# Barnsley Children’s Social Care Request for Service

# Please ensure that you have consider the associated guidance before completing this form and include as much detail as possible

**Is this a formal record of Child Protection information already provided verbally to the Duty Social Worker? YES/NO**

**Are you completing this Request for Service following consultation with the Duty Social Worker YES/NO**

|  |  |
| --- | --- |
| Date completing this form: |  |
|  |
| Your name: |  | Your agency: |  |
|  |
| Role and connection to the child/family who is the subject to this request |  |
|  |
| Tel. no:  |  | Secure/ email address for correspondence: |  |

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| If non-professional - does the referrer wish to remain anonymous? | Yes  |  | No |  |

**Section 1: Child/young person’s details**

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| --- | --- | --- | --- |
| Surname: |  | Also known as: |  |
| Forename(s): |  | DOB or EDD: |  |
| Home address: |  |
|  | Postcode: |  |
| Current address (if different): |  |
|  | Postcode: |  |
| Telephone number: |  | Gender: |  |
| Language |  | GP: |  |
| Ethnicity: |  | Religion: |  |
| Child’s health status | Complex health need? | YES/NO | Disability? | YES/NO |
| If yes, give details: |  |
| Does the child require assistance with communication (including need for an interpreter or signer)? |
| If yes, give details |  |
| Immigration status if relevant  |  |
| Any alternative identifying references i.e. UPN/NHS number |  |

**Other family/household members:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Address** **(if different)** | **Tel. no:** | **Relationship to child:** | **DOB** | **Tick P.R** | **Tick if main carer** | **Tick if child also referred** |
|  |   |  |   |  |  |  |  |  |
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*Use the tab key when you get to the final box to add additional lines as necessary*

**Section 2: Details of agencies linked to the child and family and useful background information**

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| --- | --- | --- | --- | --- |
| **Details of Agency** | **Name** | **Secure email address for contact** | **Telephone** | **Team around Child member**  |
| **Health Visitor** |  |  |  |  |
| **Midwife** |  |  |  |  |
| **GP** |  |  |  |  |
| **Education/Early Years** |  |  |  |  |
| **Substance misuse** |  |  |  |  |
| **Specialist Services(child)** |  |  |  |  |
| **Specialist Services (adult)** |  |  |  |  |
| **CAF Lead Practitioner** |  |  |  |  |
| **Other** |  |  |  |  |

*Use the tab key when you get to the final box to add additional lines as necessary*

**What’s been done to support the child?**

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| **Background to any previous intervention should be included by providing a copy of any Common Assessment or Agency records/assessments that are relevant to understand the child’s current circumstances.** |

**Section 3: Why are you contacting Children’s Social Care?**

**Select one of the following options (Remember - if the child is in imminent danger DO NOT DELAY. Contact the Police for an emergency response before contacting Social Care)**

|  |  |
| --- | --- |
| 1 **Based on evidence you have obtained you suspect that the child is suffering or likely to suffer significant harm or requires a High Level Assessment: You are requesting a Child Protection investigation by social care or a Formal Social Care Assessment of Need. (see** [**Continuum of Assessment**](http://www.barnsley.gov.uk/media/id/34795)**)***You should contact the duty social worker by telephone as soon as possible if you consider the child is currently suffering significant harm and forward a completed request for service form with 24 hours. If the harm you have identified is more chronic or you are requesting a formal assessment of need by social care you should complete this form and be reassured that it will have a response from social care usually within 24 hours of receipt.* | Yes No |
| **2 You wish to consult with social care about a child***:* **You are asking for advice/information from Social Care or wish to share information***.* *You can seek consultation direct with the duty social worker by phone or using this form. Please note that although you will be given advice by the duty social worker, social care will take no further action following consultation unless the evidence for a child protection investigation is identified. Any advice offered will be shared in writing and you will be responsible for acting on this advice with the support of your agency. In all situations when social care action (a Child Protection Investigation) is agreed you will be advised to complete this form and return it to the secure Duty inbox. (Please see guidance notes)* | Yes No |
| **Please record your information here.** You must provide any information about the child’s developmental needs and the capacity of their parents to meet these needs within the context of their wider family and environment This should include as much detail about any strengths and dangers that you have identified and how these are affecting the child. This must include details of any injury or disclosure that you have become aware of or details of chronically neglectful circumstances and actions that have been taken in response. You must attach CAF or other agencies records to provide any additional information if this is in place. If you are seeking advice or sharing information ensure that you are clear about the issues. |
| **Please continue on a separate page if needed.****This box will expand** |

**Section 4: Parental consent**

**Has parental consent to this request for service been obtained?** The absence of parental consent should not delay your request if there is evidence that a child is suffering or likely to suffer significantly harm, however parental consent is necessary to progress other intervention other than consultation. **You should always discuss your concerns and intention to make a request for service with parents unless to do so would increase the risk to the child.**

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| **Name of parent carer with parental responsibility** | **Consent to contact with social care Y/N?** | **By consenting are they aware that information will be shared and stored? Y/N** | **If no consent is the parent aware of the referral? Y/N** |
|  |  |  |  |
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| If ‘NO’ consent is obtained please include the reason in the box below: |
| **Details of parent(s) and child’s view regarding consent and information shared in this referral.**  |

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| --- | --- | --- |
| **What happens next?*** You should email this Request for Service to the appropriate duty team inbox by secure email.
* You will be contacted to discuss your request within 24 hours by the Duty Social Worker and any further action agreed.
* If you do not receive a response within 24 hours contact the duty manager for clarification.
* If you have consulted with Social Care you should action the advice that has been offered. It you are told to complete this form you must do so within the agreed timescale.

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| **External secure email addresses**CYPFAssessment&jit@barnsley.gcsx.gov.uk CYPFChildreninCare@barnsley.gcsx.gov.uk StrongerFamiliesTeamCentral@barnsley.gcsx.gov.uk StrongerFamiliesTeamNorthEast@barnsley.gcsx.gov.uk Strongerfamiliesteamsoutheast@barnsley.gcsx.gov.uk StrongerFamiliesteamwest@barnsley.gcsx.gov.uk SafeguardingFamiliesWest@barnsley.gcsx.gov.uk SafeguardingFamiliesEast@barnsley.gcsx.gov.uk Disabledchildrensteam@barnsley.gcsx.gov.uk Fostering@barnsley.gcsx.gov.uk AdoptionTeam@barnsley.gcsx.gov.uk FutureDirections@barnsley.gcsx.gov.uk  | **Internal use only email addresses**CYPFassessment&JIT@barnsley.gov.uk CYPFdisabledchildrente@barnsley.gov.uk**Fax numbers**Assessment Team and JIT 772404Disabled Children’s Team 710194 **Telephone numbers**Safeguarding Nurses 433512 Education Welfare 773191 Assessment and JIT 438831/772423 Disabled Children’s Team 774050 Multi Agency CAF Coordinators 771297 |

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