



Request for Service

Requests for **Early Help** or **Safeguarding Services** should be made using this inter-agency request for service form. The form is in line with the requirements of Working Together to Safeguard Children and local procedures.

Before completing this form, please refer to the East Riding Safeguarding Children Partnership Threshold Guidance and (if available) seek advice from your organisational safeguarding lead or safeguarding professional.

*However If you are concerned a child has suffered or is likely to suffer significant harm and is at immediate risk call the **Children's Safeguarding Hub** on **(01482) 395500** or ring **999** (asking for the Police). In these circumstances, please complete this form to confirm your referral **within 24 hours**.*

CONSULTATION OFFER

If you are considering a request for additional needs you are welcome to contact an Early Help practitioner on 01482 391700 to discuss prior to making the request. If you are requesting intensive, targeted or specialist support please consider contacting the Safeguarding Hub for a consultation with a Social Worker before completing. On completing the form, please ensure that you complete all boxes with the required information. **You must determine as the refer what support you are requesting for the child and their family e.g., early help, specialist support from Child in Need/Child Protection.**

Section A – Referrer's Details

Date of referral:		Time of referral:		<input type="checkbox"/> Referral is a follow up to a telephone call	<input type="checkbox"/> This is a new referral
Name of referrer:				Role / relationship to child:	
Organisation:				Address of referrer:	
Contact number				Postcode:	
				E-mail:	

Section B – Type of service request

Is this service request for Early Help Assessment and/or Support?		Is this request for service for a Child Protection or a Child in Need concern?	
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Section C – Consent to make a request for service

Consent should always be sought from an adult with parental responsibility for the child / young person (Or from the child themselves if they are competent) before passing information about them to either Children's Safeguarding or Early Help community Hub. If a practitioner believes a child is at risk of significant harm, they have a duty to inform- this does not require consent, but it is good practice to inform an adult with parental responsibility that the request for service is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence

Have you obtained consent to make the request for service?

☐ No

☐ Yes

Date obtained:

If yes, what is the parent / carer and child's view of the request for service:

<p><i>If no, explain the immediate risk of significant harm that has prevented you from obtaining consent:</i></p>
<p>Section D – Background to Service Request</p>
<p>Please briefly explain what has happened (please provide the facts of the situation):</p>
<p>Please explain (In brief) your concern that has led you to making this referral today:</p>
<p>If the answer is yes to any of the following, please contact the safeguarding hub immediately before completing this form:</p>

Section E: The Child's Details			
Surname:		First name(s):	
D.O.B or expected date of delivery:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/> Trans-gender <input type="checkbox"/> Prefers not to say
School / early years setting		GP surgery and NHS number:	
Name of person with parental responsibility			
Child's home address:		Postcode:	
		Telephone:	
Current address (if different from above):		Postcode:	
		Telephone:	
Child's ethnicity:			

White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White any other background	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background	Mixed <input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> Any other mixed background	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	Other Ethnic Groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic Group <input type="checkbox"/> NOT KNOWN
Child's first language or preferred means of communication:			Is an interpreter or signer required?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
Child's religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> C of E / Anglican <input type="checkbox"/> Eastern religion <input type="checkbox"/> Hindu <input type="checkbox"/> Jehovah's witness <input type="checkbox"/> Jewish <input type="checkbox"/> Methodist <input type="checkbox"/> Mormon <input type="checkbox"/> Muslim <input type="checkbox"/> Not known <input type="checkbox"/> No religion <input type="checkbox"/> Other <input type="checkbox"/> Other Protestant <input type="checkbox"/> Pentecostal Christian <input type="checkbox"/> Roman Catholic		Has an Early Help Assessment (EHA) been completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
Does the child have a Special Educational Need or Disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details: <input type="checkbox"/> Autistic spectrum disorder <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Multi-sensory impairment	Does the child have an Education Health and Care Plan?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not known	

	<input type="checkbox"/> Other difficulty / disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Profound and multiple learning difficulty <input type="checkbox"/> Severe learning difficulty <input type="checkbox"/> Social, emotional or mental health <input type="checkbox"/> Specific learning difficulty <input type="checkbox"/> Speech, language and communication <input type="checkbox"/> Visual impairment		
Does the child have therapy needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would the child benefit from an assessment for short breaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have a medical condition /or a chronic long term health condition that they require support with managing?
Is this child a young carer ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have sensory needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have communication difficulties?

