

Lancashire Children's Services Request for Support

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Role: Teacher

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Agency: A Pretend School

Have you gained consent to share information and request this support:No

Rationale why?: Please remember that conversations about a worry should usually begin with the family. It is a good way of exploring whether they share the concerns and worries and to assess any help that might be needed. If parents understand that you're trying to help and are willing to work with you, they may be open to you making a referral to get the help they need, which will need their explicit consent.

All professionals must seek parental consent when they wish to refer to another organisation for assessment or services, where the referral is not in relation to a child protection issue. This consent must be sought for each referral to any organisations that a professional makes for a child or their family. Professionals must make clear to parents which organisations they wish to refer the child or family to and which individuals within the family are the subjects of the referral.

It is good practice to obtain consent even when you are worried about a child protection issue, however, there are some cases where it is not appropriate to seek consent:

Consent should not be sought if doing so would:

- Place a person at increased risk of significant harm.
- Prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children.
- Lead to an unjustified delay in making enquiries about allegations of significant harm to a child.

If you select 'no' to any of the consent questions on this request for support form, you will be asked to provide a rationale why consent has not been sought. This is because legislation states that families have the right to privacy and we only have a legal right to intervene in family life when the child is at risk of significant harm.

Have you gained consent by both parents with parental responsibility:No

Rationale why: A mother automatically has parental responsibility for her child from birth. If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have

parental responsibility. Same-sex partners will both have parental responsibility if they were civil partners at the time of the treatment, eg donor insemination or fertility treatment. They both keep parental responsibility if they later divorce or the civil partnership is dissolved.

An unmarried father can get parental responsibility for his child in 1 of 3 ways:

- jointly registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either:

- applying for parental responsibility if a parental agreement was made
- becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth

If a carer who is not named on a Special Guardianship Order (SGO) from the Court they, alongside the child's birth parents, have parental responsibility for the child. This parental responsibility can be revoked if the SGO is revoked.

If a child is subject to an Interim or Full Care Order, regardless of where they live, the Local Authority will share Parental Responsibility for the child, alongside their birth parents.

It is always important to consider who has Parental Responsibility for a child; this is not always the primary carer/may be shared with an individual who does not live with the child fulltime.

Has the child consented to this request: No

Rationale why: When you have concerns about the welfare or development of a child, wherever possible the permission of child or young person should have been sought before contacting Children's Services. It is important to remember that they are the expert in their own lives and it is good practice to include children and young people in decision making.

What are the child's/young person's views?: Here you should capture, using the child/young person's own words if possible (in quotation marks), what the child/young person has told you about their lived experience. This might be in relation to their day-to-day life, experiences of being parented, allegations etc.

If you have highlighted that the child has consented to this request and/or participated in this request, it is in this section that you should document any conversations relating to this.

It may be that the child has drawn pictures/written down worries, in such cases it would be appropriate to describe these here and attach copies/photographs of the original documentation to the request for support form.

You are not required to write any of your professional observations or analysis in this section that will come later in the form.

Has the child participated in the Request for Support: No

Rationale why: This question is asking you if the child has been involved in the writing of this

Surname	Forename	Alias	Date of Birth	Gender	Relationship to child	Address	Same as first child	Ethnicity	N
Test	Sharon	Sharon Tests, Shar	03/03/1999	Female	Mother	LANCASHIRE COUNTY COUNCIL, PO BOX 78, PRESTON, PR1 8XJ	Address same as first child	White British	

Other Family Members:

This relates to family (and extended networks) that do not live with the child/ren but have a clear involvement (may be protective or may be someone you are worried about) select this button as many times as is required to add relevant individuals

Surname	Forename	Alias	Date of Birth	Gender	Relationship to child	Address	Same as first child	Ethnicity	Nationality
Test	Teresa		18/01/1979	Female	Maternal Grandmother	1 Somewhere Way Preston PR1 111		White British	British

Who else is currently involved with the child(ren) or young person's family:

Name	Role	Agency	Contact Details
Lynda Lewis	School Nurse	A Health Clinic	Please include email address and telephone number (direct line if possible)

Is this for information sharing only:No

These two questions are specific to partner agencies who ONLY intend to share information with Children's Services OR who are requesting information from Children's Services. These questions should ONLY be answered 'yes' if you are NOT seeking any further action from Children's Services.

Is this a Request for Information only?:No

What is working well: Here you should include as much detail as you can about individual (child/young person/parent) and family strengths/protective factors. Be as detailed as possible, describing how you know this information (your observations of behaviour etc) some factors you may wish to consider are detailed below:

- Good or mostly good relationships with parent
- Good self-esteem/positive outlook
- Presence of goals and aspirations
- Sociability. Social networks outside the family. Belonging to organised, out of school activities
- Effective links between parent and professionals
- Peer acceptance and friendship
- High IQ (attainment as proxy)
- Good or mostly good school experience
- Regular attendance at school
- Adequate hygiene and dress
- Flexible temperament

- Problem solving skills
- Development milestones and motor skills appropriate
- Sexual activity is age-appropriate
- Positive parenting in most areas
- Leisure activities
- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs
- Access to books and toys
- Talents and interests
- Being taught different ways of coping and being sufficiently confident to know what to do when parents are incapacitated (resilience)
- An ability to separate, either psychologically or physically from the stressful situation (can discriminate between safe and unsafe contacts)
- One or more consistent, supportive adult
- A mentor or trusted adult with whom the child is able to discuss sensitive issues
- Supportive older sibling
- Special help with behavioural problems
- Community networks
- Sympathetic, empathic and vigilant teachers
- Sufficient income support and good physical standards in the home
- Practical and domestic help
- Regular, long-term support for the family from services
- Parent acknowledges the difficulties and is able to access and accept treatment
- An alternative, safe and supportive residence for parents subject to violence and the threat of violence
- Regular medical and dental checks including school medicals
- Factual information about puberty, sex and contraception
- Healthy and/or receiving appropriate medical intervention
- History of responding positively to services
- Mental disorder, responsive to treatment
- Absence of domestic violence
- Capacity to change
- Resource available in local community to help facilitate change.

