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| WELLBEING, PREVENTION AND EARLY HELPREQUEST FOR SUPPORT FORM |

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| DETAILS OF PROFESSIONAL REQUESTING SUPPORT: |
| Name: |       | Date of Request: | Enter a date. |
| Address: |       | Contact Number: |       |
|  |  | Email address:  |       |
|  |  | Job Title: |       |
|  |  | Organisation: |       |

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| CHILD/YOUNG PERSON/ADULT: |
| Forename: |       | Age: |       | DOB: | Enter a date. |
| Surname: |       | Gender: |  |
| Address: |       | Email: |       |
|  |       | Home Tel: |       |
| Postcode: |       | Mobile: |       |
| School / College: |       | Tenancy: |  |
| Ethnicity:*(Please ‘X’ the appropriate box)*  | White: British |[ ]  White: Irish |[ ]  White: Other |[ ]  Chinese |[ ]
|  | Asian: Bangladeshi |[ ]  Asian: Pakistani |[ ]  Asian: Indian |[ ]  Asian: other |[ ]
|  | Black: Caribbean |[ ]  Black: African |[ ]  Black: Other |[ ]  Mixed Race |[ ]
|  | Gypsy/Roma/Traveller |[ ]  Other / Unknown |[ ]
| Preferred language (if not English) or details of any additional communication method / issues: |       |

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| Consent: must be obtained prior to this request being submitted. It is the aim wherever possible to engage parents/carers in consenting to engagement in the Wellbeing, Prevention & Early Help services. However, in circumstances where young people over the age of 12 have capacity to do so, they may consent to their information being shared, with young people over the age of 16 being able to do so in law. |
| **Signature of professional requesting support** |       |
| **In adding my signature above, I confirm that the person concerned has a reasonable understanding of:*** **what information may be shared; the main reason(s) for sharing the information; the implications of sharing that information and not sharing that information**

***And that they can:*** * **appreciate and consider the alternative courses of action open to them; weigh up one aspect of the situation against another; express a clear personal view on the matter distinct from repeating what someone else thinks they should do and be reasonably consistent in their view on the matter.**
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| If there are any agencies with whom consent has not been granted (exceptions) please specify: |       |

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| DETAILS OF ANY SIGNIFICANT ADULTS IN THE FAMILY: |
| Name: |       | Telephone: |       |
| Address: |       | Relationship: |       |
| Postcode: |       | Parental Responsibility: |  |
| DOB: |       | Gender: |  |
|  |
| Name: |       | Telephone: |       |
| Address: |       | Relationship: |       |
| Postcode: |       | Parental Responsibility: |  |
| DOB: |       | Gender: |  |
|  |
| Name: |       | Telephone: |       |
| Address: |       | Relationship: |       |
| Postcode: |       | Parental Responsibility: |  |
| DOB: |       | Gender: |  |
|  |
| Name: |       | Telephone: |       |
| Address: |       | Relationship: |       |
| Postcode: |       | Parental Responsibility: |  |
| DOB: |       | Gender: |  |

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| OTHER CHILDREN / YOUNG PEOPLE IN THE FAMILY: |
| Name: |       | Age: |       | DOB: | Enter a date. |
| Gender: |  | Relationship: |       |
|  |
| Name: |       | Age: |       | DOB: | Enter a date. |
| Gender: |  | Relationship: |       |
|  |
| Name: |       | Age: |       | DOB: | Enter a date. |
| Gender: |  | Relationship: |       |
|  |
| Name: |       | Age: |       | DOB: | Enter a date. |
| Gender: |  | Relationship: |       |
|  |
| Name: |       | Age: |       | DOB: | Enter a date. |
| Gender: |  | Relationship: |       |
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| Name: |       | Age: |       | DOB: | Enter a date. |
| Gender: |  | Relationship: |       |

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| INVOLVEMENT OF OTHER AGENCIES: |
| Is there a CAF in place?  |  | CAF URN |       |
| CAF Lead Professional |       |
| *(If YES, please attach a copy of the CAF, along with any relevant TAF meeting minutes to this request.)* |
| Is there any previous Social Care involvement? |  |
| **Does the child/young person have assessed S.E.N.D.?**  |       |
| Other agencies working with the family (please include contact details if available) | Family Member | Agency | Contact Name | Contact Details |
|       |       |       |       |
|       |       |       |       |
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**CONTINUUM OF NEED**

**Please highlight where you think the child, young person or family is on the continuum of need below. Ensure that you have considered the** [**Thresholds Guidance**](http://www.lancashirechildrenstrust.org.uk/resources/?siteid=6274&pageid=45141) **when making your judgement.**

