**MERTON CHILDREN & FAMILIES - HUB REQUEST FOR SERVICE**

Completed forms should be emailed to [**candfhub@merton.gov.uk**](mailto:candfhub@merton.gov.uk) (please follow your organisational secure exchange procedures)

*If you believe that a child or young person is in immediate danger please make an urgent referral by telephoning 0208 545 4226 / 4227 or Out of Hours 0208 770 5000*.

# Child / Young Person 1\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Gender | | |  | |
| Address |  | | DOB / EDD | | | Click or tap to enter a date. | |
| Ethnicity | | | Choose an item. | |
| Postcode |  | | Religion | | |  | |
| Name of nursery / school / education provider | |  | | | | | |
| Special Educational Needs | Communication and interaction | | |  | Cognition and learning | |  |
| Social, mental and emotional health | | |  | Sensory or physical | |  |
| Does this person have an Education, Health and Care Plan? | | | | Yes  No | | | |
| Does this person identify as having a disability? | | | | Yes  No | | | |
| Does this person identify as having a health need? | | | | Yes  No | | | |
| Has this person been made aware / consented to this request? | | | | Yes  No | | | |

# Child / Young Person 2\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Gender | | |  | |
| Address |  | | DOB / EDD | | | Click or tap to enter a date. | |
| Ethnicity | | | Choose an item. | |
| Postcode |  | | Religion | | |  | |
| Name of nursery / school / education provider | |  | | | | | |
| Special Educational Needs | Communication and interaction | | |  | Cognition and learning | |  |
| Social, mental and emotional health | | |  | Sensory or physical | |  |
| Does this person have an Education, Health and Care Plan? | | | | Yes  No | | | |
| Does this person identify as having a disability? | | | | Yes  No | | | |
| Does this person identify as having a health need? | | | | Yes  No | | | |
| Has this person been made aware / consented to this request? | | | | Yes  No | | | |

# Child / Young Person 3\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Gender | | |  | |
| Address |  | | DOB / EDD | | | Click or tap to enter a date. | |
| Ethnicity | | | Choose an item. | |
| Postcode |  | | Religion | | |  | |
| Name of nursery / school / education provider | |  | | | | | |
| Special Educational Needs | Communication and interaction | | |  | Cognition and learning | |  |
| Social, mental and emotional health | | |  | Sensory or physical | |  |
| Does this person have an Education, Health and Care Plan? | | | | Yes  No | | | |
| Does this person identify as having a disability? | | | | Yes  No | | | |
| Does this person identify as having a health need? | | | | Yes  No | | | |
| Has this person been made aware / consented to this request? | | | | Yes  No | | | |

# Child / Young Person 4\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Gender | | |  | |
| Address |  | | DOB / EDD | | | Click or tap to enter a date. | |
| Ethnicity | | | Choose an item. | |
| Postcode |  | | Religion | | |  | |
| Name of nursery / school / education provider | |  | | | | | |
| Special Educational Needs | Communication and interaction | | |  | Cognition and learning | |  |
| Social, mental and emotional health | | |  | Sensory or physical | |  |
| Does this person have an Education, Health and Care Plan? | | | | Yes  No | | | |
| Does this person identify as having a disability? | | | | Yes  No | | | |
| Does this person identify as having a health need? | | | | Yes  No | | | |
| Has this person been made aware / consented to this request? | | | | Yes  No | | | |

FAMILY / HOUSEHOLD MEMBERS

# 1

|  |  |  |  |
| --- | --- | --- | --- |
| Name \* |  | Gender |  |
| Address and Postcode \* |  | Date of Birth | Click or tap to enter a date. |
| Religion |  |
| Telephone \* |  | Ethnicity | Choose an item. |
| Relationship to child/ren\* |  | | |
| Does this person have parental responsibility? \* | | Yes  No | |
| Does this person identify as having a health need? | | Yes  No | |
| Does this person identify as having a disability? | | Yes  No | |
| Does this person have a special educational need? | | Yes  No | |
| Please detail any communication support needs | |  | |

# 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name \* |  | | |
| Address and Postcode \* |  | Date of Birth | Click or tap to enter a date. |
| Gender |  |
| Telephone \* |  | Ethnicity | Choose an item. |
| Relationship to child/ren\* |  | | |
| Does this person have parental responsibility? \* | | Yes  No | |
| Does this person identify as having a disability? | | Yes  No | |
| Does this person have a special educational need? | | Yes  No | |
| Please detail any communication support needs | |  | |

OTHER SIGNIFICANT PEOPLE (OUTSIDE OF THE HOUSEHOLD)

