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**Request for Support Form**

**Professionals only**

**\* Boxes marked with an asterisk are mandatory and forms will be returned if these fields are not filled in.**

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| **\*I am requesting Indirect Specialist Support through consultation with the Phoenix Project.** *Delete as appropriate.*  For more information please [**visit our website here**](https://www.somersetphoenixproject.org.uk/for-professionals/co-delivered-specialist-trauma-recovery-work) | **Yes or No** |

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| **Agency requesting support for child or young person** | | |
| **\*I have read and understood the request for**  **support criteria** [**on our website**](https://www.somersetphoenixproject.org.uk/request-support/request-support-for-children) **(delete as appropriate)?** | | **Yes or No** |
| **Date of completion:** | | **DD/MM/YYYY** |
| **\*Your Name:** |  | |
| **\*Agency:** |  | |
| **\*Contact number:** |  | |
| **\*Address:** |  | |
| **\*Email:** |  | |

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| **Consent** | |
| **\*Do you have consent to share information about this child?** | **Yes or No** |
| **\*If they are over the age of 13, do they consent to this request being submitted?** |  |
| **\*Does the child/young person consent to the professionals in their lives being contacted?** |  |

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| **Information gathering following this request being submitted** |
| For us to process this request for support form, it is essential that we discuss the information with you. The details on the form give us enough of an overview to set up a case file and check eligibility only. We will need to have a quick phone/Teams call with you to gather more information. Upon receiving your form, we will send you an email to acknowledge receipt of the form and provide you with a link to book a timeslot for a call.  There are multiple dates and times available. However, if none of these slots fall on your working days, please let us know and we will look for an alternative arrangement. Please see additional information at the end of this form. |

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| **About the Child or Young Person** | | | |
| **\*First name:** |  | **\*Last name:** |  |
| **\*Age:**  *0-18 years or up to 21 with a learning difficulty* |  | **\*Date of birth:** |  |
| **\*Gender identity:** |  | **\*Sex assigned at birth:** |  |
| **Sexual orientation:** |  | **\*Religion/belief:** |  |
| **\*Ethnicity:** |  | | |
| **\*Disability/special educational need/allergies:** |  | | |
| **\*Child or young person’s address:**  *Must live in the Somerset Council area. Looked after child (LAC) placed out of county who usually reside in Somerset cannot at this time access our service* |  | | |

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| **Child or Young Person’s Contact Details**  If the young person is over the age of 13, we must have the best phone number to contact them on.  Please indicate whether the young person wants to be contacted through their parents, school/college or directly. | | | | | | | | | | | | |
| **\*Who does the child or young person want us to contact after the initial information gathering**:  *Delete as appropriate* | | | | | | | | | **Young Person / Parent / Carer / Professional** | | | |
| **\*Phone number:** | | | | | | | | |  | | | |
| **Should we email our self-help guides to…?**  *Delete as appropriate* | | | | | | | | | **Young Person, Parent/Carer or Not wanted** | | | |
| **Email Address:** | | | | | | | | |  | | | |
| **\* Is it safe to/does the child or young person consent to us contacting them directly in the following ways:** *Mark with a ‘x’* | | | | | | | | | | | | |
| **Call** |  | **Email** |  | **Text** |  | **Leave a voice message** |  | **Post information to their address** | |  | **WhatsApp** |  |

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| **Education Setting Details** | |
| **\*Name of school/college** |  |
| **\*Location** |  |
| **\*Key professional name:** |  |
| **\*Contact details (email and phone number):** |  |

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| **GP Details** | |
| **\*Name of GP surgery** |  |
| **\*Location** |  |
| **GP name if known:** |  |

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| **Background** | |
| **\*When did the abuse stop? (Month & Year)** |  |
| **\*When was the abuse disclosed? (Month & Year)** |  |
| **\*Has the child or young person been involved with CAMHS (Child and Adolescent Mental Health Service)?**  *Delete as appropriate* | **Past / Current / Referral submitted / n/a** |
| **\*What relationship does/did the perpetrator of the abuse have to the child or young person?** |  |
| **\*Child Protection status?** *Delete as appropriate* | **Child Protection**  **Child in Need**  **Assessment**  **Other CSC intervention**  **Current**  **Historic** |
| **\*Name of allocated Social Worker or Family Intervention Worker?** |  |
| **\*Is the child or young person in care now or have they ever been in care?** | **Current / Historical /**  **In proceedings / n/a** |
| **\*Is there or has there been a police investigation?** | **Current / Historical / None** |
| **\*Is there or has there been a court case?** | **Current / Historical / None**  **Outcome:** |

