****

**PUDSEY CLUSTER SUPPORT AND GUIDANCE REQUEST FORM (JAN 2015)**

Please complete this form electronically and email to [pudseycluster@priesthorpe.org](mailto:pudseycluster@priesthorpe.org) (you should password protect the document before sending). You may fax the form to us but please telephone 0113 387 1889 to arrange this, or you may post it (**marked private and confidential**) to:

Pudsey Cluster, c/o Priesthorpe School, Priesthorpe Lane, Pudsey LS28 5SG.

For further information about the Guidance and Support offered by the Pudsey Cluster or any queries in relation to completing this form please contact the Cluster Leadership Team on 0113 387 1889.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF CHILD/YOUNG PERSON** | | | | | | |
| **Name of child** |  | **D.O.B** |  | | **Age** |  |
| **Male or Female** |  | **Ethnicity** |  | | **Language** |  |
| **Known as:** |  | | | | | |
| **Address** |  | | | | | |
| **Postcode:** |  | **Telephone** | |  | | |
| **GP Details:** |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **School** |  | **Year**  **Group** |  |
| **Current % Attendance**  **(Sep 2014 to date)** |  | **Previous % Attendance**  **(School Year 13/14)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Carer** | | **Other Carer** | |
| **Name** |  | **Name** |  |
| **D.O.B.** |  | **D.O.B.** |  |
| **Relationship to child** |  | **Relationship to child** |  |
| **Occupation** |  | **Occupation** |  |
| **Address (if different from child):** | | **Address (if different from child):** | |
| **Tel:** | | **Tel:** | |
| **Preferred Language:** | | **Preferred Language:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FAMILY COMPOSITION AND SIGNIFICANT OTHERS – siblings/step-siblings/grandparents etc.** | | | | | |
| **Name** | **Relationship** | **DOB** | **School or Nursery (if applicable)** | **Year Group** | **Living at the same address as the child?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Agencies involved with the Family** | | | | |
| **Name of agency** | **Name of worker** | **Job role** | **Contact number and Email address** | **What work is being/has been undertaken?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PERSON MAKING REQUEST** | | | |
| **Your name and organisation** |  | **ROLE:** |  |
| **DATE OF REQUEST** |  |
| **Contact Number** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPORT REQUESTED** | | | |
| **Cluster Family Support Team** |  | **Youth Services/YOS** |  |
| **TaMHS** |  | **Attendance Liason** |  |

|  |
| --- |
| **RISK** |
| **ARE THERE ANY RISKS WE NEED TO BE AWARE OF PRIOR TO CONTACTING THE FAMILY?**  (e.g. volatile child/young person, domestic violence, criminal convictions or proceedings pending involving parents/carers/siblings, alcohol and/or drug dependency, aggressive or violent family members or visitors)  **If you have any current risk assessments in place, please attach them to this referral.** |
|  |

**KEY POINTS: BACKGROUND OF FAMILY MEMBERS INCLUDING FAMILIES FIRST ELIGIBILITY**

If you do not know the answer please leave the response box blank.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indicators** | | **Yes** | **No** |
| **1** | **Poor attendance at school** | * Less than 85%? * Recent exclusions? * Does HT have concerns re: attendance? |  |  |
| **2** | **The young person is NEET or at risk of becoming NEET** | * Child/Young person currently NOT in Education, Employment or Training? * Child/young person at risk of becoming NEET? |  |  |
| **3** | **Child Sexual Exploitation** | Evidence or concern that the child/young person is at risk of sexual exploitation? (risky behaviours, has a risk plan, missing from school and home) |  |  |
| **4** | **Child in Need of Help** | * Children in the household were subject to a CP Plan within last 2 years? * Children in the household been subject to a CIN Plan in last 12 months? |  |  |
| **5** | **Domestic Violence** | Evidence of DV or abuse in the family within the last 6 months? (including adult to child: within teenage relationships: police call-outs: MARAC referrals: disclosures: identified as part of an assessment?) |  |  |
| **6** | **Adult currently not in Employment** | At least one adult in the family is in receipt of out of work benefits? |  |  |
| **7** | **Children and adults involved in crime or anti-social behaviour** | * Child/young person in household committed proven offence in past 6 months? * Adult in household committed proven offence in past 6 months? * Adult in household been subject to a prison sentence in past 12 months? |  |  |
| **8** | **Parent engaged in a parenting programme or STEPS course?** | Have they attended a parenting programme or STEPS course in the last 2 years? |  |  |
| **9** | **Alcohol or drug dependency in the family** | Known to misuse alcohol or drugs or engaged in a detox programme in the last 2 years? |  |  |
| **10** | **Mental health issues** | Known to use medication or attend therapy? |  |  |
| **11** | **Post-natal depression** |  |  |  |
| **12** | **Loss or bereavement** |  |  |  |
| **13** | **Physical disabilities** | Any members of the family affected? |  |  |
| **14** | **Learning disabilities** | Any members of the family affected? |  |  |
| **15** | **Medical or dietary problems** | Any member of the family affected? |  |  |
| **16** | **Language needs** |  |  |  |
| **17** | **Family Breakdown** |  |  |  |
| **18** | **Involvement of CSWS** | Recently or in past?  An assessment has been carried out in the last 2 years? |  |  |

