**Children’s Centre ‘Request for Support’**

**To request support for a family with a child under 5 years in Bath and North East Somerset**

*Please ensure you complete all sections on the form correctly, giving as much information so we can match the response to the needs of the child, young person or family.*

*Any gaps or lack of information may result in it being returned to you which could delay our early help offer.*

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| **Child(ren) or Young Person’s Details** | | | | | | | |
| **Full Name** | **Date of birth /**  **Est. Date of delivery** | **Gender** | | **Disability** | **Ethnicity** | | **School / Education** |
|  |  |  | |  | Choose an item. | |  |
|  |  |  | |  | Choose an item. | |  |
|  |  |  | |  | Choose an item. | |  |
|  |  |  | |  | Choose an item. | |  |
| **Address**  (Main residence of child/ren, young person) | | |  | | | | |
| **Phone number(s)** |  | | | **Email address(es)** | |  | |

| **Family Members and Significant People:** \*Parental Responsibility | | | | | | |
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| **Name** | **Date of Birth** | **Relation-ship** | **Gender** | **Ethnicity** | **Contact Number / Address** | **P/R\*** |
|  |  |  |  | Choose an item. |  |  |
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| **Please give the details of the family and home situation – including structure of the family, who lives in the home, other key family members (e.g. grand parent)** |
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**Other agencies or professionals currently or previously involved with this child/family**

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| **Name** | **Role / Professional relationship** | **Agency** | **Contact Number / Address** |
|  | *Midwife* |  |  |
|  | *Family Nurse* |  |  |
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| **Existing Assessment (Please attach)** ⚫ | | | | | | |
| **Single agency**  (Please specify) |  | **Early Help/CAF**  Complete In progress  closed | | **Early Help Allocation Panel**  **(EHAPs)** | | |
| **Social Care**  **Step Down** | **Social Care Single Assessment**  CIN  CP | | **Other**  (please specify) | |  | **None** |

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| **Reason for Request for Support - What is the child / family’s story?** ⚫  **Please outline the main concerns or challenges for the unborn baby, child and / or family.** |
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| **Has anything changed to increase the need / risk of poor outcomes?** ⚫ |
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| **What could be better for the unborn baby, child and / or family?** ⚫ |
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| **Please state any information that may help us to communicate better with the child, young person and family** e.g. language spoken, disabilities, communication aids, English as additional Language ⚫ |
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| **Details of any previous support accessed or offered and how successful was this.** | *Agency names, worker’s names & contact details.* |
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| ***Date of last TAC/F meeting*** | **Name of Lead professional** | ***Date of next TAC/F meeting*** ⚫ |
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| **What would/does the referred child (or unborn baby) say regarding this request for support ?** |
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| **Parent/Carer’s views on request for support** *– willingness to engage, readiness for change etc.* |
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| **Issues faced by child(ren), young person or family** ⚫⚫  *Tick each box that is relevant (giving further details) & state the* ***primary reason*** *underpinning request for support* | | | | | | |
| **Presenting Issue** | | **Child** | | **Adult** | **How does the issue impact on the child, young person or family?** | |
| Acrimonious relationship between parents/carers  or other members of the household / family | |  | |  |  | |
| Adult on benefits / Low Income | |  | |  |  | |
| Alcohol misuse  *Please attach*  Audit C or [Drink Think Tool](http://www.bathnes.gov.uk/sites/default/files/siteimages/drink_think_tool.pdf) | |  | |  |  | |
| Anti-social behaviour (Involved in) | |  | |  |  | |
| (victim of) | |  | |  |  | |
| (within education setting) | |  | |  |  | |
| Bereavement | |  | |  |  | |
| CSE - Child Sexual Exploitation (or risk of) – attach  [*SERA*](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/cse_seraf_risk_assessment_3may_2016_final_docx.docx)*F (sexual exploitation risk assessment form)* | |  | |  |  | |
| Criminal behaviour / risk of offending | |  | |  |  | |
| Debt - *including rent arrears / lack of income* | |  | |  |  | |
| Disengagement or resistant to working with mainstream /universal services | |  | |  |  | |
| Domestic abuse (perpetrator)  and honour based and forced marriage | |  | |  |  | |
| Domestic abuse (victim)  *Please attach* [*Dash risk checklist*](http://www.safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL.pdf) | |  | |  |  | |
| Education - not accessing education or  Not meeting expected education outcomes  Risk of education breakdown | |  | |  |  | |
| Female Genital Mutilation (FGM) | |  | |  |  | |
| Harmful Sexual Behaviour | |  | |  |  | |
| Home conditions | |  | |  |  | |
| Homelessness / risk of eviction /  Frequent moves / Temporary accommodation | |  | |  |  | |
| Hospital admission | |  | |  |  | |
| Learning needs – including  Learning disabilities/difficulties (EHC/SEN);  Below ’Age Related Expectations (ARE) ’ | |  | |  |  | |
| Developmental Delay (child)  Speech, Language & Comm. Social–Emotional  Cognition & Learning  Sensory/Physical | |  | |  |  | |
| Lone parent | |  | |  |  | |
| Mental health / emotional well-being  Adult Long term / Complex | |  | |  |  | |
| Adult Short term / low mood or anxiety | |  | |  |  | |
| Child Difficulty regulating emotions  Concerns re attachment | |  | |  |  | |
| Missed appointments / immunisations | |  | |  |  | |
| NEET - Not in education, employment or training  (Young person) | |  | |  |  | |
| Negative peer group / gang involvement | |  | |  |  | |
| Parenting - ability to meet needs of child(ren) | |  | |  |  | |
| – routines & boundaries | |  | |  |  | |
| Physical health issues  *including limiting long term illness or* Disability | |  | |  | Details: | |
| Police involvement or numerous call-outs | |  | |  |  | |
| Prison (CAPI – Parent / carer / family member has  custodial sentence or recently released) | |  | |  |  | |
| Private fostering | |  | |  |  | |
| Teenage pregnancy / risk of | |  | |  |  | |
| Radicalisation / risk of  *Note - duty of referral to Children’s Services* | |  | |  |  | |
| Social isolation | |  | |  |  | |
| Substance / drug misuse | |  | |  |  | |
| Toxic / Complex Trio - past or current (specify)  *domestic abuse, mental ill health, substance misuse* | |  | |  |  | |
| Trafficking and modern slavery | |  | |  |  | |
| Workless Household (neither parent in work) | |  | |  |  | |
| Young carer | |  | |  |  | |
| Other - please specify | |  | |  |  | |
| **Statutory Status** | | | | | | |
| Adopted Child  ASF gained pending | Asylum seeking | | Looked after  - by extended family | | | Looked After Child (LAC)   * By Local Authority |
| Please give further details | | | | | | |
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| **Referrers Comments** |
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| **Risk Assessment of family members / visitors – relating to home visiting by professionals** ⚫ | |
| Pets |  |
| Abusive / Violence to staff and others |  |
| Substance / Alcohol misuse |  |
| Other risks  e.g: Mental health |  |
| Is it safe to contact the family at anytime? | Please circle - Yes or No.  If No please include additional information; |

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| **Family availability (Please tick days which available)** | | | | |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
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| **Confirmation by the practitioner / agency supporting the request** | | | | |
| * I have explained the need for, and practice of, information sharing, processing and storage with the parent / carer/ young person (if applicable) and they have given their signed consent below.   You can find further guidance and explanation of the information sharing protocols using the link - <https://www.proceduresonline.com/swcpp/banes/p_info_sharing.html>   * I have explained my duty and role in safeguarding children and families and that through not sharing information the provision of early help for the unborn baby / child(ren) / young person could be delayed. * I have explained that I will work with the Children’s Centre and Health Visitor (if applicable) to support timely access to services best placed to improve the outcomes for the child and / or family. | | | | |
| **Name** |  | **Tel. No.** |  | |
| **Job Title** |  | **Agency** |  | |
| **Address** |  | | | |
| **Email** |  | | | |
| **Signature** |  | **Date of request** | |  |

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| **Parent/Carers consent** | | |
| In signing this form - I am aware that to enable best and earliest help for my child / family :  This referral will be considered at a multi-agency Early Childhood Allocation Panel (ECAPs) which includes members of the Children’s Centre and Health Visiting team.  I agree that:   * Information may be shared with, and sought from, other agencies / services that can provide help and support to improve things for me or my child(ren) and family. * This referral, the resulting assessment and reviews resulting from services offered will be shared my Health Visitor (part of Integrated Early Childhood Service) and the referrer (if applicable) for the purposes of providing early help. * Information related to this’ request for support’ will be held on a confidential data system which is bound by data protection laws.   (Details surrounding this can be found at [www.bathnes.gov.uk](http://www.bathnes.gov.uk) under ‘Data Protection’)   * I have had the need for the storing and sharing of this information explained to me and I understand the exceptional circumstances under which it may be shared without my prior consent. * I have had the consent process and information sharing protocols explained to and shared with me. * I am at a point of being willing and able to work with Children’s Centre services to make a difference to our lives. | | |
|  | **Parent / Carer 1** | **Parent / Carer 2** |
| **Name** |  |  |
| **Relationship to Child** |  |  |
| **Signature** |  |  |
| **Date** |  |  |

**Send completed ‘Request for Support’ forms to:**

* [**BrightStartCC@bathnes.gov.uk**](mailto:BrightStartCC@bathnes.gov.uk) **– ONLY if you have secured email (e.g: Globalscape)**

**Or**

* **The following applicable address, via ‘Recorded delivery’:**

|  |  |  |  |
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|  | **Bath West:**  **Action For Children**  **Children’s Centre**  c/o Beaumonds  Padleigh Hill  Bath  BA2 9DW  Tel No: 07866 015594  Via: Globalscape  For Council staff | For | Those referrals from Bath West CC group area:  Twerton  Moorlands |
| Bright Start Children's Centre Logo NEW | **Bath East:**  **Bath Children and Family Hub**  12 Charlotte Street  BATH  BA1 2NE  Tel No: 01225 396662 | For | Those referrals from Bath East CC Group area:  Parkside area (Bath Central)  Weston  St Martin’s area   * Odd down, Combe Down, Foxhill |
| Bright Start Children's Centre Logo NEW | **Somer Valley:**  **Radstock Children’s Centre**  Church Street  Radstock  BATH  BA3 3QG  Tel No: 01225 396660 | For | Those referrals from Somer Valley CC Group area:  Radstock, Midsomer Norton  Paulton, Peasedown  & surrounding villages |
| Bright Start Children's Centre Logo NEW | **Keynsham &**  **Chew Valley:**  **Keynsham Children’s Centre**  65 West View Road  Keynsham  BRISTOL  BS31 2UE  Tel No : 01225 395400 | *For* | Those referrals from Keynsham and Chew Valley CC Group area:  Keynsham  Chew Valley  & surrounding villages |