| **Office Use Only** | Date form received: | |
| --- | --- | --- |

This form is to be used when requesting support for a child or young person and their family at levels 2, 3 or 4 of the Hackney Child Wellbeing Framework from Hackney Council Children & Education Services. If you are unclear whether to make a referral, please contact by calling 020 8356 5500 and asking for a ‘consultation’.

The following information is neededto help provide a service for a child, young person and their family. This will allow us to provide the right support for them as quickly as possible. Please refer to the [Hackney Child Wellbeing Framework](https://chscp.org.uk/worried-about-a-child-in-hackney/20Framework.pdf) and enclosed guidance document to help you complete this form.

**1. What support do you think the child(ren) would benefit from?**

|  | A safeguarding response from Children’s Social Care |
| --- | --- |
|  | Early Help: Family Support at an early intervention level |
|  | Early Help: Targeted Youth Support |
|  | Education Early Help Services |
|  | SEND Services, with reference to the Graduated Response for SEND |

| **2. Consent** |
| --- |
| Requests for support should be made in collaboration with the family or young person. All requests for support should be discussed with parents/carers (and children and young people where age appropriate) prior to being made, unless:   1. there is a clear concern that doing so would present an immediate risk to a child’s safety 2. reasonable cause to suspect that a child is suffering or likely to suffer significant harm   If you think either of these two apply, please call the consultation line for advice.  If you have not discussed this request for support with the family, please discuss this with the family as we cannot progress without their consent.  Parents and young people also need to know that the information in this form is collected by The London Borough of Hackney (“the Council”). It will be shared between agencies involved in delivering services for which it is responsible under relevant legislation relating to children. Please confirm that the parents or young person understands that the information in this form will be stored on files and computers, and that this will be used in accordance with the Data Protection Act (2018) and the General Data Protection Regulation (GDPR) 2016. A parent or carer and a young person has the right to withdraw their consent at any time. |
| **Does the parent or carer/ young person give consent for this support request and the information included being shared with partner agencies?**   |  | **Yes** |  | **No** | | --- | --- | --- | --- | |
| **Consent been obtained from?**   |  | Parent / carer  and (where appropriate) | | --- | --- | |  | Young Person | |
| **If consent has not been obtained for the agencies, please explain why.** |

| **3. Previous assessment** |
| --- |
| You may have completed, or be aware that another professional has completed, an assessment with this child or young person and their family. This may include an Early Help Assessment. If you are aware of a previous assessment that has been completed, please attach that assessment to this form. This will ensure that a child / young person and their family do not have to repeat their story.  Has a relevant assessment previously been completed for this child / young person and their family and do they consent to it being shared with the Early Help Family Support Team?   |  | **Yes (please attach)** | | --- | --- | |  | **No** | |

| **4. Child/young person details**  Please provide as much information as possible so that this request can be progressed | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First name** | **Last name** (also known as, any previous names) | **DOB / Expected Due Date** | **Telephone number** | **Address and postcode** | **Sex + / Gender** | **Ethnicity** (please refer to the ethnicity descriptions at the end of the form) | **Spoken language** | **Education / EY setting** | **Religion / faith?** | **Is the child/ young person a carer?** (Yes/No/  Unsure) |
|  |  |  |  |  |  |  |  |  |  |  |
| **Siblings details** | | | | | | | | | | |
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| **Do any of the children have any special educational needs or disabilities?**   |  | **Yes** |  | **No** | | --- | --- | --- | --- |   **If yes, please provide details of the SEND status of the child or young person and what their main area of need is:** | | | | | | | | | | |

| **5. What family members live in their household?** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First name** | **Last name** | **Age / DOB** | **Relationship to child** | **Ethnicity** | **Language?** | **Religion/ Faith** | **Gender / +sex** | **SEND?** (Yes/ No) | **Contact details (phone / email)** | **Do they have Parental Responsibility?**  (Yes / No) |
|  |  |  |  |  |  |  |  |  | **Phone:**  **Email:** |  |
|  |  |  |  |  |  |  |  |  | **Phone:**  **Email:** |  |
|  |  |  |  |  |  |  |  |  | **Phone:**  **Email:** |  |
| **Principal carers and those with Parental Responsibility** (if their address is different from the child): | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
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| **Are there any communication/interpreting needs for the child and/or family? If yes, please explain the communication / interpreting need:** | | | | | | | | | | |
| **Are there any particular needs related to the family’s ethnic, cultural, or religious background to consider? If yes, please explain the need.** | | | | | | | | | | |
| **If any family members have any disability or special needs, please provide details and what their main area of need is:** | | | | | | | | | | |

| **6. Family Network- *please provide known details of any wider family members*** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First name** | **Last name** | **Age /**  **D.O.B** | **Relationship**  **within family** | **Ethnicity** | **Religion/ Faith** | **Sex + / Gender** | **Contact number** |
|  |  |  |  |  |  |  |  |
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| **Are there any communication/interpreting needs for these members of the family network? If yes, please explain the communication / interpreting need:** | | | | | | | |

| **7. What is going well, what are you worried about, and what needs to happen to help things improve?** Please consider this [guidance](https://docs.google.com/document/d/1MypI2V_OIG-UnEQ1nCnYZaGchYxQIng6TaXjtacao8c/edit) when answering these questions. |
| --- |
| **What is going well and what are the strengths** of the child, young person and their family? |
|  |
| **What are you worried about** for this child, young person and their family and **what do they think they need help with?** |
|  |
| **What outcomes are you seeking to achieve** from this request and **what support are you seeking** for the child, young person and their family? |
|  |

| **8. Professional network - please provide known details of other professionals involved (eg. Health Visitor, CAMHS, Young Hackney, Social Worker, Hackney Ark, Police, Housing, Mental Health, Substance Misuse, Probation, Domestic Abuse, Adult Social Care, Voluntary Sector)** | | |
| --- | --- | --- |
| **Agency** | **Contact name** | **Contact Number / Email** |
| School / Early Years Setting / Education / Employment Training Provision |  |  |
| GP |  |  |
| Health Visitor |  |  |
| *Other professionals:* |  |  |
|  |  |  |
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| **9. Is there anything specific that the family / young person would like to add to this request for support that hasn’t already been captured?** | |
| --- | --- |
| **Children/young people?** | |
|  | |
| **Parent/carers?** | |
|  | |

| **10. Who is the professional that this Request for Support been completed by:** | | |
| --- | --- | --- |
| **Name of person completing the form** |  | |
| **Job title** |  | |
| **Agency of person making request** |  | |
| **Telephone number** |  | |
| **Email** |  | |
| **Date Request for Support Completed by** |  | |

| **11. Before you submit this request for support, you must share the content of this form with the young person or parent / carer concerned, unless there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, and/or when**  **sharing information would undermine the prevention, detection or prosecution of a serious crime.**  **If you think either of these two apply, please call the consultation line for advice.** |
| --- |
| **Please confirm you have shared the content of this form with the parent or carer concerned?**   |  | **Yes** |  | **No** | | --- | --- | --- | --- | |

**Please use the following Ethnicity descriptors when completing Questions 3, 4 & 5:**

| White British | Any other Black background | Pakistani | Traveller of Irish heritage |
| --- | --- | --- | --- |
| European | Cypriot | Indian | Any other White background |
| Black African | Kurdish | Chinese |  |
| Black Caribbean | Turkish | Any other Asian background | Information not yet obtained |
| White and Black African | White and Asian | White Irish | Any other mixed background |
| White and Black Caribbean | Bangladeshi | Gypsy/ Roma |  |