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 fo	orm:							
Your name:			Your	agency:				
Role and connection to who is the subject to the		ily						
Tel. no:		ure/ email a espondence		ss for				
If non-professional - de	oes the referre	er wish to re	main	anonymous?	Yes		No	
Section 1: Child/yo	ung person'	s details						
Surname:			Also	o 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	Comple	ex health ne	eed?	YES/NO	Disabil	ity?	YES/NO	
If yes, give details:								
Does the child require	assistance wi	th communi	icatio	n (including nee	ed for an inte	rpreter	or signer)?	
If yes, give details								
Immigration status if re	elevant							
Any alternative identify	/ing reference	S						
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

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

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?

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	Yes
	<u>Protection investigation by social care or a Formal Social Care Assessment of Need. (see Continuum of Assessment)</u>	
	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.	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.	Yes
	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)	No
	Please record your information here. You must provide any information about the child's developmental needs and the parents to meet these needs within the context of their wider family and environment This should include as much detail at strengths and dangers that you have identified and how these are affecting the child. This must include details of any injur that you have become aware of or details of chronically neglectful circumstances and actions that have been taken in respattach CAF or other agencies records to provide any additional information if this is in place. If you are seeking advice or strinformation ensure that you are clear about the issues.	oout any ry or disclosure onse. You must
	ease continue on a separate page if needed. is 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.

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 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.

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.

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