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| **Request for (Additional) Service(s) – Children and Family Health Devon** | |
| The following information is required to ensure consistent and equitable access to Children and Family Health Devon, so that decisions around accepting requests can be made quickly, and in the presence of all the necessary information to complete clinical screening. If Early Help intervention has taken place please provide the Early Help Assessment (previously DAF1) and Request for Additional Services (previously DAF2a – My Plan) in place of sections 1 and 2 of this form. Please ensure that these evidence work that has already been undertaken to support the Child (note that this is a requirement for referral to our specialist Services)  Requests for Service that do not include the required supporting information/attached evidence will be returned to the Requestor for completion.  Items highlighted **bold** are required fields. Additional space for answering questions can be found on the last page. | |
| SECTION 1A **Child Information** | |
| **Name of Child or Young Person:** |  |
| **Gender:** |  |
| **Date of Birth:** |  |
| **NHS Number:** |  |
| **Child’s Address**: |  |
| Postcode: |  |
| Phone Number:  (Childs contact if appropriate) |  |
| Any known alternate family names? | Yes  No  If yes, please give details: |
| **GP Name and Practice:** |  |
| Ethnicity: |  |
| Unique Pupil Number: |  |
| (Intended) School/educational Establishment: |  |
| **First Language if not English:** |  |
| Interpreter required: | Yes  No |
| Religion/Belief: |  |
| Is the child/young person a carer for another family member? | Yes  No |

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| **Anything known about  Legal Status:** | | Child in Care/Child Subject to a Child Protection Plan/ Child under an Interim Care Order/Child under a Care Order/guardianship or other status (please describe)  Additional supporting information  (e.g. responsible placing Local authority): | |
| Is there a legal plan (e.g. Supervision Order) in place? If Yes, please describe | | Yes  No  Unknown | |
| Reading/Writing/Comprehension within normal ranges for age:  (to help us when  communicating with the child) | | Yes  No  Unknown  If no, please give details: | |
| SECTION 1B **Family Information – Parents/Carers** | | | |
|  | **PRIMARY CONTACT** | | **2nd CONTACT** |
| **Name:** |  | |  |
| **Relationship to Child:** |  | |  |
| **Address** (if different to child’s address as recorded above)**:** |  | |  |
| **Post code:** |  | |  |
| **Phone Number:** |  | |  |
| Mobile number: |  | |  |
| Email**:** |  | |  |
| Known alternate Family Names**:** |  | |  |
| **First Language if not English:** |  | |  |
| Interpreter required: | Yes  No | | Yes  No |
| **Member of Armed Forces:** | Yes  No | | Yes  No |
| **Parental responsibility:** | Yes  No | | Yes  No |
| Additional Supporting Information (parents/carers):  Please ensure contact details for all adults with Parental Responsibility are defined above  (and if not, please add here):  Please confirm all adults with Parental Responsibility are aware of the Request?  Yes  No | | | |

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| SECTION 1C **Accessible Information**  *Please complete this section if you are making a request for yourself or as a parent/carer* | |
| Do you or your child have any special communication requirements? | You: Yes  No  Your child: Yes  No |
| Do you need a format other than standard print? | You: Yes  No  Your child: Yes  No |
| If yes, please specify: | Braille Yes  No  Large print Yes  No  Easy read Yes  No  Other, please specify |
| Do you need a British Sign Language interpreter or advocate? | You: Yes  No  Your child: Yes  No |
| Can we support you to lipread or use a hearing aid or other communication tool? | You: Yes  No  Your child: Yes  No |

