**Request for Support Form (Professionals)**

Information supplied will be shared with other professionals supporting families to provide relevant services. Where families request support, parental consent should be gained (or young person consent where appropriate.) **In the case of a Child Protection concern or professional worry, no consent for referral is required.**

Please complete this form as thoroughly as possible. Please include copies of any relevant assessments or additional information that will help in identifying the right level of support for the family / young person.

|  |  |
| --- | --- |
| Please send completed referral to MASH@westsussex.gov.uk (It is the responsibility of the referrer to make sure this form is sent **securely**) | Date of Referral? |
| Are there immediate safeguarding concerns? | Yes/No |
| Are the parent/s/carers / aware of this referral? | Yes/No |
| Have the parent/s/carers / given consent for this referral and for us to share their information with other agencies? | Yes/No |
| Does the child or young person know about this referral?If so what do they think about it? If not what do you think they might feel about it? | Yes/No  |
| Your name and agency/relationship to family:Address, contact number and email: |
|  |
| Family Name(s) / Young Person’s Name: | EDD/DOB: |
| Alternative Surname(s): | FWI: |
| Family Address (inc. postcode): | Holistix: |
| NHS number: |
| Religion: |
| First language: |
| Interpreter needed y □ n □ |
| Home telephone number: | Immigration Status: |
| Mobile – Carer / Young Person: | Other: |
| Email address: |
| Does the Young Person have a Caring Role? y □ n □ |
| **Household details – all those living in the family home (unless referral for Young Person only)** |
| Full Name | **DOB**  | **Age**  | **Gender** | **Family Member** **(Mum, Dad, Child, Nan etc)**  | **Ethnicity** | **Disabilities / long term health conditions:** | **Education setting** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Significant others: Details of other family/friend networks (not living in the family home)** |
| **Full name** | **DOB** | **Relationship to family** | **Contact details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| GP Details: |
| **Name and Surgery:** |
| **Neglect** |
| **Are there concerns around neglect?** **No****Yes** **I have completed a Neglect Identification Measurement Tool (NIMT) and have attached it to this referral**  |
| **Risk Factors:** |
| **Are there any known risk factors / safety issues (e.g. family member that poses risk to professionals or themselves, dangerous animals, community issues etc?) Yes □ No □****If yes please provide further information:** |
| **Signs Of Safety** – please be as detailed and clear as possible when completing this section as this will help us decide what level of support is needed (i.e. Joe Bloggs is displaying aggressive behaviour at home – What does this look like? How frequent is this? How long has it been going on? Why does this worry you? How does this impact on the child/young person/family?) |
| **What are you worried about / Reasons for referral?** (risks and complicating factors, and harm past and present i.e. safeguarding concerns, inappropriate caring role, CSE concerns, substance misuse, young person’s emotional wellbeing or functioning (e.g. Low mood / self-esteem, self-harm, suicidal ideation, education, anxiety, taking medication)) |
| **What’s going well?** (family strengths and proven ability to keep safe from harm/meet needs) |
| **What needs to happen next / change in order to support the family / young person?** (i.e. Safety planning, any specific service recommendations for the family) |
| Child / Young person / Parent comments |
| Signature | Cc’d to |

**Please send completed referral to *MASH@westsussex.gov.uk***