages Questionnaire (ASQ)	ASQ provided Summative Assessment
Early Help Assessment Tool (EHAT) documentation	
Other	

Please send completed forms to: [Accesseyearlyhelp@plymouth.gov.uk](mailto:Accesseyearlyhelp@plymouth.gov.uk)

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