



It is best practice for the Named Person or Lead Professional to discuss with the receiving service.

GUIDANCE

## Named Person and Lead Professional Request for Assistance Form

<b>Service(s) Requested:</b>		Social Work Input					
<b>Named Person or Lead Professional Requesting Assistance</b>							
<b>Name</b>	A Named Person			<b>Role</b>	NP <input checked="" type="checkbox"/>	LP <input type="checkbox"/>	
<b>Location</b>	An Academy			<b>Contact Number</b>			
<b>E-mail</b>	<a href="mailto:anamedperson@east-ayrshire.gov.uk">anamedperson@east-ayrshire.gov.uk</a>						
<b>Designation</b>	PT Pupil Support						
<b>Child/Young Person</b>							
<b>Name of Child</b>	John Smith			<b>Address/Postcode</b>	1 Test Street Kilmarnock KA1 1AB		
<b>Date of Birth</b>	05/12/2003			<b>Age</b>	13 years 2 months		
<b>Phone Number</b>	07946 123456			<b>School/Early Years Provider</b>	An Academy		
<b>Home Language(s)</b>	English			<b>Preferred language for communication</b>	English		
<b>Parent/Carers</b>							
<b>Name of Parent/Carer</b>	Mrs Mandy Wilson			<b>Phone number</b>	07946 555555		
<b>Address and Postcode</b>	As John Smith - above			<b>Email address</b>	n/a		
<b>Reason for Request</b>							
Safe <input checked="" type="checkbox"/>	Healthy <input checked="" type="checkbox"/>	Achieving <input checked="" type="checkbox"/>	Nurtured <input type="checkbox"/>	Active <input type="checkbox"/>	Respected <input type="checkbox"/>	Responsible <input checked="" type="checkbox"/>	Included <input checked="" type="checkbox"/>
<p>Explain your reason for request by outlining the situation (what has been tried previously and current situation), background (factors which may be contributing to situation above), assessment (summary of needs and general recommendation (outline your request)).</p> <p><b>Situation – Briefly describe the situation. Give a succinct overview.</b></p> <p><i>An example;</i> on a number of occasions John has presented with signs of being under the influence of a substance. John has been excluded for 10 days this session. 2 days for attending school under the influence. His attendance at school is currently 45%. John’s father was imprisoned in August 2016.</p> <p><b>Background – Briefly state pertinent history. What has got us to this point?</b></p> <p>John has been treated in A &amp; E, 4 times in the last 2 months for substance misuse. He has also been charged with breach of the peace on 3 occasions over the last 2 months. John had support from Barnardo’s Axis project during last session. He has support in school from a health and wellbeing counsellor and home link officer.</p> <p><b>Assessment – Summarise your current GIRFEC assessment. What do you think is going on?</b></p> <p>John lives with his mum and three younger brothers. John’s behaviours are impacting on Mum’s health and she feels some additional support is required to help her manage John’s current behaviours. There are signs that his risk taking behaviours are not only impacting on himself but family life at home as well. A more detailed GIRFEC assessment (Wellbeing and My World Triangle) plus current action plan is available on request.</p>							

CLASSIFICATION: **PUBLIC**

Ensure form is sent securely as per your area’s guidance and a significant event added to the child’s chronology.

Please complete and return the Request for Assistance feedback form and return to the Named Person or Lead Professional, where possible, within 10 working days. There is a duty to provide timely feedback.

<b>Recommendation/Request – What are you asking for?</b> Request input into a resilience assessment for John from Social Work Colleagues. Parental request for advice and support from the Social Work Children and Families Team.			
<b>Desired Outcome</b> (Please state the proposed impact to be achieved.)			
<i>What impact do you hope to achieve on the child through this request?</i> John is supported to manage his risk taking behaviours. The family are supported at home. John's attendance and engagement in his education will improve.			
<b>Information Sharing</b>			
<b>Has informed consent been received to request assistance and share relevant information -</b>			
<b>from Parent?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<b>from Child (within their capacity)?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<b>Date Completed</b>	06/01/2017	<b>Date response anticipated</b>	20/01/2017



## Request for Assistance Feedback Form

<b>Name of Service Provider</b>		Social Work IRT	
<b>Feedback provided by</b>			
<b>Name</b>	<b>Role/Designation</b>	<b>Contact No</b>	<b>Email Address</b>
A Duty Worker	Children and Families Social Work	01563 123456	adutyworker@east-ayrshire.gov.uk
<b>Child/Young Person</b>			
<b>Name</b>	As Above	<b>Address/Postcode</b>	As Above
<b>Date of Birth</b>	As Above	<b>Age</b>	As Above
<b>Phone Number</b>	As Above	<b>School/Early Years Centre</b>	As Above
<b>Action Taken</b> (please state in respect of the recommendation/request and any suggested next steps, e.g. complete assessment, to achieve the desired outcome)			
Contact made with Mum via phone call. Home visit arranged within the next 2 weeks. Please upload current Assessment and Plan to AYRshare folder for John. An allocated IRT worker will thereafter contact you to support the completion of the resilience matrix assessment in conjunction with the TAC.			
<b>Has informed consent been received to share relevant information -</b>		Unable to discuss with John at this time.	
<b>from Parent?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<b>from Child (within their capacity)?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Date Completed</b>	18/01/2017	<b>Date sent to Named Person or Lead Professional</b>	19/01/2017

CLASSIFICATION: **PUBLIC**

*Ensure form is sent securely as per your area's guidance and a significant event added to the child's chronology.*

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