

 **REQUEST FOR SUPPORT**

 **Intensive/Specialist only**

**1. Referrer details** (person and agency requesting support)

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| --- | --- | --- |
| **Full name:** [ ] | **Job title:** [ ] | **Email:** [ ] |
| **Telephone:** [ ] | **Agency/organisation:** **Click to select** | **Name of agency/organisation:** [ ] |

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| --- | --- |
| **Has the Designated Safeguarding Lead been consulted?**  | **Click to select** |
| **Name and position of the person you consulted with** | [ ] |
| **If the designated person has not been consulted why is this?**  | [ ] |

**If you are requesting an Occupational Therapy Assessment** **Click to select**. For advice please call the local Disabled Children’s Occupational Therapy Team.

**2. Family agreement to engage with services**

The parent or guardian’s agreement to engage with Kent Children’s Social Work and Early Help teams should be sought before discussing a ‘Request for Support’ about them with other agencies, unless this may itself place a child at risk of significant harm. A completed copy of this form should be shared with the family and the family should be aware that this Request for Support form will be used to determine the most appropriate advice and support for their family, and for the planning and evaluation of this support.

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| **Name of person who gave this agreement** [ ]  | **Date agreement given:**  |

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| **Confirmation of consent to register for open access Children’s Centres/Youth Hubs**[ ]  **The parent/carer agrees that this form will be used to register the family at their local Open Access Children’s Centre/Youth Hub, so that additional Early Help support can be accessed easily.**[ ]  **The parent/carer agrees to be sent information about activities and services offered at their local Open Access Children’s Centre/Youth Hub that might be of interest to them.** |

How information is used

Information will be shared between practitioners working with the family, where necessary, which may include social workers, family support workers, youth workers, teachers, pastoral support workers, health visitors, housing providers, police, school nurses, doctors and mental health workers.

This information will be recorded and stored electronically on the Children’s Social Work Services and Early Help case management systems and will be accessible when and if required.

If onward referrals are made in order to provide more appropriate support to the family, information will be stored according to the receiving agency’s information storage policy.

For more information about how information is stored and shared please see;

[www.kent.gov.uk/privacy](http://www.kent.gov.uk/privacy)

**3. Family address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **House no/name:** [ ] | **Street:** [ ] | **Town:** [ ] | **Council district:** **Click to select** | **Postcode:** [ ] |

**4. Details of child(ren) or young person(s) at the above address**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key child(ren)** | **First name** | **Surname** | **DOB or EDD (dd/mm/yy)** | **Gender** | **Ethnicity** | **Disability** | **NHS number** | **Relationship to key child/ren *(Leave blank for key child)*** | **Educational establishment** |
|  |  |  |  |  |  |  |  |  | **Name of school****college, or setting** | **Unique Pupil Number** |
|[ ]  [ ] | [ ] | [ ] | **Select**  | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |
|[ ]  [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | [ ] | [ ] |

Note: DOB date of birth. EDD estimated delivery date.

**5. Details of adults at the above address**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First name** | **Surname** | **DOB****(dd/mm/yy)** | **Gender** | **Ethnicity** | **Disability** | **NHS number** | **Relationship to key child(ren)** | **Parental responsibility** | **Contact details** |
| [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | **Select** | [ ] |
| [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | **Select** | [ ] |
| [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | **Select** | [ ] |
| [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | **Select** | [ ] |
| [ ] | [ ] | [ ] | **Select** | **Select** | [ ] | [ ] | [ ] | **Select** | [ ] |

**6. Details of significant others at a different address**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First name** | **Surname** | **DOB****(dd/mm/yy)** | **Gender** | **Relationship to key child(ren)** | **Parental responsibility** | **House no/name**  | **Street** | **Postcode** | **Contact details** |
| [ ] | [ ] | [ ] | **Select** | [ ] | **Select** | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] | **Select** | [ ] | **Select** | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] | **Select** | [ ] | **Select** | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] | **Select** | [ ] | **Select**  | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] | **Select** | [ ] | **Select** | [ ] | [ ] | [ ] | [ ] |

**7. Primary reason for support**

|  |
| --- |
| **Click to select** |

 **8. Secondary reason for support**

|  |
| --- |
| **Click to select** |

**9. Request details**

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| **What have you seen/heard that has made you concerned?** Describe what has worried you today that has prompted you to complete this request. This may be based on observations made today (such as an injury or specific behaviour), things that have worried you over a period of time including risks to a child or young person outside their home, or something disclosed during a conversation with a parent or child. Explain why the issues that are worrying you require an intensive level of support. |
| [ ] |
| **For Occupational Therapy requests**: Describe the disability. Is there a diagnosis? What medication is being taken (if known)? Please describe issues with mobility, personal care and continence, learning, behaviour and social interaction, consciousness and sleeping. [ ] |
| **What are the complicating factors?** Factors that make the situation more complicated both for the family and for professionals working with them. Examples are poverty, drug/alcohol issues, history of CSWS/EH involvement, parental learning needs, physical disabilities, physical and mental health issues, absent parents, English as a second language etc.  |
| [ ]**For Occupational Therapy requests**: i.e. overcrowding, other people with disabilities, shared custody, housing status etc.[ ] |
| **What is working well for this family?**  Any positive factors for the family such as supportive relationships with specific family members, good engagement with professionals, achievements, good school attendance etc. Please note any support that has been or is currently being provided by the referring agency. |
| [ ]**For Occupational Therapy requests**: i.e. How are the family managing now? List any equipment or adaptations already provided or that have been provided previously. Name a professional available for consultation with the Disabled Children’s Service regarding need for major adaptations[ ] |
| **What do you and the family feel needs to change**? Note the views of the family and your views regarding what needs to happen for change to take place.  |
| [ ] |
| **Any other relevant information** |
|  |
| [ ] |
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**10. Other agencies involved with child/young person or family**

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| --- | --- | --- | --- | --- | --- |
| **Practitioner full name** | **Job role** | **Team/ organisation** | **Contact details** | **Supporting which family member(s)** | **If assessment has been undertaken please supply details and dates** |
| [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
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| [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |

**11. Please save this document securely. This form must now be sent to Kent County Council via the secure upload tool. This can be accessed via the following li****nk** <https://www.kent.gov.uk/singlerequestupload> **This includes the facility to upload other relevant documents.**

This form can be printed and shared with the parent/carer if appropriate.