**Needs Identification Form**

**Important: you must gain consent for this enquiry (see Section 6)**

Please tick all appropriate boxes or write Not Applicable – N/A or Not Known – N/K

**What are you expecting to achieve?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Information and advice on a case** |  | **Support to develop/review a delivery plan** |
|  | **Information on services and resources for child/young person/family** |  | **Support with establishing a Team Around the Family** |
|  | **Support to complete an assessment** |  | **Consultation on access to intensive support services** |

1. **Details of person completing the form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Agency** |  | | **Role** |  |
| **Tel No** |  | | **Email** |  |
| **Date of Submission** | |  | | |

1. **Child/Young person’s details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename(s)** |  | | | | **Surname** |  | | | |
| **Aliases** |  | | | | **DOB/EDD** |  | | **Unborn** |  |
| **Gender** | (Select) | | | | **Ethnicity** | (Select) | | | |
| **Current Address** |  | | | | | | | | |
| **Postcode** |  | | **Type of Address** | | | | (Select) | | |
| **Please Specify** (e.g. living with grandparent) | | |  | | | | | | |
| **Tel No** (inc code) |  | | | | **Mobile No** | |  | | |
| **Email Address** |  | | | | | | | | |
| **First Language(s) other than English** (please specify) | |  | | | | | **Interpreter Required** | (Select) | |
| **NHS Number** |  | | | | | | | | |
| **Child/Young Person’s GP & Surgery** | | | |  | | | | | |
| **School/Early Years Setting** | | | |  | | | | | |

1. **Child/Young person’s family**

**Parents/carers for child/young person**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Gender** | **Address & Tel No**  (if different from above) | **DOB** | **Relationship to Child/YP** | **Parental Responsibility** | **Ethnicity** |
|  |  | (Select) |  |  | (Select) | (Select) | (Select) |
|  |  | (Select) |  |  | (Select) | (Select) | (Select) |

**Other children/young people in household**

**(Please indicate with a \* against a name if this request is also for any other of the children)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Gender** | **DOB** | **Relationship to Child/YP** | **School/Early Years Setting** | **Ethnicity** |
|  |  | (Select) |  | (Select) |  | (Select) |
|  |  | (Select) |  | (Select) |  | (Select) |
|  |  | (Select) |  | (Select) |  | (Select) |

**Significant others/other family members**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Gender** | **Address & Tel No**  (if different from above) | **DOB** | **Relationship to Child/YP** | **Parental Responsibility** | **Ethnicity** |
|  |  | (Select) |  |  | (Select) | (Select) | (Select) |
|  |  | (Select) |  |  | (Select) | (Select) | (Select) |

1. **Other services involved**

**Other professionals currently working with child/young person/family**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Name** | **Role** | **Contact Email/Tel No** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Current assessment details**

|  |  |
| --- | --- |
| **Type** | **Lead Professional** |
| (Select) |  |
| (Select) |  |

**Have you made any other requests or referrals for this child/young person/family?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Date** | **Agency** | **Outcome of Request** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **What needs have you identified?**

|  |  |
| --- | --- |
| * **All children and young people should feel that they are cared for and that they are safe and secure** | |
| **Young Carer responsibilities** | **Attachment issues** |
| **Suspected or actual self-harming** | **Participating in risky sexual behaviour** |
| **Termination, teen pregnancy/parent** | **Risk of harm due to going or being missing** |
| **Risk of harm due to child sexual exploitation** | **Child victim of bullying** |
| **Additional parenting skills need developing** | **No access for 2, or 3 to 4 year old funding** |
| **Child living with domestic violence** | **Child is perpetrator of domestic violence** |

|  |  |
| --- | --- |
| * **All children and young people get a good education that allows them to fulfil their potential and achieve their ambitions** | |
| **Poor school attendance** | **Behavioural patterns leading to not receiving a suitable full time education** |
| **No school place** | **Child being NEET** |
| **At risk of becoming NEET** |  |

|  |  |
| --- | --- |
| * **All children and young people are well-prepared for adulthood and the world of work, making a positive contribution as active citizens** | |
| **Child involvement with gangs** | **Child perpetrator of bullying** |
| **Youth offending** | **Conviction for violence by a parent or carer** |
| **Custodial sentence for parent or carer** | **Family members involved in anti social behaviour** |
| **Adult is currently out of work** | **Adult frequently in/out of work** |
| **Debt/money management** | **Homeless (or at risk of)** |
| **Housing/rent issues** |  |

|  |  |
| --- | --- |
| * **All children and young people are healthy, happy and free from poverty** | |
| **Mental health of the child** | **Mental health of the child’s parent or carer** |
| **Child’s physical disability or illness** | **Parent physical disability or illness** |
| **Alcohol misuse by the child** | **Alcohol misuse by the parent** |
| **Drug misuse by the child** | **Drug misuse by the parent** |
| **Child’s learning disability** | **Parent’s learning disability** |
| **Child missed multiple health appointments and/or vaccinations** | **Eating disorders** |
| **Not registered with GP** | **Not registered with Dentist** |
| **Family using Accident and Emergency dept. as primary care** | **Young people smoking** |
| **Pregnant mother smoking** | **Neglect** |

**Background information**

|  |
| --- |
|  |

**Previous interventions tried**

|  |
| --- |
|  |

1. **Consent**

**Please ensure the below information is provided to the service user when gaining consent.**

“All agencies that provide you with a service have to keep personal information about you. We need to collect the information so that you can help us identify what help you may want and what services and agencies can help put a plan in place to help achieve your goals. Some of the information that might be shared will include assessments, management decisions, chronology and transfer agreements.

We need your consent to both store your information and share your information with our partner agencies as they become part of the team delivering services directly to you; and occasionally, other professionals who may be asked to quality assure the work we do with you in order to ensure you receive the best possible service, advice and support.”

**I confirm that I have informed the service user of the information sharing agreements and they have given consent for their information to be shared including the following where applicable.**

**If this request is for services for a Young Person 13 – 19 years old, consent from Young Person should also be obtained below.**

**(Only exception is services for Young Carer’s and if Young Person has SEN that would imply they are unable to give consent based on capacity)**

**Transfer  Full Assessment and Management Decision  Chronology**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person Obtaining Consent** |  | | |
| **Name of Person Giving Consent** |  | **Verbal** | **Written** |
| **Name of Young Person Giving Consent** |  | **Verbal** | **Written** |
| **Date of Consent** |  | | |

**What happens next?**

|  |
| --- |
| Send this form to the Family Support Hub at [family.supporthub@bournemouth.gov.uk](mailto:family.supporthub@bournemouth.gov.uk)  If you need any help in completing this form, please contact the Family Support Hub  **01202 456884**  **Monday to Thursday 10.00am – 4.00pm** |