**Children, Young People and Families Request for Service Form into the Local Authority**

**Please ensure you complete all sections on the form correctly, giving as much information so we can match the response to the needs of the child, young person or family. Any gaps or lack of information may result in it being returned to you which could delay the process. Before completing this form, try to seek advice and support from your manager, a senior colleague or the designated safeguarding person in your organisation. Is there more that you can do first?**

**If the child or young person is at risk of immediate 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.**

If you have telephoned, complete and send the form within forty eight hours.

**Your completed request for service form should include the following details:**

* Name and details of the child(ren), young person and family members. For example names (including aliases), dates of birth/ages, gender, address(es).
* The school(s) / early years setting the child/ren or young person attend and about their attendance, name of GP, HV and / or school nurse (if known),
* Name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s) if different. Also name of this person’s partner if they are impacting on the situation.
* Information you have regarding the child’s developmental needs and their parents/ carers ability to respond to these needs and the context of their wider family and environment.
* Information that may help in communicating with the child(ren), young person or family (language spoken, disabilities, specific communication aids e.g. braille, sign language, that are required) to meet the Accessible Information Standard.
* Your concern about the child(ren), young person or family. List key events/dates that have caused you concern, stating the key risks, including what you have seen and/or heard – where, when etc.
* What you have done already e.g. completed a Common Assessment Framework (CAF)
* How and when you have spoken to the parents or carers and what you have told them.

**Think: does this request meet the** [**threshold**](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/threshold_for_assessment_of_cyp.pdf) **for Social Work intervention?**

If notcould 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) for information about local services available and how to contact them. All requests for services will go through a duty triage team which includes Early Help who will consider your request.

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| **Child(ren) or Young Person’s Details** |
| **Full Name** | **Date of birth / Estimated date of delivery** | **Gender** | **Disability** | **Ethnicity** |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
| **Address**(Main residence of child/ren, young person) |  |
| **Phone number** |  |

| **Family Members and Significant People:** |
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| **Name** | **Relationship to child(ren) or young person** | **Date of Birth** | **Contact Number / Address** |
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| **Have you informed the family that you are making this request for service?** | **YES / NO** (If no please explain why in the box below, if yes please sign to confirm) |
| **If no, please detail why:** |
| If yes, I confirm that I have shared the content of this form with the parent / carer and that I 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 whether it would be appropriate to inform parents/carers.**  |

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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)  | **YES / NO** |
| [ ]  Emotional abuse [ ]  Neglect [ ]  Physical abuse [ ]  Sexual abuse [ ]  Child Sexual Exploitation [ ]  Extremism/radicalisation |

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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 |[ ]   |
| Adult on benefits, not in work |[ ]   |
| Alcohol misuse[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 |[ ]   |
| Child Sexual Exploitation (risk of)Please attach [SERAF](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/cse_seraf_risk_assessment_3may_2016_final_docx.docx) (sexual exploitation risk assessment form) |[ ]   |
| Children excluded from school |[ ]   |
| Criminal behaviour / risk of offending (please state whether adult or young person) |[ ]   |
| Debt including rent arrears / lack of income |[ ]   |
| Disengagement or resistant to working with mainstream agencies |[ ]   |
| Domestic abuse (perpetrator) and honour based and forced marriage |[ ]   |
| Domestic abuse (victim) Please attach [Dash risk checklist](http://www.safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL.pdf) |[ ]   |
| Female Genital Mutilation |[ ]   |
| Harmful Sexual Behaviour |[ ]   |
| Home conditions (inadequate)  |[ ]   |
| Homelessness or risk of eviction |[ ]   |
| Hospital admission |[ ]   |
| Learning needs including learning disabilities / difficulties (EHC/SEN) |[ ]   |
| Mental health issues / emotional well-being |[ ]   |
| Missed appointments / immunisations |[ ]   |
| Not in education, employment or education (NEET) young people |[ ]   |
| Negative peer group / gang involvement |[ ]   |
| Numerous police call-outs |[ ]   |
| Parenting capacity |[ ]   |
| Physical health issues including limiting long term illness |[ ]   |
| Poor attachment / emotional well-being |[ ]   |
| Poor school attendance / risk of education breakdown |[ ]   |
| Prison (family member has had a custodial sentence or recently released)  |[ ]   |
| Private fostering |[ ]   |
| Teenage pregnancy / risk of |[ ]   |
| Radicalisation / risk of |[ ]   |
| Social isolation |[ ]   |
| Substance / drug misuse |[ ]   |
| Toxic Trio (domestic abuse, mental ill health and substance misuse) |[ ]   |
| Trafficking and modern slavery |[ ]   |

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| **Risk Assessment – relating to home visits by professionals** |
| **Type of Risk** | **Detail** |
| Pets |  |
| Offender |  |
| Violence to staff and others |  |
| Other risks |  |
| **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)**  |
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| **What has changed to increase the risk to the child(ren)?** |
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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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| **Has a CAF or other early help assessment been completed for this child?** | YES / NO (if no please state why)If yes please attach a copy of the assessment:Date of last team around the family (if held): |
| **Please state what support has been offered already and what was the outcome?** |  |

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| **Details of the person making the request** |
| **Name** |  |
| **Job Title** |  |
| **Telephone number** |  |
| **Agency** |  |
| **Address** |  |
| **Email** |  |
| **Your role with this family** |  |
| **Date of request** |  |

**Any other agencies or professional’s 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* |  |  |
|  | *School/Early Years setting attended* |  |  |
|  | *Health Visitor/School Nurse* |  |  |
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| **If you require a service please select one from the list below.** * Social Care Service **🞎** Early Help Service
* CSE **🞎** Disabled Children’s Team
* EHC / SEN support
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**Please email this form to:** ChildCare\_Duty@bathnes.gov.uk (internal staff only)

Or for secure email: childcare.duty@bathnes.gcsx.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:** Children and Families Assessment and Intervention Team – DUTY,

People and Communities Department,

Bath 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)

**When the duty triage team assess this ‘request for service’ and if they decide it does not meet the statutory safeguarding threshold it will be transferred to the appropriate Early Help Service for consideration.**