



# Lancashire Children's Services Request for Support

Person completing this request for support

Consent Record and Family Views

Child(ren) or Young Person(s) you are concerned about

Other household members

Other significant family members

Other professionals involved

Reason for Request for Support

Additional Needs

Supporting Evidence

**Please note:** This form will automatically timeout after **40 minutes**. If you have not submitted the form by then, you will be unable to do so and will lose any information you have entered. If at any point whilst filling the form you feel you will be unable to complete it within the time limit, **please click Save and provide an email address**. This will send you an email with a link to resume filling the form. When you click on the link you will again have 40 minutes in which to submit the form, but can also save the form again at any time.

Name \*

Role \*

Telephone Number \*

Email \*

Agency \*



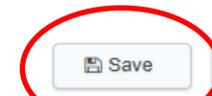
✕ Cancel

Save

Next >

You can save the request for support form at any time.

A link to the saved version will be sent to your email address. You can forward this link to other people in your organisation before submitting the request for support in such circumstances where they may wish to add additional information or quality assure content.



# Lancashire Children's Services Request for Support

Person completing this request for support

Consent Record and Family Views ⓘ

Child(ren) or Young Person(s) you are concerned about

Other household members

Other significant family members

Other professionals involved

Reason for Request for Support

Additional Needs

Supporting Evidence

Have you gained consent to share information and request this support \*

- Yes  
 No

Have you gained consent by both parents with parental responsibility \*

- Yes  
 No

Has the child consented to this request \*

- Yes  
 No

What are the child's/young person's views?

Has the child participated in the Request for Support \*

- Yes  
 No

Who would you like us to contact initially

← Previous

✕ Cancel

Save

Next →

If you select 'no' to any of these questions you will be asked to provide a rationale as to why consent has not been sought. Please remember that conversations about a worry should usually begin with the family. It is a good way of exploring whether they share the concerns and worries and to assess any help that might be needed. If parents or young people understand that you're trying to help and are willing to work with you, they may be open to you making a referral to get the help they need, which will need their explicit consent. When you have concerns about the welfare or development of a child, wherever possible the permission of parents/carers/children/young people (as appropriate to age and understanding) should have been sought before contacting Early Help Services or Children's Services.

The following questions will help you ensure that consent is obtained:

- Does the person with parental responsibility know that a request for service is being made?
- If this referral is based on information from a third party, are they aware that it is being made?
- Does the child or young person know about this referral?
- Does your Line Manager or Safeguarding Lead know about this referral?

There will be **rare** occasions when it would not be appropriate to inform parents / carers that services are being contacted about a safeguarding concern, when by doing so the child/young person would be placed at immediate or greater risk of harm.

# Lancashire Children's Services Request for Support

Person completing this request for support

Consent Record and Family Views

Child(ren) or Young Person(s) you are concerned about ⓘ

Other household members

Other significant family members

Other professionals involved

Reason for Request for Support

Additional Needs

Supporting Evidence

Surname \*

Forename(s) \*

Alias

Date of Birth or Expected Due Date \*

Or Approximate Age \*

Address

**Help:** Enter a property number/name and postcode and press 'Find an address'. Choose a property from the list.

Property name/number

Postcode \*

Find an address

Enter manually

Please note, it can take a minute or so for postcode search function to work. Once an address is found, you will notice that the background to the form changes to grey.

Gender \*

- Male
- Female
- Other

Ethnicity \*

Nationality \*

First Language/interpreter required

- Yes
- No



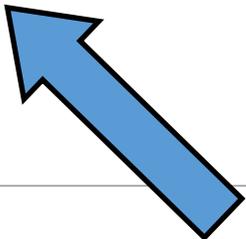
First Language \*

You will only be required to provide information about first language if you select that an interpreter will be required.

Add Child/Young Person

< Previous    ✕ Cancel

Save    Next >



Please add siblings to a request for support by selecting 'add child/young person' as many times is required.

# Lancashire Children's Services Request for Support

Person completing this request for support

Consent Record and Family Views

Child(ren) or Young Person(s) you are concerned about

Other household members ⓘ

Other significant family members

Other professionals involved

Reason for Request for Support

Additional Needs

Supporting Evidence

Add Household Member

Select this button as many times as is required to add household members living with the child/ren.