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| SECTION 2 **Request for Service(s) – Supporting Information** | |
| **Where the information below is available within existing documentation, such as the  Early Help Request for Additional Services (previously DAF2a – My Plan), please simply reference this in the response. Please attach, or signpost if on Right for Children, the applicable documentation when submitting this Request**. | |
| **Please list any existing diagnoses/ prescribed medications:** |  |
| **Please describe the child/young person’s current presentation/functional difficulties, to include the history, duration and severity of presentation:** | |
| **How concerned are you  (the Requestor) about the presentation/difficulties  described above?** | Not concerned  A little concerned  Very concerned  Additional comment: |
| **How concerned are the parents/carers about the  difficulties their child is experiencing?** | Not concerned  A little concerned  Very concerned  Additional comment: |
| **Please describe your understanding of the child/young person’s awareness that they have a difficulty, and the impact this is having on their behaviour at home/school/in other environments (e.g. changes in behaviour, avoidance or frustration):** | |
| **Are there any existing safeguarding issues, including any past and/or current concerns about domestic violence?** | |
| **Please list all the professionals/agencies with which you, the child/young person and their family have engaged in relation to this problem before making this Request  (e.g. Health Visitor, Consultant, Psychologist, Social Care):** | |
| **Please list and provide evidence in relation to the activities you have already completed to address/resolve the problem, and the outcome of those activities:** | |
| **Please describe the needs/outcomes that have not been met by the above activities, indicating why, where this can be determined, and provide the supporting evidence:** | |
| **Please describe the outcomes you have discussed with the child/young person/family that you hope to achieve as a result of this Request:** | |
| **Please confirm that the child/young person/family have given consent to the Request for Services:**  Yes  No  **Where a young person has given own consent, please advise whether parental agreement has also been recorded?**  Yes  No  Where the responsible adult is not aware, have all safeguarding issues been considered**?** Please comment: | |

