# Request for advice and information relating to Social Care

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| **Child’s name** |  |
| **Date of Birth** |  |
| **Who has Parental responsibility?** |  |

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| **Is the child or young person known to statutory Social Care or Early Help?** | | | | | | | |
| **Early Help** |  | **Children’s Social Work Service** |  | **Youth Offending Service** |  | **Disabled Children and Young People’s Service** |  |
| **Contact details for lead professional or social worker:** | | | | | | | |

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| **Has there been an assessment of the child and family?** | | | |
| **Early Help** |  | **Child and family Assessment** |  |
| **Other, please specify:** | | | |

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| **Does the child or young person have a current plan?** | | | | | | | | | |
| **Early Help** |  | **CIN CP LAC (s17, s20 or 31)** |  | **Youth Offending** |  | **Short Breaks plan** |  | **Care and Support** |  |
| **Service:** | | | | | | | | | |

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| **Voice of child/family/young person /parent/carer** (in addition to what information would already be sent) |  |
| What is important to the child or young person? |  |
| What does the child like doing? What would the family like? |  |

**Outcomes**

*Should be SMART and linked to the child’s aspirations:*

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| **Aspirations** | **Draft Outcomes** |
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**Strengths**

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| What is going well for the child and their family? What support do they receive from family, friends, community and other professionals? |  |

**Needs**

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| What do the child and family find difficult, challenging or stressful? What is not working well? |  |

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| **Proposed Provision for going forward following assessment:** *(please say what you think might be additional):* |
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| **What you might expect to be ordinarily available if you think this is useful?** |
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| **Advice completed by:** |  |
| **Name:** |  |
| **Job Title:** |  |
| **Team:** |  |
| **Date:** |  |