



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

Service(s) Requested:		Early Years Place					
Named Person or Lead Professional Requesting Assistance							
Name	A Named Person		Role	NP <input checked="" type="checkbox"/>	LP <input type="checkbox"/>		
Location	A Health Visitor		Contact Number				
E-mail	anamedperson@aapct.scot.unhs.uk						
Designation	Health Visitor						
Child/Young Person							
Name of Child	Sara Brown		Address/Postcode	1 Test Street Kilmarnock KA1 1AB			
Date of Birth	01/03/2014		Age	2 years 9 months			
Phone Number	07946 123456		School/Early Years Provider	n/a			
Home Language(s)	English		Preferred language for communication	English			
Parent/Carers							
Name of Parent/Carer	Mrs Sheena Brown		Phone number	07946 555555			
Address and Postcode	As Sara Brown - above		Email address	n/a			
Reason for Request							
Safe <input type="checkbox"/>	Healthy <input type="checkbox"/>	Achieving <input checked="" type="checkbox"/>	Nurtured <input checked="" 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>Situation – Briefly describe the situation. Give a succinct overview. <i>An example;</i> Mum is expecting her this child in October. Sara attended nursery in her previous locality but staff/environment were not suited to meet her particular needs. Sara became distressed and at times displayed challenging behaviours. Supporting Sara is becoming increasingly difficult for Mum during pregnancy.</p> <p>Background – Briefly state pertinent history. What has got us to this point? Sara and her family have recently moved to the area from Fife. Sara has a working diagnosis of ASD. ANP support is in place. Rainbow house referral made. No family support in local area. Dad working full-time.</p> <p>Assessment – Summarise your current GIRFEC assessment. What do you think is going on? Sara is non-verbal. She does not appear to follow simple instructions but can make her needs known. She has a strong attachment with Mum and can display separation anxiety. Mum is concerned with how she will adjust to a newborn in October. Sara is not keen to socialise with peers and does not show much interest in other children. Health Visitor arranged for parents to visit the <i>Named Early Years Centre</i> and they feel that this setting would best meet Sara’s needs. Parents are very proactive in seeking support and encouragement.</p> <p>Recommendation/Request – What are you asking for? Early Years extended place for speech development and increased opportunities for peer socialisation.</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.

Desired Outcome (Please state the proposed impact to be achieved.)			
<i>What impact do you hope to achieve on the child through this request?</i> Increased opportunity for speech development Increased opportunity for peer socialisation Healthy attachment to mum			
Information Sharing			
Has informed consent been received to request assistance and share relevant information -			
from Parent?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
from Child (within their capacity)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Date Completed		Date response anticipated	
06/01/2017		20/01/2017	



Request for Assistance Feedback Form

Name of Service Provider		Named Early Years Centre	
Feedback provided by			
Name	Role/Designation	Contact No	Email Address
A Head Teacher	Head of Establishment	01563 123456	aheadteacher@east-ayrshire.gov.uk
Child/Young Person			
Name	As Above	Address/Postcode	As Above
Date of Birth	As Above	Age	As Above
Phone Number	As Above	School/Early Years Centre	As Requested
Action Taken (please state in respect of the recommendation/request and any suggested next steps, e.g. complete assessment, to achieve the desired outcome)			
Allocation of a place at named early years centre has been approved through the Resource Allocation Group. Request can be accommodated 5 sessions per week allocated in the afternoons.			
Has informed consent been received to share relevant information -			
from Parent?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
from Child (within their capacity)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Date Completed		Date sent to Named Person or Lead Professional	
18/01/2017		19/01/2017	

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