This form needs to be completed in order to request support from **all** Local Authority services**, including Preventative Services and Social Care**. If you have an immediate safeguarding concern, please call the Access and Response Team (ART) on 01454 866000.

Before completing the form, please ensure that you have consent from the parents and Young People over 11 years and that they are aware of the information being shared in the referral and what is being requested. You also need to gather the thoughts and views of the parents and children/young people. Best Practice would be to show a copy of this referral to parents so they are clear about the information you are sharing unless to do so would place a child at risk.

When requesting support from Early Help or Preventative Services, **please consider the questions below** before completing the Request for Help form:

* Have you spoken with Compass before making this referral? If not, email [Compass@southglos.gov.uk](mailto:Compass@southglos.gov.uk).
* Is there an **EHAP (Early Help Assessment and Plan) open for this family?** If not, please discuss with **Compass** prior to making this referral.
* Have universal services/support been tried in the first instance?
* Have you referred to the SEND Local Offer found [here](https://find-information-for-adults-children-families.southglos.gov.uk/kb5/southglos/directory/localoffer.page?localofferchannel=0&channel=localoffer)?
* Have you looked at the South Gloucestershire Children’s partnership: [The Right Help in the Right Way at the Right Time (Threshold Document)](http://sites.southglos.gov.uk/safeguarding/)?

## Referral Information:

## Please enter the information in a new line below.

Referral Date:

Referrer Name:

Organisation:

Telephone:

Email:

## Consent:

## (Please note if this was not obtained it is unlikely your referral will be accepted).

Has written or verbal consent been obtained for this referral?:

(Please specify which and if not, why not? The only reason not to gain consent is if to do so would place a child at risk of significant harm.)

Who gave consent for this referral?:

Have the parents seen a copy of the completed referral? If so, in which format?:

Is the child/young person aware of the referral and do they consent to this referral (if applicable)?:

Have you obtained consent from the parents for information sharing with other agencies other than Social Care?

Please indicate if there are any exceptions to this.

## Family Details

## (Please ensure you fill out each person’s information individually)

## Details of everyone under 18 years living in the home:

Name:

Address:

DOB/EDD:

Gender:

Ethnicity and Nationality:

Religion:

Name:

Address:

DOB/EDD:

Gender:

Ethnicity and Nationality:

Religion:

## Parent/Carer Details:

Name & DOB:

Relationship to Child:

Parental Responsibility: (Y/N)

Address:

Gender:

Ethnicity and Nationality:

Religion:

Contact details: (phone & email address)

Name & DOB:

Relationship to Child:

Parental Responsibility: (Y/N)

Address:

Gender:

Ethnicity and Nationality:

Religion:

Contact details: (phone & email address)

## Other significant adults living in the home:

Name & DOB:

Relationship to Child:

Parental Responsibility: (Y/N)

Address:

Gender:

Ethnicity and Nationality:

Religion:

Contact details: (phone & email address)

Name & DOB:

Relationship to Child:

Parental Responsibility: (Y/N)

Address:

Gender:

Ethnicity and Nationality:

Religion:

Contact details: (phone & email address)

## Details of Organisation previously or currently involved:

Name of Practitioner:

Organisation:

Role and Contact Details:

Actions and Outcomes:

Involvement Dates:

Contribution to EHAP: (Y/N)

Name of Practitioner:

Organisation:

Role and Contact Details:

Actions and Outcomes:

Involvement Dates:

Contribution to EHAP: (Y/N)

## Chronology of significant events:

What key historical events have led up to this referral and how has this impacted the children?:

## Details about this referral:

What are you and the family worried about? What is happening now that makes people worried? How serious is it and does it effect everyone’s wellbeing and safety?

Please describe the situation in as much detail as possible, giving examples where appropriate and your views as the referrer:

What is working well? What has helped in the past or worked before? Who are the people who help and support the child and family to make things better and what do they do that helps? What are the strengths and protective factors?

Please include all the family’s views and those of the practitioner in their own words where possible/appropriate:

Are there any complicating factors? Are there any things in the family’s life that make these worries harder to sort out? (E.G Disability, illness, addiction, poverty, housing, bereavement or loss):

What is the child/are the children saying about the situation? Have you spoken to the child and what have they said? Try to record the child’s own words and phrases or your observations of them if they are pre-verbal or non-verbal:

What do you and the family want things to look like or change as a result of this referral? What will improve for the children as a result of your referral?:

## Referral Request please check only ONE box:

(If you are unsure and need signposting regarding a referral to early help please speak to Compass)

**Early Help:**

Advice, help, guidance and signposting for early help community support.

**Request for 0-25 disability Service:**

Social Care

Occupational Therapy (OT)

Preparing for adulthood (PFA)

**Request for Children’s Social Care:**

Children in need of support with consent from parents.

Children in need of protection.

**Request for a targeted Preventative Service/Family Support:**

Caring for Communities and People (CCP)

Family Link Team (please send these referrals to [FamilyLinkTeam@southglos.gov.uk](mailto:FamilyLinkTeam@southglos.gov.uk))

Families Plus (0-5)

Families Plus (5-18)

Families Plus Parenting Course

Young People’s Service

**Request for other targeted service:**

Educational Psychologist

Young People’s Drug and Alcohol Service

Portage

Please submit the form to ART. Tel: 01454 866000. Email: Accessandresponse@southglos.gov.uk

* If you have concerns regarding significant harm to a child, please telephone ART ASAP and follow up concerns in writing.
* Should you not have access to a computer please telephone ART and ask for advice.