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| Please indicate the **primary service** from which the child might require assessment and each item you are submitting in support of your Request from the list below as evidence of Early Help.  **If you are not sure what evidence is required, please check our website for the  required documentary criteria:** [www.childrenandfamilyhealthdevon.nhs.uk](http://www.childrenandfamilyhealthdevon.nhs.uk) | |
| **SUPPORTING DOCUMENTATION ENCLOSED** | |
| Family Information and Assessment Early Help Assessment  Early Help Request for Additional Services  My Education, Health and Care Plan (EHCP)  Educational Psychology  Relevant Previous reports  Paediatrician, GP health reports | |
| **PRIMARY SERVICE REQUESTED** | |
| **CAMHS**  Child & Adolescent Mental Health Service | **ADDITIONAL SUPPORTING INFORMATION** |
| Interventions already tried e.g counselling, school action plans, family support, public health nursing input, self-help (internet resources etc |
| **Community Children’s Nursing** | **ADDITIONAL SUPPORTING INFORMATION** |
| Nursing Assessments for Additional Care |
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| **Learning Disability Team** | **ADDITIONAL SUPPORTING INFORMATION** |
| Evidence of diagnosis  Educational Psychology report  Evidence of previous attempts resolve the difficulties with mainstream support |
| **Occupational Therapy** | **ADDITIONAL SUPPORTING INFORMATION** |
| Confirmation that two terms of **Fun** **Fit** have been completed  Therapy/Nursing Assessments for equipment – where previously completed |
| **Palliative Care** |  |
| **Early Years Complex Needs** | **ADDITIONAL SUPPORTING INFORMATION** |
| Early years setting report for all children currently attending a setting (including childminders).  Evidence of significant and complex delay in two developmental areas which must include detailed evidence of significant cognitive delay (refer to website for criteria).  Evidence of how professionals have tried to target areas of delay in the community, e.g. demonstrated through a TAF.  Early Evidence of the Graduated Response if a referral is from an Early Years setting. Settings should have discussed the child with their Early Years Consultant prior to the referral being made.  Early Evidence that the child has had an Early Help Assessment (Right for Children) if appropriate.  Early Copies of ASQs, Two Year Old and Let’s Talk More assessments where appropriate, including a summary of the child’s needs. |
| **Rehabilitation Officer for Visually**  **Impaired Children (ROVIC)**  Functional Vision Assessment  Orientation and Mobility Assessment  Environmental Audit  Registration  Deaf Blind Policy Guidance Assessment | **ADDITIONAL SUPPORTING INFORMATION** |
| CVI (Certificate of Visual Impairment) |
| **Social Care Disabled Children’s Service**  Short Break Assessment  Social Work Single Assessment | **ADDITIONAL SUPPORTING INFORMATION** |
| Evidence of diagnosis  EHCP  Early Help Assessment  Disability Living Allowance (DLA) |
| **Specialist Autistic Spectrum**  All forms are available on our website:  <https://childrenandfamilyhealthdevon.nhs.uk/autistic-spectrum-disorder/referral-information/> | **ADDITIONAL SUPPORTING INFORMATION** |
| Professional Questionnaire  Parent/Carer Questionnaire  Young Person Questionnaire **(for young people aged 14 years or older)**  School Questionnaire  TAF minutes **or** other Needs Assessment showing a graduated response and outlining supports and interventions that have been put in place  Background Information Form **(if young person is 13 years or older)**  Consent to Assessment signed by parent/carer **OR** young person if they are 16 years or older |
| **Under 5 Specialist Assessment**  Developmental Assessment  Autism Assessment | **ADDITIONAL SUPPORTING INFORMATION** |
| For complex medical cases discharge summary or paediatric report only required  Most recent Ages and Stages Questionnaire (ASQ)  Setting report (i.e. Nursery, Play group, childminder)  Evidence of how professionals have tried to target areas of delay in the community  Evidence of delay in two developmental areas and impact plus ages and stages  **Confirm you have discussed the reason for your request for service with Parent/Carer** |
| **Speech and Language Therapy** | **ADDITIONAL SUPPORTING INFORMATION** |
| Let’s Talk More screening tool score and paperwork  Result from most recent hearing test/Audiology report  SLT Toolkit – summary/report of completed activities with outcomes  Speech Link/Language Link assessment - results and evidence of outcomes  Previous Speech and Language Therapy report(s)  Special Schools Resource Pack – Summary/report of completed activities, with outcomes  ENT report (for voice requests only) |
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| **Information Sharing** | |
| Information provided to support a request for services may be shared with other professionals within Children and Family Health Devon, relevant health and social care organisations and agencies. This may also include children’s centres and education. Information is only shared on a need to know basis and always to ensure the care of the child/young person. Sharing information will always be completed securely and in line with Data Protection and Caldicott Principles. You can request that we do not share personal information at any time; however this may affect our ability to provide service. For more information about how we will use the information that you (or the service user) provide and your rights relating to this information (including the right to obtain copies of the information) please go to [www.childrenandfamilyhealthdevon.nhs.uk](http://www.childrenandfamilyhealthdevon.nhs.uk) or speak to a member of staff or write to us using the address on this letter. | |
| **Confirmation and Signatures** | |
| I confirm that every effort has been made to address this Child / Young Persons Educational, Health and/or Social Care Needs from the resources available. The Child / Young Person’s needs have now reached a nature, severity and/or complexity that require an application to be made for additional intervention. | |
| **Name of Requestor (please print):** |  |
| **Signature:** |  |
| **Role/relation to child/young person:** |  |
| **Date of Request:** |  |
| **Contact email:** |  |
| **Contact phone number:** |  |
| **Contact address:** |  |

**Once completed please send this form and accompanying documentation to our Single Point of Access, preferably by email.**

**Note** that emails from the list below to cfhd.devonspa@nhs.net are secure. If you do not have a secure email route please call us on 03300 245 321 or email us to request access to a secure email route.

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| .cjsm.net (Criminal and Justice) | .gcsx.gov.uk (Local Government/Social Services) |
| .gse.gov.uk (Central Government) | .gsi.gov.uk (Central Government including Department of Health) |
| .gsx.gov.uk (Central Government) | .hscic.gov.uk (The Health and Social Care Information Centre) |
| .mod.uk (Military) | .nhs.net (NHSmail) |
| .pnn.police.uk (Police) | .scn.gov.uk (Criminal and Justice) |

**Children and Family Health Devon**

**Single Point of Access Team**

**1a Capital Court**

**Bittern Road**

**Sowton Industrial Estate**

**EXETER**

**EX2 7FW**