|  |
| --- |
| **EXPAND ON THE REASONS GIVEN ABOVE**  (Provide all relevant details to inform decisions to be made about appropriate interventions. Please include the sequence of any events/incidents with relevant dates to present as full a picture as possible of the child/young person/family’s circumstance and situation) |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What assessments have been completed? Please delete as appropriate.** | | | | | |
| **Child & Family assessment** | **Health assessment** | **Statutory Assessment of SEN** | **CAF** | **Common Internal Record** | **Other:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What plans are currently in place? Please delete as appropriate.** | | | | | |
| **CAF**  **CAF number:** | **Statement of SEN** | **Individual Behaviour Plan** | **Individual Education Plan** | **Health Plan** | **Parenting Contract** |
| **Single agency plan** | **Child in need** | **Child protection** | **School Action** | **School Action Plus** | **Other:** |

|  |
| --- |
| **WHAT HAVE YOU DONE/OFFERED ALREADY?**  **Include frequencies, dates and referrals to other agencies.** |
|  |

|  |
| --- |
| **STATE CLEARLY WHAT SUPPORT IS REQUIRED AND WHAT PROGRESS WOULD LOOK LIKE** |
|  |

|  |  |
| --- | --- |
| **VIEWS OF CHILD/ YOUNG PERSON AND FAMILY**  What would you like to change and how can we work with you to make this happen? Please record this in the words of the child/young person/parent/carer | |
| **Child or young person's response:** | **Parent/Carer response:** |
|  |  |

|  |  |
| --- | --- |
| **Your Assessment of the Need(s)**  Based upon your understanding of the presenting issues and your work with the child/family tell us what the needs are across the applicable 5 areas below which, in your view, when addressed will improve outcomes. | |
| **1 General Health** | **Strengths and Needs** |
| General health/wellbeing.  Consider hygiene, vision, speech, hearing, hospital visits, diet, general fitness, recent ailments, disability, drug use, sexual health, pregnancy and dental health.  Include any details on Disabilities |  |
| **2 Personal development** | **Strengths and Needs** |
| Relationships with adults and peers, general wellbeing, confidence, motivation, behaviour, positive image of own race, culture and gender, sense of belonging.  Growing independence  and abilities to deal with  decision-making challenge disappointment and conflict. |  |
| **3 Enjoying / achieving** | **Strengths and Needs** |
| Ability/ opportunity to learn new skills, make progress with basic skills, build on skills and interests, be self-confident, motivated and overcome barriers, attend school, continue to work at difficulties, problem solve, and opportunity to play/relax |  |
| **4 Parenting** | **Strengths and Needs** |
| Basic care, Safety, Security, Stability, guidance, clear boundaries, encouragement and praise, role models for discipline, self-control, positive behaviour, dealing with conflict, disagreements, disappointments or challenge |  |
| **5 Family / Environment** | **Strengths and Needs** |
| Family health, size, make up, bereavement, relationship breakdown, domestic or community violence, housing conditions e.g. overcrowding, employment, income. Access to facilities such as nursery. |  |

**DETAILS OF CONSENT**

**Parents MUST give signed written consent for this Request after reading this full referral (a copy of this to be signed and kept in your records, and a copy should be forwarded to the Pudsey Cluster Administrator).**

|  |
| --- |
| In accordance with the Data Protection Act 1998 we must inform you of the following. By signing this form you are giving your specific consent for Pudsey Cluster to process the information we collect from you now and whilst we have involvement with you and your family, for the purposes of providing support. This information may be shared with other relevant professionals, agencies and organisations, such as the NHS, schools and Leeds City Council, however only where appropriate. Your information may be collated, anonymised or monitored to ensure you receive the most appropriate support and may assist with future planning of services in Leeds. Any sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act. Should you choose not to consent to sign this form then please note we may still be required under law to process and share the information in this form without your agreement, for example when we believe a child is at significant risk of harm.  As the person with parental responsibility for the child/ren named above, I agree to this request for service being made to Pudsey Cluster Guidance and Support. I agree that information about my family may be shared, and sought from, other relevant statutory and non-statutory agencies to help ensure that my child/ren and family receives the support we need.  It is understood that each agency is duty bound to follow data protection and child protection policies and guidelines and will ensure the safe transfer and storage of any information they record.  If there are changes in family circumstances or our family no longer want support from any of the services involved or offered it is understood by everyone that it is the responsibility of the parent/carer to inform the requesting agency or worker. |

**I agree to the above consent information:**

|  |  |
| --- | --- |
| **Childs Child’s Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **Parent/carer** |  |  |  |
| **Requesting Agency or Worker** |  |  |  |

**COUNSELLING CONSENT**

|  |
| --- |
| The child for whom you are responsible may be offered counselling as part of the TaMHS service.  Counselling is confidential between the counselor and client. Information from the counselling sessions is not routinely shared except in circumstances when the child/young person or someone else they associate with may be at risk of serious harm or in extreme cases when we are ordered by the courts.  Your son or daughter may choose to talk to you about their sessions. You will be informed by letter when a block of counselling sessions are starting and when they have finished, within this letter you will be given a named contact for the course of the counseling.  By signing the consent below you understand that the child for whom you are responsible can receive counselling if deemed appropriate. |

**I agree to the counselling consent information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **Parent/carer** |  |  |  |
| **Parents MUST give signed written consent for this Request after reading this full referral (a copy of this to be signed and kept in your records, and a copy should be forwarded to the Pudsey Cluster Administrator).** | | | |

