

Access and Response - Request for help form

For Local Authority services

(Guidance notes are available to support completion)



Date of Request

| | |
|---|--|
| Date of request: | Date request received: <i>Office use only</i> |
| Has consent been obtained to share information and make this request? Consent must be obtained to share information and make this request. | Signed: <input type="checkbox"/> Verbal: <input type="checkbox"/> |
| Parental views/comments What do the parents require? What do they feel needs to change? What would they like as a result of this referral? | |

Referrer Information

| | |
|----------------------------|------------------------------|
| Name and role: | Signature: (Paper only) |
| Organisation/Team/Service: | Office address and postcode: |
| Contact telephone no: | Email: |

Child/ren / young person details

| | |
|---|----------------------|
| Family Name: Given Name Date of Birth: Gender: | Address and Tel No.: |
|---|----------------------|

Parent's details

| | |
|--|--------------------------------|
| Name: Date of Birth: Parental Responsibility? <input type="checkbox"/> | Address and Tel No.: Email: |
|--|--------------------------------|

| | |
|--|--------------------------------|
| Name: Date of Birth: Parental Responsibility? <input type="checkbox"/> | Address and Tel No.: Email: |
|--|--------------------------------|

Additional Information

| | Child | Parent | Parent |
|------------------------------|-------|--------|--------|
| Faith/Religion | | | |
| First Language | | | |
| Other forms of Communication | | | |
| Ethnicity | | | |
| Disability | | | |
| Special Educational Need | | | |

Reason for Request

| | | | |
|--|--|---|---|
| <p>What are you worried about?</p> | | | |
| <p>What do you want to happen next?</p> | | | |
| Request for support information or advice <input type="checkbox"/> Request for Access to Records <input type="checkbox"/> | Request for Preventative Service Childrens Centre <input type="checkbox"/> FYPS <input type="checkbox"/> FIF <input type="checkbox"/> | Request for Social Care <input type="checkbox"/> | Request for targeted service Educational Psychology <input type="checkbox"/> Young People Drug and Alcohol Service <input type="checkbox"/> Fire Setter Service <input type="checkbox"/> |
| Request for SAF support <input type="checkbox"/> | Request for 0-25 OT <input type="checkbox"/> Request for 0-25 SC <input type="checkbox"/> Request for 0-25 Portage <input type="checkbox"/> Request for 0-25 Funding <input type="checkbox"/> | Request for SEN disability help/support <input type="checkbox"/> Request for Education Health and Care plan <input type="checkbox"/> Request for Children's Occupational Therapy Service <input type="checkbox"/> | Other <input type="checkbox"/> <i>Please state</i> |

Other Children and Adults who live in the House (e.g. lodgers/step parents)

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|--|--|
| Name: Date of Birth: Ethnicity: | Relationship to Child/Young Person: |
| Name: Date of Birth: Ethnicity: | Relationship to Child/Young Person: |
| Name: Date of Birth: Ethnicity: | Relationship to Child/Young Person: |

Significant others not living in the home (e.g. partners of parents, other family members)

| | |
|--|---|
| Name: Date of Birth: Ethnicity: | Address and Tel No.: Relationship to Child/Young Person: |
| Name: Date of Birth: Ethnicity: | Address and Tel No.: Relationship to Child/Young Person: |
| Name: Date of Birth: Ethnicity: | Address and Tel No.: Relationship to Child/Young Person: |

ALL agencies currently and previously involved with the Family

What has been tried so far? Actions of all other services please refer to any assessments, actions and outcomes achieved so far.

| Name of Practitioner | Role and Contact Details | Actions and Outcomes | Involvement Dates & Outcomes | Contribution to SAF Yes/No |
|-----------------------------|---------------------------------|-----------------------------|---|-----------------------------------|
| Health visitor: | | | | |
| School/Nursery: | | | | |
| GP: | | | | |
| | | | | |
| | | | | |

Chronology of significant events

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Child/Young Person's development

What the Children/Young People say and do - Describe the Children's /Young People's day to day experiences that describe both strengths and needs.

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| Include children's strengths and needs: | Consider health, physical, emotional and behavioural development etc. |
| Child/Young Persons Views (consider voice of child/young person): | What is the child/children saying |

Parenting strengths and challenges

What Parents say and do - Describe parenting approach, routines, and boundaries within the family highlighting strengths and challenges.

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| Include parents strengths and challenges: | Consider basic case, safety, stimulation, emotional warmth etc. |
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Family and community

Describe relevant family history, current circumstances and available support.

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| Include Strengths and Challenges: | Consider family functioning, housing, income, social integration etc. |
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Analysis of strengths and challenges

Please use the above information to consider the main strengths, challenges and risks for the family. It should result in a clear understanding of the Child/Young Person's needs and which types of service provision may best address these needs:

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|---|
| Difficulties, needs and risks – What are the needs and risks that are worried about? |
| Strengths/protective factors – What is working well? |

Conclusions – What needs to change?

Please submit the form to the Access and Response Team.

Tel: 01454 866000 Email: accessandresponse@southglos.gov.uk

1. If you have concerns regarding **significant harm to a child please telephone Access and Response ASAP** and follow up concerns in writing.
2. Submit Access and Response form by **secure email**– telephone Access and Response to be sent a secure log in.
3. Should you not have access to a computer please telephone Access and Response and ask for advice?