

# Wellbeing, Prevention and Early Help Request for Support Form

Date of Request:	
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Details of child(ren) and/or young person:

Where a CAF is in place, please attach CAF/TAF documentation

\*relates to guidance notes at the back of the Request for Support form

Surname	Forename	Alias	DOB/ EDD	Gender	CAF URN	*Ethnicity code	Address (including post code)	Telephone Number	School/ Nursery/ Further Education	Tenancy	Previous Social Care Involvement?	SEND Assessment?
				M/F						Select	Y/N	Y/N
				M/F						Select	Y/N	Y/N
				M/F						Select	Y/N	Y/N
				M/F						Select	Y/N	Y/N
If there is no CAF in place, please explain why this has not been completed? <b>(This box is mandatory &amp; must be completed, the form will be returned if left blank)</b>												
Preferred Language (if not English) or details of any other additional communication needs:												

Details of parents/carers:

<b>Name</b>		<b>Relationship</b>		<b>Name</b>		<b>Relationship</b>	
<b>Gender</b>	Please select	<b>DOB</b>		<b>Gender</b>	Please select	<b>DOB</b>	
<b>Ethnicity code*</b>		<b>Address</b>		<b>Ethnicity code*</b>		<b>Address</b>	
<b>PR (parental responsibility)</b>	Please select	<b>Postcode</b>		<b>PR (parental responsibility)</b>	Please select	<b>Postcode</b>	

**Other household members –Include any other persons related or not related that currently reside in the home:**

Surname	Forename	Alias	DOB	Gender	Previous CAF?	Relationships to child(ren) requesting support
				M/F	Y/N	
				M/F	Y/N	
				M/F	Y/N	
				M/F	Y/N	

**Other significant family members – Please include information that relates to absent Fathers/Mothers:**

Surname	Forename	Alias	DOB	Gender	Address	Relationships to child(ren) requesting support
				M/F		
				M/F		
				M/F		
				M/F		

**Details of the person completing the Request for Support**

<b>Name</b>		<b>Role</b>		<b>Tel</b>	
<b>Agency</b>		<b>Email</b>			

**Name and details of lead professional (if different to the person completing the Request for Support):**

<b>Name</b>		<b>Role</b>		<b>Tel</b>	
<b>Agency</b>		<b>Email</b>			

<b>Please tick if the family is experiencing any of the following:</b>		
Parents or children involved in crime or anti-social behaviour <input type="checkbox"/>	Children who have not been attending school regularly <input type="checkbox"/>	Children who need help (CiN, CP, Early Help) <input type="checkbox"/>
Adults out of work or at risk of financial exclusion or young people at risk of worklessness <input type="checkbox"/>	Families affected by domestic violence and abuse <input type="checkbox"/>	Parents or children with a range of health problems <input type="checkbox"/>

**Reason for Request for Support:**

Clearly outline here the main presenting concerns and unmet needs and risks for the child/young person/parents/family that has led to you requesting support from this service. Please give as much detail as you can, any requests that do not provide the information required to allow the service to establish the most appropriate response, will be returned to the referrer.

<b>What are the identified Unmet Needs?</b>		<b>What service do you think is needed?</b>			
<b>What have you already done?</b>		<b>What would you like the service to do?</b>			
<b>What Level on the CON has this child/young person/family been assessed at? (see guidance)</b>	<b>Level 1 (Universal)</b>	<b>Level 2 (Early Help)</b>	<b>Level 3 (Child in Need)</b>	<b>Level 4 (Child Protection)</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**CONSENT\* (Please see Guidance) - this section is mandatory**

The Wellbeing, Prevention and Early Help Service consent and information sharing guidance 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.