# 1

|  |  |  |  |
| --- | --- | --- | --- |
| Name \* |  | Gender |  |
| Address and Postcode \* |  | Date of Birth | Click or tap to enter a date. |
| Religion |  |
| Telephone \* |  | Ethnicity |  |
| Relationship to child/ren\* |  | | |
| Does this person have parental responsibility? \* | | Yes  No | |
| Does this person identify as having a health need? | | Yes  No | |
| Does this person identify as having a disability? | | Yes  No | |
| Does this person have a special educational need? | | Yes  No | |
| Please detail any communication support needs | |  | |

# 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name \* |  | | |
| Address and Postcode \* |  | Date of Birth | Click or tap to enter a date. |
| Gender |  |
| Telephone \* |  | Ethnicity |  |
| Relationship to child/ren\* |  | | |
| Does this person have parental responsibility? \* | | Yes  No | |
| Does this person identify as having a disability? | | Yes  No | |
| Does this person have a special educational need? | | Yes  No | |
| Please detail any communication support needs | |  | |

AGENCIES WORKING WITH THIS FAMILY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Agency/Service** | **Telephone** | **Email** | **Consent to share information** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

CONSENT FOR REQUEST AND INFORMATION SHARING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please note that parents / carers **must** be made aware and provide consent to this request **UNLESS** making them aware of this request places the child at immediate risk of harm. | | | | |
| Have the parent/s / Carer / Young Person (16+) consented to this request? | Yes  No | | | |
| Have the child/ren been made aware of this request? | Yes  No | | | |
| If No to any of the above, please provide the details as to why |  | | | |
| Have the parent/s / Carer / Young Person (16+) consented to information sharing? (please tick each box to confirm consent) | Police |  | Health |  |
| Education |  | Probation |  |
| Other agencies listed above | | |  |
| If No to any of the above, please provide the details as to why |  | | | |
| Has the parent / carer / young person requested that information is not shared with a particular agency / service / person | Yes  No | | | |
| If Yes, please provide details |  | | | |

REQUEST INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Details** | | | |
| Name |  | Organisation |  |
| Tel No |  | Email |  |

|  |
| --- |
| **What is currently working well for the family?** |
| What support has the family received to date and what has been the impact?  Do the family have a support network (friends and family)?  Has there been a recent Early Help Plan and/or Early Help Assessment?  What are the views of the child/ren, young person/s and their family? |
|  |

|  |
| --- |
| **What are you or the family are worried about?** |
| What information / evidence has led you to make this request today?  What are you worried would happen if nothing changes for the child / family?  What are the views of the child/ren, young person/s and their family? |
|  |

|  |
| --- |
| **What needs to change?** |
| What changes do you feel need to take place to reduce the concerns for this family?  What services / support do you feel the family would need to achieve these positive changes?  What are the views of the child/ren, young person/s and their family? |
|  |

|  |
| --- |
| **What are the views of the child / young person / family?** |
|  |

FAMILY NEEDS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LBM CYPP Outcomes** | **SF Outcomes** | **Presenting Need** | **Child / Young Person** | **Parent / Carer** | **Other Household Member** |
| **Health** | **Good Mental Health** | Mental Health |  |  |  |
| Self Harm |  |  |  |
| **No / Managed Substance Misuse** | Alcohol Misuse |  |  |  |
| Drug Misuse |  |  |  |
|  | Physical Disability |  |  |  |
| Illness |  |  |  |
| **Stay Safe** | **Good Family Relationships** |  |  |  |  |
| **Safe From Abuse and Exploitation** | Trafficking |  |  |  |
| Abuse or Neglect - Physical Abuse |  |  |  |
| Abuse or Neglect - Physical Abuse |  |  |  |
| Abuse or Neglect - Sexual Abuse |  |  |  |
| Abuse or Neglect linked to Faith or Belief |  |  |  |
| Child Sexual Exploitation (CSE) |  |  |  |
| Contextual Safeguarding Concern |  |  |  |
| Female Genital Mutilation (FGM) |  |  |  |
| Abuse or Neglect - Neglect |  |  |  |
| **Children Safe From Domestic Abuse** | Domestic Violence |  |  |  |
|  | Unaccompanied Asylum Seeking Children (UASC) |  |  |  |
| **Enjoy & achieve** | **Good School Attendance / Behaviour** | School Attendance |  |  |  |
| Behavioural Issues |  |  |  |
| Gangs |  |  |  |
| Missing |  |  |  |
| **Good Early Years Development** |  |  |  |  |
| **Families Diverted From Crime** | Socially Unacceptable Behaviour |  |  |  |
| Arrest of young person |  |  |  |
|  | Special Educational Need |  |  |  |
| Learning Disability |  |  |  |
| Young Carer |  |  |  |
| **Becoming Independent** | **Financial Stability** |  |  |  |  |
| **Secure Housing** | Homelessness |  |  |  |