Professional Request for Service Referral Form for Early Help or Children’s Social Care Services

***Hull’s Children’s Partnership requires all professional request for service referrals to be completed via our dedicated Portal which is accessed via*** [*https://childrensportallive.hullcc.gov.uk/*](https://childrensportallive.hullcc.gov.uk/) ***. You should only be submitting this word version if you cannot use our Portal.***

***If you do need to complete this word version, please make sure you have downloaded this form from our website to ensure you are using the most up to date version. For the latest form, Request for Service Guidance form, Threshold of Need and Neglect Tool please visit*** [*Hull Safeguarding Children's Partnership*](http://www.hullcc.gov.uk/portal/page-_pageid%3D296%2C1%26_dad%3Dportal%26_schema%3DPORTAL)***. Old versions will not be accepted from 1 March 2022 and you will be asked to re-submit your request using the correct form or re-directed to use the portal.***

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**WARNING: If a child is in imminent danger you must dial 999 and speak to the Police.**

**For urgent safeguarding/child protection referrals we need you to call us first. Please save this form so you can return to it later.**

**You can contact the Early Help and Safeguarding Hub (EHaSH) on: 01482 448 879 Option 4 (Mon- Thurs 8.30am-5pm and Fri 8.30am-4.30pm) and the Emergency Duty Team (EDT) 01482 300 304 (Mon – Thurs 5pm – 8.30am and Fri 4.30pm – Mon 8.30am)**

1. **Threshold Request**

**Are you making a Request for Service for under the Threshold of Need for**: **(Mandatory)**

**Universal/Additional Support** (level 1 and 2) [ ] Yes **Targeted Early Help** (level 3) [ ] Yes **Children’s Social Care Specialist Support** (level 4) [ ] Yes

**Date of Request for Service** Click or tap to enter a date. **Time of Request for Service** Choose an item.:Choose an item.:Choose an item.

# Consent

**We cannot accept levels 1-3 Universal/Additional Support/Targeted Early Help requests without a parent/carer or a young person’s consent, please make sure you have consent (verbal or written) in place before continuing with this request for service. Level 4 requests for Children Social Care should also have consent and be aware of this request for service unless this would place a child(ren) at further risk.**

**Does the family know you are making this request for service?** [ ] Yes [ ] No

**If they are not aware**, please explain your rationale for making a request for service without parent/carers being informed

Click or tap here to enter text.

**If you have informed them**, have they given consent? [ ] Yes [ ] No

**Who has given consent?** Name and relationship to child(ren)

Click or tap here to enter text.

**Date consent obtained** Click or tap to enter a date.

**If they did not give consent**, please explain your rationale for making a request for service without parental consent

Click or tap here to enter text.

**If they have given consent**, have they agreed for us to share this information with appropriate agencies and for those agencies to share appropriate information back with us? [ ] Yes [ ] No

**If they have given consent**, are there any agencies the family have specified that we are NOT to share information with at this time, if so, please provide this information here.

Click or tap here to enter text.

# About You

**Please provide us with your contact details and nature of your role with the child and/or family. Please ensure you provide your email address so that we can provide feedback/the outcome of your request for service.**

|  |  |
| --- | --- |
| **First and Last Name**  | Click or tap here to enter text. |
| **Agency/Team Details** | Click or tap here to enter text. |
| **Agency Referring**  | Choose an item. Health Services: Choose an item. |
| **Agency if not on list** |  |
| **Email**  | Click or tap here to enter text. |
| **Telephone Number** | Click or tap here to enter text. |
| **What is your role/relationship to the child and/or family?**  | Click or tap here to enter text. |

# About the Child /Young Person/Family Network

**Please provide as much detail for each child you are referring to us** *(please add more rows as required)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth /Age or EDD** | **Gender** *(Male/Female/Not Known/ Unborn)* | **Address** | **Telephone Number and/or Email** | **Ethnicity** | **Education (School/Nursery)** | **NHS Number***(Include mother’s NHS no for unborn children)* |
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**Please provide as much detail for any other children in the household** (i.e sibling, step sibling).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth /Age or EDD** | **Gender** *(Male/Female/Not Known/ Unborn)* | **Address** | **Telephone Number and/or Email** | **Ethnicity** | **Education (School/Nursery)** | **NHS Number***(Include mother’s NHS no for unborn children)* |
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**Please complete what you know about the parent/carers and members of the child’s family network** *(please add more rows as required)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name**  | **Last Name** | **Date of Birth/Age** | **Gender** | **Relationship to the child/ren** | **Address (if not the same as the child)** | **Telephone Number and/or Email**   | **Ethnicity**  |
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# Additional Needs

**Does the child have any identified special educational needs or disabilities?** [ ] Yes [ ] No [ ] Not Known

 **If Yes, Does the child have an Education, Health and Care Plan?** [ ] Yes [ ] No [ ] Not Known

**Please tell us about any specific needs the child or their family might have as a result of a child’s special needs or disabilities**

Click or tap here to enter text.

**Are there any communication needs (including language and disability)?** *If anyone does not have English as their primary language, please state the language used and if an interpreter is required , and/or anyone in the household has a disability, please provide relevant details here.*

Click or tap here to enter text.

