

## REQUEST FOR SUPPORT

**Our vision: All children will do better in life than they thought they could.**

**Our mission:**

- To ensure that all children and young people are safe
- To tackle inequalities and close the attainment gap
- To ensure swift and easy access at the point of need

**To request support for a child/young person within Bath and North East Somerset, there are three simple processes:**

1. If you are concerned about the immediate safety of a child or young person, you should speak to your manager and/or seek advice from the Social Care teams on 01225 477000, or email: [childcare\\_dutyteam@bathnes.gov.uk](mailto:childcare_dutyteam@bathnes.gov.uk)
2. For children and young people with a clearly identified need which can be met by one service complete the attached Request for Support form and return to the service needed. (This form does **not** replace the referral to health services via the single point of entry).

**Please send only one copy of this request with signatures and any supporting paperwork.**

To refer to a named practitioner:	OR, refer to the appropriate service:	
<p><b>Complete this form and return to the named practitioner / or service.</b></p>	<p><b>Children's Centre Services</b></p>	<p><b>Education Psychology Service</b></p>
	<p>Parkside Children's Centre, Charlotte Street, Bath, BA1 2NE <a href="mailto:parksidechildrenscentre@bathnes.gov.uk">parksidechildrenscentre@bathnes.gov.uk</a></p>	<p>PO Box 25, Riverside, Keynsham, BS31 1DN <a href="mailto:psychology_service@bathnes.gov.uk">psychology_service@bathnes.gov.uk</a></p>
	<p>Norton Radstock Children's Centre, Radstock Library, The Street, Radstock, BA3 3PR <a href="mailto:somervalley_childrenscentre@bathnes.gov.uk">somervalley_childrenscentre@bathnes.gov.uk</a></p>	<p><b>Children Missing Education Service</b></p>
	<p>St Martin's Garden Children's Centre, 150 Frome Road, Bath, BA2 5RE <a href="mailto:StMartins_GardenChildrensCentre@bathnes.gov.uk">StMartins_GardenChildrensCentre@bathnes.gov.uk</a></p>	<p>PO Box 25, Riverside, Keynsham, BS31 1DN <a href="mailto:cmes@bathnes.gov.uk">cmes@bathnes.gov.uk</a></p>
	<p>Weston Children's Centre, Penn Hill Road, Weston, Bath, BA1 4EH <a href="mailto:Weston_ChildrensCentre@bathnes.gov.uk">Weston_ChildrensCentre@bathnes.gov.uk</a></p>	<p><b>Early Support</b></p>
	<p>Keynsham Children's Centre, 65 West View Road, Keynsham, BS31 2UE <a href="mailto:Keynsham_ChildrensCentre@bathnes.gov.uk">Keynsham_ChildrensCentre@bathnes.gov.uk</a></p>	<p>Children's Service Keynsham Health Centre St Clements Road Keynsham Bristol BS31 1AG</p>
	<p>First Steps Moorlands Children's Centre, Moorfields Road, Bath, BA2 2DQ <a href="mailto:Moorlandsc@firststepsbath.org.uk">Moorlandsc@firststepsbath.org.uk</a></p>	<p><b>School Nurse Support</b></p>
	<p>First Steps Twerton Children's Centre, Woodhouse Road, Bath, BA1 2SY <a href="mailto:Twertoncc@firststepsbath.org.uk">Twertoncc@firststepsbath.org.uk</a></p>	<p>School Nurse Team Leader St Martin's Hospital, Clara Cross Lane Bath BA2 5RP <a href="mailto:schoolnursing@sirona-cic.org.uk">schoolnursing@sirona-cic.org.uk</a></p>
	<p>Chew Valley Children's Centre, Chew Lane, Chew Magna, Bristol, BS40 8QA <a href="mailto:ChewValley_ChildrensCentre@bathnes.gov.uk">ChewValley_ChildrensCentre@bathnes.gov.uk</a></p>	<p><b>Family Play Inclusion</b></p>
	<p><b>Hospital Education and Reintegration Service</b></p>	<p>Bath Area Play Project - <a href="mailto:enquiries@bapp.org.uk">enquiries@bapp.org.uk</a></p>
<p>HERS Service Manager Children's Ward, Royal United Hospital, Combe Park, Bath BA1 3NG <a href="mailto:hospital_education@bathnes.gov.uk">hospital_education@bathnes.gov.uk</a></p>	<p>Wansdyke Play Association - <a href="mailto:admin@wpa-play.com">admin@wpa-play.com</a></p>	

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For children with multiple needs with a range of services involved, practitioners should start a Common Assessment in consultation with the child and family to assess what package of support may be appropriate and devise a single plan shared by all agencies.

## REQUEST FOR SUPPORT

Please tick where appropriate (delete empty box first and paste ticked box)

<b>Request by:</b> <i>(Requesting agency/organisation)</i>	
<b>Contact Person and Phone Number:</b>	
<b>Position Held:</b>	

Child/Young Person		Date of Birth	Year Group <i>(if relevant)</i>
Forename(s)	Surname		
Male <input type="checkbox"/>		Female <input type="checkbox"/>	
<b>Ethnicity:</b>			

Address(es):	Telephone Nos:

Name of Parents/Carers <i>(and address if different from above):</i>	Relationship <i>(indicating parental responsibility):</i>

Setting/School <i>(if relevant):</i>
In care <input type="checkbox"/>

<b>NHS Number/Unique Pupil Number:</b>	
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Please indicate strengths and difficulties from the point of view of:		
1) child/young person	2) parent/carer	3) requesting agency

<b>Has a CAF been completed?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>Does the child/young person already have a Statement of Special Educational Need?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**Please give details of strategies implemented to date, indicating what has been successful:**

**Other Agencies involved (and name of practitioner, if known):**

<input type="checkbox"/> Heath Visitor	<input type="checkbox"/> School Nurse
<input type="checkbox"/> Learning Partnership West (Formerly Connexions)	<input type="checkbox"/> Children's Centre Services
<input type="checkbox"/> Youth Offending Team	<input type="checkbox"/> Midwife
<input type="checkbox"/> Social Care	<input type="checkbox"/> Other:
<input type="checkbox"/> CAMHS	<input type="checkbox"/> Other:
<input type="checkbox"/> GP	<input type="checkbox"/> Other:

**Please indicate or give details of the service/support requested:**

<b>Children's Centre Services</b> (e.g. Stay & Play sessions, Extended Services)	<b>Educational Services</b>
<input type="checkbox"/> Family Play Inclusion Support	<input type="checkbox"/> Children Missing Education Service
	<input type="checkbox"/> Educational Psychology Service
	<input type="checkbox"/> Hospital Education and Reintegration Service

<b>School Nursing Service</b>	<b>Early Support</b>
<input type="checkbox"/> School Nurse	<input type="checkbox"/> Early Support

<b>Please indicate the best outcomes for the child/young person following intervention:</b>	<b>Please outline the longer term support that you will offer following the support requested</b>

**Child/Young Person's view of this request:**

**Parent/Carer's view of this request:**

<b>Signature Consent</b> (Educational Psychology, Children Centre Services):	<b>Parent/Carer(s) consent:</b>	
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<b>Verbal Consent</b> (School Nursing Service <u>only</u> ):	<b>Verbal consent given by parent</b> <input type="checkbox"/> <b>by young person</b> <input type="checkbox"/> (including permission to log on database e.g ESTART)
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<b>Request made by:</b>	<b>Date:</b>

<b>Request acknowledged</b> (office use):		<b>Name:</b>		<b>Date:</b>	
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