What has already been undertaken with the Child(ren)/Young Person(s)/Family: Here you should detail any support your service has offered the family to assist. This would include any single agency input (provision of school counselling, safety planning with a parent fleeing domestic abuse etc).

If you have completed an Early Help Assessment that is up to date you are not required to duplicate information contained within that document. Instead you can write here that the assessment has been completed and is attached. Make sure to upload a copy and attach it to this request for support before submitting the request.

What are you worried about: Here you should include as much detail as you can about those issues that have driven you to complete this request for support. Be as detailed as possible,

describing how you know this information (your observations of behaviour etc) and be very clear about how your concerns appear to be impacting upon the child. Some considerations are detailed below:

- Child/young person has some/chronic/recurring health problems; not treated, or badly managed
- Failure to thrive/faltering growth with no identified medical cause
- Child, young person or parent/carer refusing medical care endangering child/young person's life or development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high-risk substance misuse
- Dangerous sexual activity and/or teenage pregnancy under 16 years
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episodes
- Physical / learning disability requiring constant supervision
- Report of abuse from child / young person
- Report of abuse / physical injury caused by a professional
- Risk of child sexual exploitation or actual abuse known to be happening
- Concealed or denied pregnancies, following the multi-agency guidance
- Child/young person has severe/chronic health problems requiring a coordinated multi-agency approach
- Developmental milestones are not being met due to parental care
- Lack of food
- Self-harming behaviours
- Child/young person has significant disability
- Concerning behaviour that places themselves or others at risk of significant harm e.g. MFH, acts of violence and aggression, relationships that increase risk of exploitation.
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming
- Sexualised behaviour inappropriate for age
- Caring responsibilities affecting development of self
- Persistent disruptive/challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and/ or family breakdown
- Regular and persistent offending and reoffending behaviour for serious offences resulting in custodial sentences or high-risk public protection concerns
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions
- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent/carer; family no longer want to care for – or have abandoned – child/young person
- Family breakdown related to child/young person's behavioural difficulties
- subject to physical, emotional or sexual abuse or neglect
- Child/young person main carer for family member
- Child/young person exposed to situational couple conflict, abuse, violence both ways, day to day unresolved and unsolvable conflict

- Chronic and serious domestic abuse involving child/young person
- Suspected/evidence of fabricated or induced illness
- Young person at risk of Female Genital Mutilation and other harmful traditional/ cultural practices
- Forced Marriage or Honour Based Abuse with family who lack willingness to protect
- Risk of exploitation and parents/carers lack willingness or ability to protect

More factors for consideration can be found here:

https://panlancashirescb.proceduresonline.com/pdfs/WWWCF_1_2.pdf

What is the desired outcome of this request for support?: Please be clear about what support you are seeking. Some suggestions might be:

- an assessment of the child and families needs to inform future support.
- a child protection enquiry to be undertaken to consider a child's immediate safety
- an assessment of a prospective private foster carer

Is the child currently missing: Yes

If the child is missing you will be asked to provide additional information. These questions will only appear if you select 'yes' when asked if the child is missing. You will also be prompted to report this to the police if you haven't already done so.

Has this been reported to the police: Yes

Police log number: This is provided by the police when you have notified them of the child being missing. Providing this detail enables efficient sharing of information between Children's Services and the Police and can prevent unnecessary delay.

Any known issues or reasons for the child to go missing: Has the child ever gone missing before?

Has there been any recent changes in the child's circumstances? anything that might trigger them going missing?

Do you have any reason to suspect a third-party might be involved?

Do you have any information about where the child might have gone?

Is there any risk information we need to be aware of (is it possible the child may be under the influence of drugs or alcohol? is there any mental health disorder? are they medically well? any learning or physical disabilities)?

If they have gone missing in the past do you know where they were found? Who they were with?

What level of the Continuum Of Need have you assessed the child / family unmet needs to be at: Level 4 - Sec 47 (Child Protection)

Here you will be asked to use your professional judgement to identify the level of need the child/ren and family are experiencing in line with the continuum of need (CON) and legislation. Guidance is available via hyperlinks

Does the child(ren) or parent/carer have a learning or physical disability: Yes

Please provide details as to what disabilities the individual(s) have: Again, this information is important to enable communications with the family to be as effective as possible. Please be as detailed as possible.

Does your request for support relate to:

Is a referral to occupational therapy required: No

Is a referral to ROVI (visual impairment) required: No

Has an Early Help Assessment been completed: Yes

Please upload the Early help Assessment: Early Help Assessment.docx

Does this Early Help Assessment contain the latest plan:Yes

Has the Graded Care Profile 2 been commenced if relevant?

Have the family been subject to a Family Group Conference:No

Why not: .

Would the family benefit from a Family Group Conference:No

Please attach any other assessments or supporting evidence:

In this section, you are prompted to explore if all avenues of Early Help available have already been explored. If you answer 'no' to these questions, you will be asked to provide a rationale as to why this work hasn't been completed. If you answer yes, you will be asked to upload documentation relating to work completed to assist those screening the request.