**Is there an Early Help Assessment or Plan in place for this child/family?** [ ] Yes [ ] No [ ] Not Known

**If Yes**, **who is the Lead Professional?**

|  |  |
| --- | --- |
| **First and Last Name**  | Click or tap here to enter text. |
| **Agency/Team Details** | Click or tap here to enter text. |
| **Email**  | Click or tap here to enter text. |
| **Telephone Number** | Click or tap here to enter text. |

# Primary Need of Child/Family: (Mandatory) Choose an item.

# Worries

**Have you identified any contextual safeguarding risks for this child or young person ? Please tick all those that are relevant**

|  |  |
| --- | --- |
| Gang Membership / Serious Youth Violence |[ ]  Child Criminal Exploitation |[ ]
| Missing |[ ]  Child Sexual Exploitation |[ ]
| Harmful Sexual Behaviours |[ ]  Trafficking |[ ]
| Radicalisation |[ ]  **Other (Please Specify)** Click or tap here to enter text. |[ ]

**If you are passing on information from a third party**, please make that explicit here and explain whether or not that person wishes to remain anonymous. Alternatively, provide us with his or her contact details and explain the relationship between this person and the child and family (e.g. family member, neighbour).

Click or tap here to enter text.

**What have you seen or heard that you are worried about, what effect have the worries had on the child and is the reason for your request for service?**

Click or tap here to enter text.

**Has this happened before?** [ ] Yes [ ] No

**If Yes**, give details of previous incidents. What is different today that makes this more of a worry?

Click or tap here to enter text.

**Have you spoken to anyone in the family about your worries?** [ ] Yes [ ] No

**If Yes,** what happened?

Click or tap here to enter text.

**If No**, why not?

Click or tap here to enter text.

**Complicating factors** (anything that is making it more difficult internally/externally from the family household to address the worries)

Click or tap here to enter text.

# What’s Working Well - Strengths and Safety

**What are the times you know of when the parents/carers are caring for the child/ren well?**

Click or tap here to enter text.

**What are all of the good things you know happening in the child’s life that makes things better for them? Who are the people who help?**

Click or tap here to enter text.

**What are the times that the worries have been there, and somebody has done something to make sure the child hasn’t been hurt or frightened?**

Click or tap here to enter text.

# Family and Network Details

**Who would the child say are the most important people in their life?**

Click or tap here to enter text.

**Who would the parents say are the people around them that help and support them?**

Click or tap here to enter text.

**Who are the most important professionals involved with the child and family?**

Click or tap here to enter text.

**Please list all known professional involvements *(please add more rows as required)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Agency/Team** | **Contact Details** | **Reason for Involvement** |
|  |  |  |  |  |
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# What Needs to Happen

**Level 1 and 2 ONLY - Please tick which Universal/Additional Support Help Service you wish to refer to and give a brief explanation of what you think the child/family need or are asking for?**

|  |  |  |
| --- | --- | --- |
| **Early Help Family Support (0-11yrs)** |  [ ]  | **Drug & Alcohol Support (Children & Young People)** |[ ]
| **Early Help Family Support (11-19yrs)** |  [ ]  | **Drug & Alcohol Support (Parental/Adults)** |[ ]
| **Early Help Family Support (targeted pregnancy)** |  [ ]  | **Family Group Conferencing** |[ ]
| **Early Help Family Support (SEND)** |  [ ]  | **Parenting Support** |[ ]
| **Early Help Family Support (NEETs)** |  [ ]  | **Young Carers Support** |[ ]
| **Early Help Children's Centre Services** |  [ ]  | **Youth Services (10-19yrs)** |[ ]
| **Reason:**  |

**Level 3 and 4 ONLY -Please tell us how you think Targeted Early Help or Children’s Social Care could help to reduce any risk of harm to the child and/or members of their family.**

Click or tap here to enter text.

1. **Scaling Questions**

**Where do you rate the situation at the moment on a scale of 0 - 10, Where 10 is that there have been some concerns for the child, but no more than any child in the community and there are people around making sure the child is ok, and 0 is I am so worried about the child, they have already been hurt and if something doesn’t change, they could be seriously hurt again?**

[ ] 0. [ ] 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] 7. [ ] 8. [ ] 9. [ ] 10.

**What are the things that need to happen to increase the safety or wellbeing and make things better for the child? (What could improve things by 1)**

Click or tap here to enter text.

#  Submitting Your Request for Service

**Completed Request for Service forms should be sent to the Early Help and Safeguarding Hub (EHaSH) mailbox:** EHASH@hullcc.gov.uk.

**Please ensure you attach any additional supporting documentation**, including any assessments, neglect tool etc you have completed when you submit this form to us and list those here

Click or tap here to enter text.

**Please tell us why it was not possible for you to use our dedicated portal request for service route on this occasion**

Click or tap here to enter text.

**Thank you for your Request for Service, we may need to speak with you further and aim to respond with the outcome within 3 working days for Targeted Early Help Support/Specialist Support - Children’s Social Care (Level 3 & 4) and within 5 working days for Universal/Additional Support (Level 1 & 2)**