Section F – Residing Household Details

If you are also referring a sibling of the child in Section A who is under the age of 18 years, please list them in this section and indicate that you are also referring them. Please also list the names and details of all children (under 18) and adults who are currently residing in the home.

Surname	First name	DOB	Age	Relationship to the child in section A	First language or preferred means	Also referring

					of communication	
						<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes

Section G – Non-Residing Family Details

Please also list the names and details of all children (under 18) and adults who are family members that do not reside in the home (i.e. separated parents, half-siblings).

Surname	First name	DOB	Age	Relationship to the child in section A	First language or preferred means of communication	Address and contact details	Also referring
							<input type="checkbox"/> Yes
							<input type="checkbox"/> Yes
							<input type="checkbox"/> Yes
							<input type="checkbox"/> Yes

SECTION H - Armed Forces Covenant Duty (This section must be answered)

Considering Section F and G, has the child/young person or a member of their immediate family ever served in the UK Armed Forces?

Yes <input type="checkbox"/> * - If yes, please follow up on completing section H before moving on to section I.	No <input type="checkbox"/> – start section I.	Prefer not to say/Not Known <input type="checkbox"/> - start section I.	Not appropriate to ask <input type="checkbox"/> ** - start section I.
<p><i>*For the purposes of the Armed Forces Covenant Duty, this includes:</i></p> <ul style="list-style-type: none"> – Members of the Regular forces (Serving personnel) – Members of the Reserve forces (Reservists) – Former members of HM Armed Forces who are resident in the UK who has <u>served for at least one day</u> (Veterans) – Relevant family members of regular, reserve, or veteran individuals. This refers to current and former spouses and civil partners, children (including adopted and foster children), relatives (who are living in the same household or are wholly or mainly financially dependent on the service member or partner; or someone from whom the service member or partner has assumed regular and substantial caring responsibilities for), and bereaved family members. <p><i>**If a professional is completing an assessment and deems it inappropriate to ask this question, they can select this option.</i></p>			
(b) Please select the option below that best describes child/young person or immediate family members status:			
Serving personnel	Reservist	Veteran (have served for at least one day in the UK Armed Forces)	Family member is serving/has served (e.g. spouse, partner, child, other relative)
(c) Please tell us which Service child/young person or immediate family member served in and military service number (where known):* <i>*This is an optional question and should only be asked in circumstances where it is deemed necessary/appropriate. It may for example, be helpful in cases where individuals may need to be signposted to external agencies such as military charities, who would require this information.</i>			
Service:		Service Number:	

Section I – What's do you view is the identified risk's and needs of the child?
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Scaling Score On a scale of 0 – 10, **how safe is the child right now?**

Please consider the child's current situation and provide a scaling score of how safe the **child is now**,

- 0 = so worried the child is certain to get harmed or harmed again,
- 10 = you are not worried, and the child is currently safe.

What is your scaling score of the child's situation?

Please describe the evidence and reasons for your scaling score given:

How do you view that the current situation impacts on the child?

How does the parent / carer feel about your concerns and request for support?

What are the views of the child? What is the child's response to your concerns and request for support?

What needs to change to make things better or safer for this child and family?

Has the child suffered any harm? how do you know the child has suffered harm?

If yes, how often has harm occurred and what are the triggers?

Section J – What is working?

What is going well for this child and family?

What has already been done to address any concerns and how has this helped?

What resources / services are currently in place?

What additional assessments, evidence or chronologies can you submit to support your referral?

Section K – What needs to Change?

What would the family like to change?

What change do you think needs to happen and why?

Section L – Services Already Working with the Family – Please include any details of services that are working currently with the child or family, this could include examples like GP / CAMHS / Health Visitor / LAC Nurse / Family Support Worker/ Advocates/ Solicitor or legal services.					
Full Name of Professional	Role of Professional	Telephone	Email Address	Address and Postcode	What support is the service providing (if known)

If the child is at urgent and significant risk of serious harm the Safeguarding Hub should be contacted by telephone and followed up in writing within 24 hours.

This form should be sent to one of the following Hubs dependent upon identified need

Early Help Locality Hubs

Safeguarding Children Hub

ehphub@eastriding.gov.uk

safeguardingchildrenshub@eastriding.gov.uk

