

Request for Help Form

South Gloucestershire
Council

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? email 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?
- <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 –

Referral Date	
Organisation	

Referrer Name	
Phone:	
Email:	

Consent: *(Please note if this not obtained it is unlikely your referral will be accepted).*

Has written or verbal consent been obtained for this referral? (Please specify which) If not, why not? <u>The only reason not to gain consent is if to do so would place a child at risk of significant harm.</u>	
Who gave consent for this referral?	
Have parents seen a copy of the completed referral? If so, in which format e.g. email /paper copy	
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 note to create another row place the cursor outside of the end of row and press enter)*

Details of everyone under 18 years living in the home: *(Please ensure you use a row for each individual)*

Name	Address	DOB/EDD	Gender	Ethnicity and Nationality	Religion

Parent/Carers details: *(Please ensure you use a row for each individual)*

Name and 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: *(Please ensure you use a row for each individual)*

Name	Relationship to child	Parental Responsibility Y/N?	Address	Gender	Ethnicity and Nationality	Religion	Contact details (phone & email address)

Details of organisations previously or currently involved: *(Please ensure you use a row for each organisation)*

Name of Practitioner	Organisation	Role and Contact Details	Actions and Outcomes	Involvement Dates	Contribution to EHAP Yes/No

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 how does it affect everybody'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's 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/ren 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 are parents saying about the situation? What are they finding most difficult? What are they doing to help their child/ren or situation? Are they open to receiving support?

Try to record the parent's own words and phrases

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	<input type="checkbox"/>
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Request for a targeted Preventative Service / Family support

Caring for Communities and People (CCP)	<input type="checkbox"/>
Family Link Team (Please submit referrals to FamilyLinkTeam@southglos.gov.uk)	<input type="checkbox"/>
Families Plus (0-5)	<input type="checkbox"/>
Families Plus (5-18)	<input type="checkbox"/>
Families Plus parenting course	<input type="checkbox"/>
Young People's Service	<input type="checkbox"/>

Request for 0-25 disability Service

Social Care	<input type="checkbox"/>
Occupational Therapy (OT)	<input type="checkbox"/>
Other	<input type="checkbox"/>

Request for Children's Social Care

Children in need of support with consent from parents	<input type="checkbox"/>
Children in need of protection	<input type="checkbox"/>

Request for other targeted service

Educational Psychologist	<input type="checkbox"/>
Young People's Drug & Alcohol Service	<input type="checkbox"/>
Portage	<input type="checkbox"/>

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.