< Previous

✕ Cancel

Save

Next >

Surname \*

Forename \*

Alias

Date of Birth

Gender \*

Male

Female

Other

Relationship to child \*

Address \*

Same as first child

Address same as first child

Ethnicity \*

Nationality \*

First language/Interpreter required

Yes

No

First Language

Telephone Number

Email Address

✕ Cancel

✓ Add Household Member

# Lancashire Children's Services Request for Support

Person completing this request for support    Consent Record and Family Views    Child(ren) or Young Person(s) you are concerned about

Other household members    **Other significant family members**    Other professionals involved    Reason for Request for Support

Additional Needs    Supporting Evidence

Add Family Member

This relates to family (and extended networks) that do not live with the child/ren but have a clear involvement (may be protective or may be someone you are worried about) select this button as many times as is required to add relevant individuals.

< Previous

✕ Cancel

Save

Next >

Surname

Forename

Alias

Date of Birth

Gender

- Male
- Female
- Other

Relationship to child

Address

Same as first child

Address same as first child

Ethnicity

Nationality

First language/Interpreter required

Yes

No

First Language

Telephone Number

Email Address

✕ Cancel

✓ Add Family Member

# Lancashire Children's Services Request for Support

- Person completing this request for support
- Consent Record and Family Views
- Child(ren) or Young Person(s) you are concerned about
- Other household members
- Other significant family members
- Other professionals involved**
- Reason for Request for Support
- Additional Needs
- Supporting Evidence

Who else is currently involved with the child(ren) or young person's family

Add person involved

Select this button as many times as is required to add other professionals involved with the family.

< Previous

✕ Cancel

Save

Next >

Name

Role

Agency

Contact Details

✕ Cancel

✓ Add person involved

# Lancashire Children's Services Request for Support

Person completing this request for support    Consent Record and Family Views    Child(ren) or Young Person(s) you are concerned about

Other household members    Other significant family members    Other professionals involved    Reason for Request for Support ⓘ

Is this for information sharing only \*

This option should be selected if you are not requesting support from Children's Services.

- Yes
- No

Is this a Request for Information only? \*

This option should be selected if you are not requesting support from Children's Services.

- Yes
- No

What information would you like to share or request \*

These two questions are specific to partner agencies who **ONLY** intend to share information with Children's Services **OR** who are requesting information from Children's Services. These questions should **ONLY** be answered 'yes' if you are **NOT** seeking any further action from Children's Services. **BOTH QUESTIONS MUST BE ANSWERED 'NO' IF YOU ARE REQUESTING SUPPORT/ MAKING A REFERRAL.**

Most agencies will select 'no' to both questions. If you do select 'yes' the form will not ask questions that are necessary for processing a request for support as such, **THE FORM WILL NOT BE ACTIONED.** This is because information sharing/request for information only are processed separately to requests for support by administrative staff. **IF** incorrect forms are noticed, you will receive a referral response asking them to resubmit.

[< Previous](#)    [✕ Cancel](#)

[📄 Save](#)    [✓ Submit](#)

Is this for information sharing only \*

This option should be selected if you are not requesting support from Children's Services.

- Yes
- No

Is this a Request for Information only? \*

This option should be selected if you are not requesting support from Children's Services.

- Yes
- No

What information would you like to share or request \*

If you are **ONLY** information sharing **OR** requesting information, both questions should be answered differently as pictured (you would never use one form to request information **AND** share information).



Is this for information sharing only \*

This option should be selected if you are not requesting support from Children's Services.

Yes

No



Is this a Request for Information only? \*

This option should be selected if you are not requesting support from Children's Services.

Yes

No



What is working well \*

What has already been undertaken with the Child(ren)/Young Person(s)/Family \*

Have all Early Help Services been exhausted, and if so what

What are you worried about \*

Describe the impact on the Child(ren)/Young Person(s)

What is the desired outcome of this request for support? \*

## Missing

Is the child currently missing \*

Yes

No



## Missing

Is the child currently missing \*

- Yes  
 No

Has this been reported to the police \*

- Yes  
 No

Police log number \*

Any known issues or reasons for the child to go missing

If the child is missing you will be asked to provide additional information. These questions will only appear if you select 'yes' when asked if the child is missing. You will also be prompted to report this to the police if you haven't already done so.



