This form must be used to request support for a child(ren) and their family for one of the two following services:

1. **Family wellbeing/early help service** supportis requested, that is where you are concerned for a child’s wellbeing and the family has asked for support where you have been supporting the child and family at a lower level of early help need and that now cannot be addressed by one or more organisations at a lower level of need

2. **Children’s social care** service, that is where you are worried about the safety of a child in that they are being harmed or are at significant risk of harm.

If you are unsure about whether or not to make a request, or which service (level of need) will best help the family and safeguard the child, please refer to the North Somerset Continuum of Need on the North Somerset Safeguarding Children’s Partnership website and speak to your designated safeguarding lead. If you remain unsure of the level of need you can telephone the Children’s Services professional advice line during office hours on **01275 888690.**

To make a request for support for either Family Wellbeing/Early Help (Intensive/Targeted Need) and Children’s Social Care:

Front Door to Children’s Services:

* + 8.45am to 5pm Monday to Thursday, 8.45am to 4:30pm Friday - 01275 **888808**
  + Out of Hours (Emergency Duty Team) - Monday to Thursday 5pm – 8:45am; Friday 4.30pm – Monday 8:45am and Bank Holidays - **01454 615165**

If you are worried about an **immediate risk of significant harm** to a child, it is essential that you share your concerns by telephone request to the Front Door, if appropriate this request will be accepted over the telephone and you will need to follow this up by completing the online referral form within 24 hours.

|  |  |  |
| --- | --- | --- |
| **Family Wellbeing (Early Help)**  Family Wellbeing (Early help) – intensive Early Help support for families who are facing challenges in their lives which impact directly on the outcomes of their children.  This includes an assessment of need, planned delivery of support, parenting groups and integration into community. |  | **Children’s Social Care Service**  Children’s Social Care is a statutory service/specialist level of need (see North Somerset Continuum of Need) that assesses and provides services for children and families whose needs are complex.  Children social care work with families who are experiencing, or are at risk of experiencing significant harm if they are not provided with statutory services |

|  |
| --- |
| **Consent**  The request must be discussed with the child and their family and consent sought from those with parental responsibility. *Unless to do so would place the child at further risk of harm.* If you are worried about a child’s safety and you are unable to gain consent immediately, **this should not stop you from making a request for support. However please ensure your designated safeguarding lead agrees with your actions**. |

# Please send this request for support form to Front Door for Children’s Services: childrens.frontdoor@n-somerset.gov.uk

In the subject line of your email, please state whether your referral is for “Family Wellbeing” or “Children’s Social Care” and include the scaling score ‘0-10’ that you have provided within your referral, to help the Front Door triage your referral as swiftly as possible.

For example, Family Wellbeing 4

**This is a request (please tick one of the options above based on the level of need as outlined in North Somerset’s continuum of need).**

*Please provide your assessment and/or child’s plan from the work you’ve already undertaken within Early Help work along with this request for support.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Wellbeing** | |  | **Children’s Social Care** | |
| This request has been discussed with the child and family and consent to this request has been given **(parents/carers are required to physically sign a hard copy of this document below) – you retain the hard copy on your files.** | | This request has been discussed with the child and family and consent to this request has been given **(parents/carers are required to physically sign a hard copy of this document below) – you retain the hard copy on your files.** | |
| **Signed** | | **Signed** | |
| **Print Name** | **Date** | **Print Name** | **Date** |
| **Signed** | | **Signed** | |
| **Print Name** | **Date** | **Print Name** | **Date** |
| **If parent(s) have not been informed or given consent, please explain why not** | | | | |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is this a self-referral – explanation of request** | | | |
|  | | | |
| **Details of Child(ren)** |  | | |
| **Family Name:** |  | **Family Name:** |  |
| **Given Names:** |  | **Given Names:** |  |
| **DOB or Expected Date of Delivery:** |  | **DOB or Expected Date of Delivery:** |  |
| **Gender:** |  | **Gender:** |  |
| **Ethnicity:** |  | **Ethnicity:** |  |
| **Primary Language or preferred means of communication:** |  | **Primary Language or preferred means of communication:** |  |
| **Religion:** |  | **Religion:** |  |
| **Is an Interpreter or Signer Required?** |  | **Is an Interpreter or Signer Required?** |  |
| **Primary Address:** |  | **Primary Address:** |  |
| **Telephone Number:** |  | **Telephone Number:** |  |
| **Mobile Number:** |  | **Mobile Number:** |  |
| **NHS Number:** |  | **NHS Number:** |  |
| **Does the child have a disability and/or an Education Health & Care (EHC) plan? If so detail:** |  | **Does the child have a disability and/or an Education Health & Care (EHC) plan? If so detail:** |  |
| **Child Exploitation concerns? If no indication what is your evidence of no risk? Please give details.** |  | **Child Exploitation concerns? If no indication what is your evidence of no risk?**  **Please give details.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carers Details:** |  | | |
| **Family Name/Surname:** |  | **Family Name/Surname:** |  |
| **Forenames** |  | **Forenames** |  |
| **Date of Birth** |  | **Date of Birth** |  |
| **Relationship to the child** |  | **Relationship to the child** |  |
| **Does this person have parental responsibility – Y/N** |  | **Does this person have parental responsibility – Y/N** |  |
| **Any special needs/disabilities** |  | **Any special needs/disabilities** |  |
| **Ethnicity** |  | **Ethnicity** |  |
| **First language** |  | **First language** |  |
| **Interpreter required?** |  | **Interpreter required?** |  |
| **Current Address** |  | **Current Address** |  |
| **Contact Details – Tel No and email** |  | **Contact Details – Tel No and email** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Other household members and significant relationships** | | | | | | |
| **Name/s** | **DOB** | **Relationship** | **Ethnicity** | **First**  **Language** | **Communication Needs** | **Address and**  **Contact Details** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Educational Setting/Early Years/School/College details** | | | |  |
| **Name** |  | | |  |
| **Address** |  | | |  |
| **Tel No** |  | | |  |
| **Head Teacher** | | **Contact Details** | **Nursery/Class/Form Teacher** | **Contact Details** |
|  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Services currently working with the child and family** | | |  |
| **Professional Full**  **Name** | **Agency / Role** | **Address and Postcode** | **Email and Telephone Number** |
|  |  |  |  |

