**Children, Young People and Families Request for Service Form**

**Please read the** [**Threshold for Assessment**](https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold_for_assessment_.pdf)**document before completing the form for Social Work involvement.**

Could another service provide the appropriate support? If so consider referring directly to them. Visit the ‘B&NES Early Help App’ (download for free from Apple or Android stores, [link](https://www.youtube.com/watch?v=s1HZPpUyd5U&feature=em-share_video_user)) for information about local services available and how to contact them.

Please seek advice and support from your manager, a senior colleague or the designated safeguarding person in your organisation to see if there is more that you can do first.

All requests for services will go through a duty triage team, which could include an allocation to the Early Help Panel, who will consider your request. Your call will be taken by a Referral and Information Assistant. For more information on their role see the [FAQ page](http://www.bathnes.gov.uk/services/children-young-people-and-families/safeguarding-and-child-protection/frequently-asked) on the website.

If the child or young person is at immediate risk then call 999. If they are at risk of significant harm, do not delay, ring the Children and Families Assessment and Intervention Team on 01225 396312 or 01225 396313 (Monday – Thursday 8:30am – 5pm, Friday 8:30am – 4:30pm). At all other times call the out of hours duty team on 01454 615165.

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| **Does the concern involve abuse or neglect?**  If **yes** please tick the **main** presenting issue below (please only tick one box)  If **no** please add more detail on page 4 | **YES / NO** |
| Emotional abuse  Neglect  Physical abuse  Child Exploitation (please tick all that apply on page 4)  Sexual abuse  Radicalisation | |

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| **Details of the person making the request** | |
| **Name** |  |
| **Job Title** |  |
| **Agency** |  |
| **Address** |  |
| **Email** |  |
| **Telephone (mobile/landline)** |  |
| **Your role with this family** |  |
| **Date** |  |

**Please ensure you complete all sections on this form correctly, giving as much information as you can. Lack of information may result in it being returned to you, which could delay the process and the child or young person receiving the right help at the right time by the right service.**

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| **Child(ren) or Young Person’s Details (including unborn children giving Expected Date of Delivery)**  **Note:** \* Please add previous names or known as | | | | | | |
| **Full Name \*** | **DOB / EDD** | | **Gender** | **Disability** | **Ethnicity** | **Educational Provision** |
|  |  | |  |  | Choose an item. |  |
|  |  | |  |  | Choose an item. |  |
|  |  | |  |  | Choose an item. |  |
|  |  | |  |  | Choose an item. |  |
|  |  | |  |  | Choose an item. |  |
|  |  | |  |  | Choose an item. |  |
| **Address and postcode**  (Main residence of child/ren, young person) | |  | | | | |
| **Phone number(s)** | |  | | | | |

| **Parents/Carers and Other Significant Adults** | | | **Note:** \* Please add previous names or known as  \*\* Parental Responsibility | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name \*** | **Relationship to child(ren) or young person** | **Contact Number / Address** | | **DOB** | **Disability / Additional Needs** | **Ethnicity** | **Do they hold PR? \*\*** |
|  |  |  | |  |  | Choose an item. |  |
|  |  |  | |  |  | Choose an item. |  |
|  |  |  | |  |  | Choose an item. |  |
|  |  |  | |  |  | Choose an item. |  |

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| **Please state any information that may help us to communicate better with the child, young person and family e.g. language spoken, disabilities, communication aids such as sign language used.** |
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**Consent**

It’s important that you talk to the parents, carers or young person (where relevant) about this ‘request for service’ and gain their consent before submitting this form, as we won’t be able to accept this request unless we have consent.

However, if you have an urgent safeguarding concern, you can complete the form without consent from the parents, carers or young person (where relevant) if:

* telling the parents or carers would put the child or young person at risk of harm
* you have informed the parents, carers or young person (where relevant) about the referral, even if they don’t consent
* you have made all possible efforts to inform the parents, carers or young person

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| **Have you informed the family that you are making this request for service?** | **YES/NO** |
| **If no,** please detail why in this box and sign below**:** | |
| **If yes**, please sign to confirm that you have shared the content of this form with the parent / carer and that you have their permission to share this information with both Social Care and a range of Early Help Services to ensure the appropriate service can be put in place to meet the family’s needs, as listed. | |
| **Signed: Date:** | |

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| **In your opinion, is there a need for urgent action to protect the child or young person and/or any other children in the household?** | **YES / NO** |
| **If yes, why:** | |
| Please do not hesitate to contact the Duty Team if you would like guidance on whether it would be appropriate to inform parents/carers. | |

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| **Reason for request – Issues faced by child(ren), young person or family**  (Please tick each box that is relevant and state the **primary reason** for your concern, giving further details for each box ticked) | | |
| **Presenting Issue**  **(please state whether adult or child or young person)** | **Please tick the main issues** | **How does the issue impact on the child, young person or family? Please provide evidence.** |
| Acrimonious relationship between parents/carers or other members of the household / family |  |  |
| Alcohol misuse  [Audit C Screening Tool](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684826/Alcohol_use_disorders_identification_test_for_consumption__AUDIT_C_.pdf)  [Drink Think Tool](http://www.bathnes.gov.uk/sites/default/files/siteimages/drink_think_tool.pdf) |  |  |
| Anti-social behaviour (perpetrator) |  |  |
| Anti-social behaviour (victim) |  |  |
| Bereavement |  |  |
| Care Leaver - request for service |  |  |
| Care leaver - request to access records |  |  |
| Child Sexual Exploitation (risk of)  Please attach [SERAF](https://www.safeguarding-bathnes.org.uk/sites/default/files/cse_seraf_risk_assessment.docx) (Sexual Exploitation Screening Tool) |  |  |
| Criminal behaviour / risk of offending (please state whether adult or young person) |  |  |
| Cyber-bullying |  |  |
| Disability (formally diagnosed) |  |  |
| Domestic abuse (perpetrator)  Please indicate if child to adult or adult to child or adult to adult |  |  |
| Domestic abuse (victim)  Please attach [DASH risk checklist](http://www.safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL.pdf) |  |  |
| Education   * not accessing education * not meeting expected education outcomes * risk of education breakdown |  |  |
| Exploitation e.g. criminal / county-lines / gangs |  |  |
| Fabricated or induced illness |  |  |
| Family breakdown / risk of |  |  |
| Female Genital Mutilation (FGM) |  |  |
| Financial Hardship / Debt |  |  |
| Gang involvement |  |  |
| Harmful Sexual Behaviour |  |  |
| Hate crime / discrimination |  |  |
| Home conditions (inadequate) |  |  |
| Homelessness (young person) |  |  |
| Homelessness or risk of eviction (family) |  |  |
| Honour based abuse / forced marriage |  |  |
| Hospital admission |  |  |
| Learning needs including learning disabilities / difficulties (EHC/SEN) or below age related expectations |  | **Please state if this is formally diagnosed or not:** |
| Mental health issues / emotional well-being  Adult: Long term/complex  Adult: Short term / low mood or anxiety  Child: Difficulty regulating emotions  Concerns re attachment |  | **Please state if this is formally diagnosed or not:** |
| Missed appointments / immunisations |  |  |
| Missing young person |  |  |
| No recourse to public funds |  |  |
| Non-engagement or resistant to working with services |  |  |
| Not in education, employment or training (NEET) young people |  |  |
| Parenting capacity to meet needs of child(ren) / routines and boundaries |  |  |
| Physical health issues including limiting long term illness |  |  |
| Police involvement or numerous call-outs |  |  |
| Prison (Children affected by Parental Imprisonment (CAPI ) – parent / carer / family member has a custodial sentence or recently released) |  |  |
| Private fostering |  |  |
| Private fostering (overseas student) |  |  |
| Radicalisation / risk of  [Prevent information](http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/crime-prevention-and-community-safety/prevent)  (**Please note you have a duty to refer**) |  |  |
| Self-Harm |  |  |
| Social isolation |  |  |
| Substance / drug misuse |  |  |
| Suicide (risk of) |  |  |
| Teenage pregnancy / risk of |  |  |
| Toxic Trio (domestic abuse, parental mental ill health & substance misuse) |  |  |
| Trafficking and modern slavery |  |  |
| Worklessness |  |  |
| Young Carer |  |  |

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| **Risk Assessment – relating to home visits by professionals** | |
| **Type of Risk** | **Detail** |
| Abusive and/or violent to staff and others |  |
| Offender |  |
| Other risks |  |
| Pets (only list if they could be a risk to staff and others) |  |

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| **Reason for contact - please list the risks below that you have identified for the child(ren)/young person and family (please state what you have already done to reduce the risks)** |
| What is working well?  What are you worried about (include the risks)?  What needs to change?  What is the impact on the child or young person? |

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| **Has there been an assessment completed for this child/young person in the last 12 months?** | YES / NO (if no please state why) |
| If yes please attach a copy of the assessment.  Date of assessment: |
| Date of last team around the family (TAF) if held (please attach the notes if possible): |
| **Please state what support has been offered already and what was the outcome?** |  |

**Any other agencies or professionals involved with this child/family** (Please list the *key professionals* and any other professionals who are currently working or who have recently worked with this child/family, we have a statutory duty to find this out so if you have that information please include it).

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| **Name** | **Role / Professional relationship** | **Agency** | **Contact Number / Address** |
|  | *GP* |  |  |
|  | *Health Visitor/School Nurse* |  |  |
|  | *CAMHS* |  |  |
|  | *Voluntary Sector organisation* |  |  |
|  | *Other* |  |  |

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| **Please select which service you are requesting from the list below:**   * Social Care Service **🞎** Early Help Service * Child Sexual Exploitation **🞎** Disabled Children’s Team * EHC / SEN support **🞎** Family Group Conference (FGC) |

**Please email this form to:** ChildCare\_Duty@bathnes.gov.uk

**GlobalScape:** If you have access to this system the GlobalScape folder that Duty use is called, Children and Young People’s Specialist Service (CYPSS).

**Telephone: 01225 396313 or 01225 396312**

**Fax:** 01225 395416

(This is received via email to the childcare duty inbox)

**Post:** **Please mark - Private and Confidential to be opened by addressee only**

Children and Families Assessment and Intervention Team – DUTY

People and Communities Department

fullcolBath and North East Somerset Council

Lewis House

Manvers Street

Bath BA1 1JG

(This is a postal address only - our offices are based at Civic Centre, Market Walk, Keynsham, Bristol BS31 1FS)

**Please note:**

Emailing with personal details (name, date of birth, address etc.) using a non-secure email is a breach of data protection, so please contact the Duty Team by telephone if you have any questions about sending information to us.