## Threshold or Continuum of Need

For more information about Lancashire's Continuum of Need, please ensure this form is saved and click here:

[Lancashire Continuum of Need - Lancashire County Council](#)

What level of the Continuum Of Need have you assessed the child / family unmet needs to be at \*

What level of support will best meet the unmet needs

- Level 1 - Universal  
 Level 2 - Universal Plus (single agency Early Help Plan)  
 Level 3 - Intensive Support (Multiagency Early Help Plan)  
 Level 4 - Sec 17 (Child in Need)  
 Level 4 - Sec 47 (Child Protection)

Here you will be asked to use your professional judgement to identify the level of need the child/ren and family are experiencing in line with the continuum of need (CON) and legislation. If you are uncertain, you can click on the hyperlinks (in blue) which will take you to further information to help you determine CON level.

**Please ensure the criteria is met for Sec 17 / Sec 47 interventions as per Children Act 1989.**

For more information about this criteria, please ensure this form is saved and click here:

[Children's Services request for support - Lancashire County Council](#)

[← Previous](#)

[✕ Cancel](#)

[Save](#)

[Next >](#)

# Lancashire Children's Services Request for Support

Person completing this request for support    Consent Record and Family Views    Child(ren) or Young Person(s) you are concerned about

Other household members    Other significant family members    Other professionals involved    Reason for Request for Support

Additional Needs ⓘ    Supporting Evidence

## Inclusion Service

Does the child(ren) or parent/carer have a learning or physical disability \*

- Yes
- No



Please provide details as to what disabilities the individual(s) have \*

Does your request for support relate to

- Relates to an Education Health & Care needs Assessment or Plan
- Relates to Health
- Relates to Education
- Relates to a care needs assessment

Is a referral to occupational therapy required \*

- Yes
- No



Most questions in the section of specific to particular types of request for support. You will only be required to answer the questions in this section in detail if you are making this type of request. Otherwise you would select 'no' and no further questions will appear.

Details of Occupational Therapy Referral \*

Please include all information in relation to a referral including:

- Medical Conditions
- Ask if the child already has any items of equipment or adaptations in situ

Type of property/tenure \*

Select...

- Select...
- Council Housing Association
- Privately Owned
- Rented
- Residential Home

Difficulty Experienced \*

- Access in/out of home
- Bathing/Showering
- Bed
- Chair
- Commode
- Dressing
- Drinking
- Eating
- Having a Wash
- Indoor Mobility
- Outdoor Mobility
- Stairs
- Toilet
- Other

Is a referral to ROVI (visual impairment) required \*

- Yes
- No



Details of ROVI Referral \*

[< Previous](#) [✕ Cancel](#)

[Save](#) [Next >](#)

# Lancashire Children's Services Request for Support

Person completing this request for support    Consent Record and Family Views    Child(ren) or Young Person(s) you are concerned about

Other household members    Other significant family members    Other professionals involved    Reason for Request for Support

Additional Needs

Supporting Evidence ⓘ

Has an Early Help Assessment been completed \*

- Yes
- No

Does this Early Help Assessment contain the latest plan \*

- Yes
- No

Has the Neglect Toolkit Questionnaire been commenced if relevant \*

- Yes
- No

Have the family been subject to a Family Group Conference \*

- Yes
- No

Please attach any other assessments or supporting evidence

upload

Uploaded: 0 of 5

← Previous

✕ Cancel

Save

✓ Submit

In this section, you are prompted to explore if all avenues of Early Help available have already been explored. If you answer 'no' to these questions, you will be asked to provide a rationale as to why this work hasn't been completed. If you answer yes, you will be asked to upload documentation relating to work completed to assist those screening the request.

Here you have the opportunity to attach any other supporting evidence to assist those screening the request (direct work, specialist assessment etc).

# Top Tips For Completing A Request for Support

Families tell us that support works well when they are respected and listened to by the people who work with them or they approach for help. This is more likely to be successful when practitioners show empathy and work with families to explore how problems have come about and how to make changes.

It is important that any problems are identified early, so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating.

## Do:

- Provide clear, factual information.
- Provide clear details about what work you have done to support the family, and the impact of your worries on the child.
- Detail information about consent, make sure that children and families are aware of the request for support (when age appropriate and safe to do this).
- Acknowledge protective factors and family strengths.

## Avoid:

- Formalising and watering down language; use the child's and parents' actual language and quotes wherever possible.
- Including the history of our past involvement – unless you are aware that a child has been open to CSC in other areas. We do need to know what has happened since CSC involvement ended.
- Writing anything that is not appropriate for sharing with families in terms of language that can be perceived as judgemental and stereotyping.