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| **\*Adverse Childhood Experiences**  **Please indicate with ‘x’ all known ACEs** | | | |
| **Physical abuse** |  |  | |
| **Emotional abuse** |  | **Housing instability** |  |
| **Physical neglect** |  | **Experienced bullying** |  |
| **Emotional neglect** |  | **Poverty** |  |
| **Domestic abuse** |  | **Unemployment across the whole family** |  |
| **Parental/carer separation or divorce** |  | **Parental disability** |  |
| **Member of family in prison** |  | **Young carer** |  |
| **Parental substance misuse** |  | **Special Guardianship/Adopted** |  |
| **Poor parental mental health** |  | **Parental self-injury** |  |
| **Bereavement in the family** |  | **Sibling disability** |  |
| **Experienced female genital mutilation**  *Any changes or cuts to a girl’s genitals* |  | **Parent being radicalised** |  |
| **Other (please detail)** |  | | |

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| **Important Factors**  *Delete as appropriate* | |
| **\*Is the child or young person at risk of or experiencing Child Sexual Exploitation CSE?** | **Current / Historical / n/a** |
| **\*Is the child or young person at risk of or experiencing Child Criminal Exploitation CCE?** | **Current / Historical / n/a** |
| **\*Has the child/YP shown reactive sexual/harmful behaviour towards other children?** | **Yes / No / Unknown** |
| **Has the child/YP done any work around stopping the sexually reactive/harmful behaviour?**  E.g. gift work, healthy relationships, consent, and boundaries | **Yes / No / Unknown**  **Details:** |
| **\*Are there any other current concerning factors associated with the child, young person, and/or their family?**    E.g. domestic abuse, poverty, substance misuse | **Yes / No / Unknown**  **Details:** |

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| **\*Trauma Symptoms**  **Please indicate with ‘x’ all known symptoms –** *please consider developmental age appropriateness***.** | | | |
| **Anger** |  | **School refusal** |  |
| **Sleeping issues** |  | **Excluded from school** |  |
| **Anxiety/panic attacks/worry** |  | **Poor school attendance** |  |
| **Low mood/depression** |  | **Experiencing guilt/shame** |  |
| **Atypical eating behaviour** |  | **Bed-wetting** |  |
| **Self-injury** |  | **Being overly compliant** |  |
| **Suicide ideation** |  | **Toileting excessively** |  |
| **Suicide attempt** |  | **Poor self-care/neglecting hygiene** |  |
| **Nightmares** |  | **Displaying regressive behaviours** |  |
| **Flashbacks** |  | **Body dysmorphia/self-esteem** |  |
| **Harmful relationships** |  | **Bodily or verbal tics** |  |
| **Excessive risk-taking behaviours** |  | **Forced/unwanted abortion** |  |
| **Bullying others** |  | **Poor memory/concentration** |  |
| **Dissociation** |  | **Hoarding** |  |
| **Lying** |  | **Poor family relationship** |  |
| **Separation anxiety** |  | **Afraid to be near men/women** |  |
| **Friendship issues** |  | **Excessive need to maintain control** |  |
| **Obsession with pornographic material** |  | **Excessive showering/bathing** |  |
| **Frequent missing episodes** |  | **Self-isolation at home** |  |
| **Stealing** |  | **Substance misuse by the child/YP** |  |
| **Attachment-seeking behaviour** |  | **CAMHS inpatient** |  |
| **Agoraphobia/selective social isolation** |  | **Experienced bullying** |  |

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| **Other:**  (For example, concerning presenting behaviours, emotional difficulties or Adverse Childhood Experiences: |  |
| \***Details of support or intervention already received:**  Indicate if this support is ongoing/ended.  If ongoing, please include point of contact. |  |
| \***Summary of current protective factors for the child/young person:** |  |