|  |
| --- |
| **What is working well for this child and in this family?**  ***What are the strengths/support systems within the family, the strengths and resources within the family and what they do well? Do these strengths and resources reduce the risk and if so how and in what context?*** |
|  |

|  |
| --- |
| **Reason for Request for Support. What are you and/or the child and family worried about?** |
| ***Does the child and/or family share your worries? What have you seen/what are you worried about? Provide detail including frequency, severity and impact on the child. Have these worries, behaviours happened before – please tell us. Tell us about a time when you weren’t worried about a child/young person.* Do you know if there is anyone within the family or the community helping the family? If so, please provide details and comment on how this is going. What are the specific behaviours and/or issues for the parent/child/young person that may pose a risk to their safety? *Please provide your Early Help Assessment and/or child’s plan with this request for support. If you have not provided early help to the family already, why not and what could you be providing.*** |
|  |

|  |
| --- |
| **What do you want to happen next to ensure the child is *safer and ensure the parents/carers can keep the child safe?*** |
|  |

|  |
| --- |
| **How worried are you?** |
| ***Where do you rate the situation at the moment on a scale of 0-10 where 0 means the child is in danger or has already been hurt and 10 means that everything is now sorted for the child, they have people around who care for them and help to keep them safe and free from harm.***  A line that goes from zero on the left to 10 on the right. |
| ***What do you need to see to improve it?*** |
|  |
| ***Who else could provide help to the family*** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What has led to you making a request for support? – please tick all that are applicable**  **(Supporting Families criteria highlighted – three or more identified = family meet SF)** | | | |
| Alcohol misuse by child/young person (**SF**) |  | Learning disability of parent/carer/adult in household (**SF**) |  |
| Alcohol misuse by parent/carer/adult in household (**SF**) |  | Missing from home |  |
| Anti-social behaviour (**SF**) |  | Missing from school/education (**SF**) |  |
| Child exploitation -Sexual or criminal (**SF**) |  | Mental health of child/young person, including bereavement (**SF**) |  |
| Disability (SEND) |  | Mental Health of parent/carer/adult in household (**SF**) |  |
| Domestic Abuse (**SF**) |  | Employment / Debt / Finance (**SFEA**) |  |
| Drug misuse by child/young person/criminal exploitation/county lines (**SF**) |  | Child on Parent Violence |  |
| Parental Conflict |  | Challenging behaviour in child / Young person |  |
| Drug misuse by parent/carer/adult in household (**SF**) |  | Physical disability or illness of child/young person/adult in household (**SF**) |  |
| Early Years SEND (**SF**) |  | Physical abuse |  |
| Emotional abuse |  | Isolation of parent / career / child and Young person |  |
| Fabricated Illness |  | Private Fostering |  |
| Family in acute distress |  | Radicalisation |  |
| Female genital mutilation |  | Special Education Needs and Disability |  |
| Forced marriage |  | Sexual Abuse |  |
| Gang affiliation and/or serious youth violence (**SF**) |  | School exclusion/multiple school moves |  |
| Homeless young person/family at risk of homelessness (**SF**) |  | Self-harming |  |
| Honour based violence |  | Trafficking |  |
| Learning disability of child/young person (**SF**) |  | Unaccompanied Asylum Seeker (UASC) |  |
| Learning disability of parent/carer/adult in household (**SF**) |  | Young Carer |  |
| Neglect |  | Threat of eviction (**SF**) |  |
| Family Relationship break down (**SF**) |  | Refugee |  |

|  |
| --- |
| **If the issue you are concerned about is not listed, please include below** |
|  |

**\*\* Please ensure you have completed the Child Exploitation screening tool and attach this to your request.** [**You can Download the Screening Tool by clicking here**](https://proceduresonline.com/trixcms1/media/11813/child-exploitation-risk-identification-tool-11.docx)

|  |  |
| --- | --- |
| **Referrer (Request for Support) Details** | |
| **Name:** |  |
| **Job Title:** |  |
| **Organisation/Agency** |  |
| **Role with the child and family** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Address including postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Any other professionals/agencies involved with the child and family** | | |  |
| **Name of professional:** | **Role** | **Agency Name** | **Contact Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |