**REQUEST FOR SUPPORT**

If there is no immediate danger use this form to request support from partners regarding your work with a family or to tell us if a child is at risk of harm, mistreatment or abuse. **If your referral is deemed urgent due to a child(ren) being at risk of immediate and significant harm please call 999**

**How to submit this form:**

* Discuss your concerns with the child and family if appropriate and where you can, gain their consent
* Reflect on Right Help, Right Time with your agency’s safeguarding lead to determine that a request for support is the appropriate response and what your ongoing involvement and contribution to outcomes will be
* Tell us if you have sought advice from CASS **(0121 303 1888)** or Family Support Duty colleagues in your locality

**Please complete all sections and return this form to:** **CASS@birminghamchildrenstrust.co.uk**

* Requests made over the phone must be followed by a request on this form as soon as possible.
* Please read the document ‘Guidance Completing a Request for Support Form’ [here](https://www.lscpbirmingham.org.uk/safeguarding-concerns)
* Birmingham Children's Trust is accredited to send and receive sensitive and confidential information from other secure organisations, without the need for using GCSX email addresses. This change is described further[here](https://www.birminghamchildrenstrust.co.uk/info/6/contact_us/119/changes_to_gcsx_secure_emails).Emails are no longer accepted in Egress format.

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| **SECTION 1. About This Request** |
| Date of this request |   | Have you previously phoned us about this family? |   |
| What is the main reason for making this request? |   |
| Describe when the child / children were last seen, by who and where. **Please ensure voice of the child is in Section 7**  |   |
| Refer to the [Right Help Right Time (RHRT) framework](http://www.lscpbirmingham.org.uk/delivering-effective-support) – What layer of need do you think your concerns meet | Choose an item. |
| List the prominent indicators from RHRT used to determine the above i.e. Additional Needs includes:  |   |
| What support is your agency providing the family and in addition to your continued support, who else is supporting the family? |   |
| Have you undertaken an Early Help Assessment (EHA), considered completing an EHA or connecting the family to Early Help Locality Teams? (please attach the EHA) |   |
| Has the child got an Education/Health/Care Plan (EHC plan) if so when is it due to expire and or be reviewed. (please attach the EHCP) |  |

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| **SECTION 2. Consent Guidance** |
| To properly achieve partnership with parents it is essential to keep them involved and informed throughout our work with their family. Parents and individuals with Parental Responsibility for the child must be asked to give consent for all the work we undertake throughout the child’s journey unless this would put the child at risk of significant harm and/or jeopardise child protection enquiries. In these circumstances the reason for not seeking consent must be given.Consent from absent/non- resident parents must be sought where safe to do so. Consent obtained from one parent only counts as partial consent. Partial consent is accepted by CASS as consent. Consent should not be assumed to have been given or understood.The personal data collected on this form will be stored and used by us to provide support to the family. We will share relevant data with partner organisations where they can also provide support. We will collect and store and use your personal data in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018. For further information on how your information is used, how we maintain the security of your information and your rights in relation to the information we hold about you please see our [**full privacy notice**](https://www.birminghamchildrenstrust.co.uk/privacy) |
| Has appropriate consent been obtained (yes/no)? If yes, to what extent (full/partial) | Choose an item. |
| Give Details (e.g. mother has given consent) |
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| **SECTION 3. Children or young people you are concerned about** |
| Full Name | DOB / Age | Address | Phone | Email | Gender | Ethnicity | Religion | Nationality (Country of Birth) | Education Setting | Interpreter / Signing | Disability / Diagnosis | Nat Ins / NHS no. | Relationship to family |
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| Any other significant children or young people who live elsewhere |
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| **SECTION 4. Adults you are aware of in the household** |
| Where a parent or adult is at risk of Domestic or Emotional Abuse, in addition to the details below, please clearly state here which parent / adult and provide (if known) a ‘safe’ phone number CASS can call. | Name |   | Safe Contact Number  |   |
| Please describe days and or times when it is safe to contact this parent / adult and include anything CASS need to know regarding contact, to ensure their safety is not compromised |   |
| Full Name | DOB / Age | Address | Phone | Email | Gender | Ethnicity | Religion | Nationality (Country of Birth) | Parental Responsibility | Interpreter / Signing | Disability / Diagnosis | Nat Ins / NHS no. | Relationship to family |
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| Any other significant adults who live elsewhere |
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| **SECTION 5. Details about you**  |
| Organisation | Service | Full name | Phone | Email | Address | Nature of support | Currently Involved? |
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| Other agencies involved with the child(ren), young people or Family |
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| **SECTION 6. Current & Previous Assessments / Screening Tools or Plans available**  |
| Title | Type | Date | Completed by (Name) | Organisation | Purpose | Attached or available? |
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| **SECTION 7. How are things going** |
| **What is going well? What is going well for this family and what resources/services are already in place?** |
| What existing support is in place for this child(ren)/family that has been tested and proven to alleviate the concern; * What is going well? What is making things go well?
* Are there resources (e.g. family/friends/community) being accessed or services that are being provided to address the concern?
* What are the views of the family? **- include the voice of the child (regardless of age) i.e. who helps me, what do they do to help me and keep me safe**
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| **What are your concerns for this child(ren) or Family** |
| Is there actual harm? – what action is causing the harm; * What is the extent of the harm currently being experienced by the child(ren)/young person
* How does this harm manifest itself and impact on the child(ren)s/young person’s health, welfare and development
* What is the factual information and evidence base specific to your concern;
* What are the future dangers for this child(ren)/family should this concern not be addressed?
* What are the complicating factors that makes the concern more difficult to deal with?
* What are the views of the children/young people **– include the voice of the child such as, what worries me and why. How does this make me feel**
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| **What needs to happen next?** |
| What changes do the family need to make for your concern to be addressed? Please list the changes and outcomes you think are needed. * What changes do the family think they need to make? What do they think would help them?
* What do you think would help to decrease the concern and risk to this family/child/ren?
* What support would help the family to make the changes you have identified?
* What are the views of the children? **– include the voice of the child such as what would it be like if or how would things look if my worries were gone**

Before submitting this request have you considered the Waiting room website [www.the-waitingroom.org](http://www.the-waitingroom.org) to identify services that can support the family as an alternative to Birmingham Children’s Trust? |
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