BARNARDO’S GLOUCESTERSHIRE

PHOENIX PROJECT

**Request for Support Form**

*If you need help to complete this form, please contact us:*

**glos.phoenixproject@barnardos.org.uk**

**01823 270938** or 07513 704057

Please ensure the form is completed in full.

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| --- | --- |
| **Date:**  |  |

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| CONSENT | *Delete as appropriate* |
| **Does the child know that you are completing this request for support**  | **Yes or No** |
| **Does the child, parent or carer consent to other professionals in their lives being contacted?**  | **Yes or No** |

PROFESSIONAL REQUESTING SUPPORT

**(parents and carers can skip this section)**

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| **Your Name:** |  |
| **Agency:** |  |
| **Contact Number:** |  |
| **Email:** |  |

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| CHILDS DETAILS |
| **First name:** |  | **Last name:** |  |
| **Age:**  |  | **Date of birth:** |  |
| **Gender identity:** |  | **Sex assigned at birth:** |  |
| **Sexual orientation:** |  | **Religion/belief:** |  |
| **Ethnicity:** |  |
| **Disabilities/allergies/special educational needs:**  | *Including physical, learning, sensory, communication or other needs.* |
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| **Child address:** |  |

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| EDUCATION SETTING  |
| **Name of nursery/childminder/school:** |  |
| **Name of key professional working alongside the child:** |  |
| **Job Title:** |  |
| **Phone:** |  |
| **Email:** |  |

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| PARENT OR CARER DETAILS |
| **First name:** |  | **Last name:** |  |
| **Relationship to child:** |  |
| **Address:** |  |
| **Phone numbers:** |  |
| **Email:** |  |
| PARENT CONTACT PREFERENCE**Put an x for all that applies** |
| **Call** |  | **Email** |  | **Voicemail** |  | **Text** |  | **Post** |  |
| **Preferred way for us to contact?**  |  |

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| BACKGROUND |  |
| **Is the child safe (i.e. no longer experiencing sexual abuse)?** *Delete as appropriate* | **Yes or No** |
| **When did the abuse stop?**  |  | *Month & Year* |
| **When did the child tell someone about the abuse?**  |  | *Month & Year* |
| **Have they ever been supported by CAMHS (Child and Adolescent Mental Health Service)?** *Please state past, current or if a referral to CAMHS has recently been submitted.* |  |
| **What relationship did the person who harmed the child/young person have to them?** |  |
| **Is there a current or historic court case or police investigation?** |  |
| SOCIAL WORKER |
| **Name of social worker if there is one:** |  |
| **Phone:** |  |
| **Email:** |  |
| GP DETAILS |
| **GP surgery:** |  |
| **Name of GP if known:** |  |

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| FAMILY ISSUES**We understand that life can be difficult, and the family may have gone through all sorts of challenges****Please put an x next to all that apply** |
| **Physical abuse** |  | **Sibling disability** |  |
| **Emotional abuse** |  | **Housing instability** |  |
| **Physical neglect** |  | **Experienced bullying** |  |
| **Emotional neglect** |  | **Low-income/financial struggles** |  |
| **Domestic abuse** (including physical, emotional, financial, sexual, coercive) |  | **Unemployment across the whole family** |  |
| **Parental/carer separation or divorce** |  | **Parental disability** |  |
| **Member of family in prison** |  | **Young carer** |  |
| **Parent/carer issues with drugs or alcohol** |  | **Special guardianship/adopted** |  |
| **Parental mental health** |  | **Parental self-injury** |  |
| **Bereavement in the family** |  | **Experienced female genital mutilation** **(any changes or cuts to a girl’s genitals)** |  |
|  |  | **Exposed to adult online content** |  |
| TRAUMA SYMPTOMS**Behaviours that the child has experienced since the abuse happened;** **Please put an x next to all that apply** |
| **Anger** |  | **School refusal** |  |
| **Sleeping issues** |  | **Excluded from school** |  |
| **Anxiety/panic attacks/worry** |  | **Poor school attendance** |  |
| **Low mood/depression** |  | **Guilt/shame** |  |
| **Eating issues** |  | **Bed-wetting** |  |
| **Self-injury** |  | **Overly compliant** |  |
| **Suicide ideation** |  | **Toileting excessively** |  |
| **Suicide attempt**  |  | **Poor self-care/neglecting hygiene** |  |
| **Nightmares** |  | **Age regression** |  |
| **Flashbacks** |  | **Body image issues** |  |
| **Inappropriate relationships** |  | **Bodily or verbal tics** |  |
| **Risky behaviour including sexual** |  | **Abortion** |  |
| **Bullying others** |  | **Poor memory/concentration**  |  |
| **Dissociation** |  | **Hoarding**  |  |
| **Lying** |  | **Poor family relationship** |  |
| **Separation anxiety** |  | **Afraid to be anywhere near men/women** |  |
| **Friendship issues** |  | **Tries to maintain control** |  |
| **Going missing** |  | **Excessive showering/bathing** |  |
| **Stealing** |  | **Spending substantial amounts of time in their room – more than you would expect** |  |
| **Attachment-seeking behaviour** |  | **Substance misuse by the child/YP** |  |
| **Agoraphobia** |  | **CAMHS inpatient** |  |
|  |  | **Been bullied** |  |

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| **Any further notes on presenting behaviours, emotional difficulties, or Adverse Childhood Experiences:**  |
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| **Details of support or intervention already received:** |
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| **Summary of current protective factors for the child/young person:** |
| **(parents and carers can skip this question)** |

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| AGENCIES & PROFESSIONALS **List those who are supporting the family.** E.g., Domestic Abuse Service/Drug & Alcohol Service/Mental Health Service |
| **Name of Professional** | **Email and phone details** | **Agency & Job Role** |
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| RETURNING THE FORM |
| Please email this form and any additional documents, e.g. Early Help Request for support to: **glos.phoenixproject@barnardos.org.uk*****Please note***: We would prefer you to send this form back by encrypted email; we can help generate this for you. **We aim to respond withing 3 working days. If you don’t hear from us within 5 working days of sending your form, please call us to make sure we have received it.** |

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| WHAT HAPPENS NEXT |
| You will receive an email to confirm receipt of the form and acknowledge that it meets criteria. The email will also give some possible dates for a follow up call. It is essential that we discuss the information with you. The details on this form give us enough of an overview to set up a case file and check eligibility only. We will have a quick phone/Teams call with you to gather more information.For parents and carer submitting this form we understand that talking through your child’s struggles can be hard and we will go at your pace. The person you will speak to is the manager of the service - it is their job to make this process as easy as possible.Once we have spoken to you, the team will have a chat about the request and will contact you to let you know the outcome. Please note: The Glos. Phoenix Team operates Monday to Friday (9:00am-4pm) |

The Gloucestershire Phoenix Project is a partnership between:

