Pre-request document





The following questions consider areas of good practice which should have been addressed prior to a request for support from the HIVE team. Please answer them all to before completing and submitting the request for support

Is the young person aware of this request for support?

☐Yes ☐No

Has the child agreed to work directly with a professional? (some support can still be provided if they have not)

☐Yes ☐No

Has this request been agreed at a care team meeting?

☐Yes ☐No

Did the child or young person complete the referral form with you?

☐Yes ☐No

Have the child or young person seen the HIVE leaflet and been made aware of the support we offer?

☐Yes ☐No

Does the child have a good understanding of why they are in care?

☐Yes ☐No

Has any words and pictures work been completed with the child or young person?

☐Yes ☐No

Has life story work been completed with the child or young person?

☐Yes ☐No

If you have answered no to any of the above questions this may affect the referral. Therefore can you please explain the reasons for the answer.

Please give brief details of how the Pupil Premium + funding allocated to school has been used to support this child/young person (applies to children from Reception to Year 11)

|  |  |
| --- | --- |
| Name of Child / Young Person |  |
| Date of Birth |  |
| Legal Status | S20 / FCO / ICO / Adopted / SGO / CAO |

HIVE Initial Consultation and Advice Form

A close up of a logo

Description automatically generated





|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Worker(name and contact number) |  | Team |  | |
| Carer / Guardian (name and contact number) |  | | | |
| School |  | | School Year |  |
| Key Contact at School and telephone number |  | | | |

|  |  |
| --- | --- |
| Name of Person completing referral |  |
| Role |  |
| Contact Number |  |
| Date of Referral |  |

Please refer to The Hive Team leaflets or website for more information about the support and specific interventions we offer [www.nthive.org.uk](http://www.nthive.org.uk)

**Current Situation**

|  |
| --- |
| What is working well? |
|  |
| What are you worried about and why are you making the referral? |
|  |
| How would you scale the current situation? (0 – most concerned 10 – least concerned) |
| 0 1 2 3 4 5 6 7 8 9 10 |
| Why have you scaled it as this? |
|  |
| What would need to happen for you to scale higher and what do you hope the support will achieve? |
|  |

**Other Services Involved**

|  |
| --- |
| Are any other services currently involved? If so, please specify. |
|  |
| Any support services involved within last 3 years? If so, please specify. |
|  |

Please return this form to: [HiveTeam@northtyneside.gov.uk](mailto:HiveTeam@northtyneside.gov.uk)

HIVE Use Only

|  |  |
| --- | --- |
| Date of discussion: |  |
| Referral accepted? |  |
| Person identified to take lead: |  |
| Further clarification needed about: |  |
| Proposed support package: |  |
| Next steps: |  |
| Review Date |  |