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| **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Universal Response** | **Additional Support Needs** | **Complex Support Needs** | **Intensive Needs** |
| ***"Thriving"*** | ***"Coping"*** | ***"Struggling to Cope"*** | ***"Not Coping"*** |
|[ ] [ ] [ ] [ ]

**WELLBEING, PREVENTION AND EARLY HELP INDICATORS OF NEED**

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| **Please tick if the family are having difficulties in any of the areas below:** |
| Parents and/or children involved in crime or anti-social behaviour |[ ]
| Children who have not been attending school regularly |[ ]
| Children who need help: children of all ages who need help, are identified as in need or are subject to a child protection plan |[ ]
| Adults out of work or at risk of financial exclusion or young people at risk of worklessness |[ ]
| Families affected by domestic abuse and violence |[ ]
| Parents and/or children with a range of health problems |[ ]

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| **Summary of concerns** *(Please refer to the child/young person's/family's level on continuum of need and their support needs using the examples given on the*[*Common Assessment Framework (CAF) Guidance*](http://www.lancashirechildrenstrust.org.uk/resources/?siteid=6274&pageid=45056) *where appropriate)*  |
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| Actions taken to date*(Please state how you have identified these needs and how have you tried to meet these needs)* |
|       |

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| Reason for request*(Please state what you are requesting support for; is this for a specific agency to meet an identified need or is this to access wider multi agency support to meet a range of unmet needs?)* |
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| HOME VISITS / INITIAL CONTACTS:*Please indicate any health and safety considerations for undertaking home visits (e.g. joint visits, risk taking behaviours, aggressive dog, etc...)* |
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**YOUNG PERSON AND/OR PARENT/CARER SIGNATURE**

The Wellbeing, Prevention and Early Help Service consent and information sharing guidance (see page 6) has been explained to me/us and I/we agree to this request for support being made, including the sharing of my/our personal data being shared with/by appropriate organisations where necessary for the purposes of receiving Wellbeing, Prevention and Early Help services.

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| **Please indicate level of consent below:** |
| I/we give consent for my/our personal information to be shared with a single service to access specific support (specify service: ) |[ ]
| I/we give consent for my/our personal information to be shared with a range of services to help meet a range of needs |[ ]

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| Parent / Carer (1): | Parent / Carer (2): |
| Signature: |       | Signature: |       |
| Date: | Enter a date. | Date: | Enter a date. |
| Young Person (1): | Young Person (2): |
| Signature: |       | Signature: |       |
| Date: | Enter a date. | Date: | Enter a date. |

Please return this form to the Wellbeing, Prevention and Early Help Service – this could be the local Wellbeing, Prevention and Early Help Coordinator, Children's Centre or Young People's Service.

If you are unsure of who the relevant Wellbeing, Prevention & Early Help Service contact would be, please submit the form to PreventionEarlyHelp@lancashire.gov.uk

**INFORMATION SHARING / CONSENT GUIDANCE**

The Wellbeing, Prevention and Early Help Service may be required to share your information with appropriate partner agencies delivering services locally in order to deliver a full service to you and your family. All personal information will be processed and stored in compliance with the Data Protection Act.

Agencies that we may need to share your personal information with are listed below:

Adults' Social Care

Children's Services

Children's Social Care

Department for Communities and Local Government

Department for Work and Pensions (incl. Job Centre Plus)

Education

Fire and Rescue Service

Health Agencies

Housing

Police

Public Health

Voluntary, Community and Faith Sector Organisations

Youth Offending Teams

**The agencies listed above may also share a limited amount of your personal information with other agencies in the list to ensure the most appropriate services are identified to support you and your family.**

**Your information will not be shared with organisations that you instruct us not to share with (unless the law requires us to share or there is a risk of harm).**

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.**

**You are entitled to know what information we hold about you. If you find that any of your information is wrong, tell us so that we can correct it.**

**We may also use your personal information to enable us to evaluate the effectiveness of the service offered to you. Any of your information used to undertake this monitoring and evaluation will be fully anonymised.**

SECTION 2 – SUMMARY OF DECISION MAKING

*Note: Allocation of cases to workers must be with the agreement of the responsible line manager.*

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| Request for Support Agreed: |  | If not – date request to panel: | Enter a date. |
| Summary of Decisions: |
|       |
| If no support offered what action has been taken? |
|       |
| If accepted case allocated to: |       | By Whom: |       |
| Date person requesting support informed of decision: | Enter a date. | By Whom: |       |