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| **\*Child or Young Person’s voice**  We offer a variety of different services to support the survivor of sexual abuse. Please can you talk to the child/YP about what they would like. The different types of support can be found [**here on our website**](https://www.somersetphoenixproject.org.uk/request-support/what-support-is-available)**.**  For multiple reasons, we can’t always promise to offer what the child/YP wants but we want to take into account their view of what support they might like. *If they are unsure or would consider a 2nd choice, please make a note of this below.* | |
| **Consultation to key professional(s) (1-18 yrs)** |  |
| **Direct specialist support (1-18yrs)** |  |
| **Counselling (13+ yrs)** |  |

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| **About the safe parent or carer** | | | | | | | | | | | | |
| \***First name:** |  | | | \***Last name:** | | | | |  | | | |
| \***Relationship to child:** |  | | | **\*Do they know about the abuse?** | | | | | **Yes / No / Unknown** | | | |
| \***Address:** |  | | | | | | | | | | | |
| \***Postcode:** |  | | | | | | | | | | | |
| \***Phone number:** |  | | | | | | | | | | | |
| **\*Email address:** |  | | | | | | | | | | | |
| **\* Is it safe to/can we contact them directly in the following ways:**  *(if the child/young person is over 13 please ensure they consent to us contacting their safe parent/carer)* | **Call** |  | **Email** | |  | **Text** |  | **Leave a voice message** | |  | **Post information to their address** |  |
| **\*Does the parent have parental responsibility for the child/young person?** | **Yes / No / Unknown** | | | | | | | | | | | |
| **\*Would the safe carer like trauma-informed/trauma recovery parenting support?** | **Yes / No / Maybe / Unknown** | | | | | | | | | | | |
| **\*Who else lives with the child/YP in their main residence?** | **Relationship only - e.g. dad, stepfather, brother, stepsister, maternal grandmother etc – Please do not include names** | | | | | | | | | | | |

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| \***Other agencies & professionals involved**  **in supporting the safe parent or carer**  E.g., Domestic Abuse Service/Drug & Alcohol Service/Mental Health Service | | |
| **Name of Professional** | **Email and Telephone details** | **Agency & Job Role** |
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| **\*Trusted Adult**  **If we offer therapeutic recovery work, which adult will be the child or young person’s support outside of this therapeutic support?** | |
| **Name:** |  |
| **Relationship to child / young person:** |  |

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| **Returning the form & what happens next** |
| Please email this form and any additional documents, e.g. Early Help Assessment (EHA), to:  [**somersetphoenixproject@barnardos.org.uk**](mailto:somersetphoenixproject@barnardos.org.uk)  ***Please note***: All emails must be sent via a secure / encrypted network. If you do not have access to a secure email system, please email the Phoenix Team and we can generate one for you to reply to.  **Direct referrals to any of the team’s accounts will not be processed.**    **What happens next?**  The referrer will receive an email to confirm receipt of the form and acknowledge that it meets criteria.  This email will contain a link to book an information-gathering call.  If there is more than one professional that is significantly involved in the young person’s life, e.g. social worker/teacher and they are not the referring professional, we would welcome their attendance at the information-gathering session. This will help us have all the information we need to make a decision at triage. Please ensure the child/young person consents to their involvement in our discussions.  After we meet with you & other key professionals, the meeting notes and this form will be discussed at the next triage meeting.  Once the triage meeting is complete, we will contact you and if appropriate the child/young person and their safe parent/carer to inform you of the outcome and next steps.  ***Please note:*** The Phoenix Team operates Monday to Friday (9:30am-4pm).  Triage meetings usually occur on the 1st and 3rd Tuesday of each month.  All relevant information is sent to the triage team on the 2nd and 4th Tuesday of every month so that we have a week to read all the information and make an informed decision. |

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| **For office use only** | Direct Specialist Support |  | Professional Consultation |  | Counselling |  |
| Number of ACEs |  | | | | | |
| Previous referrals to SPP and no support offered |  | | | | | |
| Number of other agencies involved |  | | | | | |
| Therapeutic support already had |  | | | | | |
| Number of trauma behaviours |  | | | | | |
| GCSE/A level year |  | | | | | |

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| Total |  |  |  |  |  |