<b>Please indicate consent below:</b>		<b>Parents/Carer/Young Person's Signature(s)</b>				
<b>I/we give consent for my/our personal information to be shared to access the support I/we need:</b>	<input type="checkbox"/>	<b>Signature</b>		<b>Name</b>		<b>Date</b>
<b>I/we give consent for my/our personal information to be shared with a range of services to help meet a range of needs:</b>	<input type="checkbox"/>	<b>Signature</b>		<b>Name</b>		<b>Date</b>
<b>Practitioner Requesting Support Signature:</b>		<b>Signature</b>		<b>Name</b>		<b>Date</b>
<b>It is the responsibility of the requesting agency to maintain a signed copy of this form on file for audit purposes, please confirm that you have maintained a signed copy on file by checking the box here</b>					<input type="checkbox"/> I confirm that we hold a signed copy on file for audit purposes	

## GUIDANCE

**Ethnicity Codes:** \*chart as referred to on page 1 of the Request for Support Form

1. White British	5. Any other White background	9. Indian	13. White & Black Caribbean	17. Chinese
2. White Irish	6. Caribbean	10. Pakistani	14. White & Black African	18. Any other ethnic group
3. Traveller of Irish Heritage	7. African	11. Bangladeshi	15. White & Asian	19. Not given
4. Gypsy/Roma	8. Any other black background	12. Any other Asian background	16. Any other mixed background	

### CAF Assessment

It is good practice to submit this Request for Support following an assessment of need using the CAF assessment. Where a CAF has not been completed and therefore the Level of Need is not clearly identified, you will be asked to initiate the CAF process to support the work being requested from the service and to ensure a coordinated approach to supporting the family. This does not necessarily mean that the agency carrying out the assessment will be the Lead Professional.

As identified on the CON, Early Help work should be undertaken with a CAF in place with an identified Lead Professional from the most appropriate agency. Requests for work at Level 2 on the CON should therefore have a CAF.

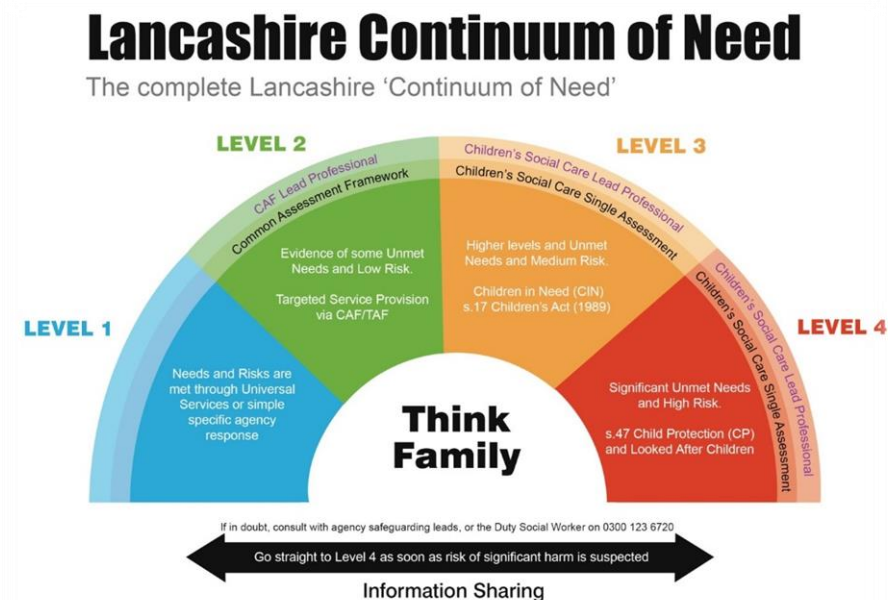
### Information Sharing/Consent Guidance

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	Department for Communities and Local Government	Children's Social Care
Department for Work and Pensions (incl. Job Centre Plus)	Education	Fire and Rescue Service	Voluntary, Community and Faith Sector Organisations
Housing	Police	Public Health	Health Agencies
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.

## Continuum of Need (CON) Levels



- 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.

**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](mailto:PreventionEarlyHelp@lancashire.gov.uk)**