  

FAMILY CONNECT

SAFEGUARDING REQUEST FOR SERVICE FORM

Telford & Wrekin Council, Children’s Safeguarding, Family Connect

5th Floor Darby House, Lawn Central, Telford, TF3 4JA

*This form must be used to share information of a child/children with Family Connect Safeguarding Advisors when there are concerns about a child’s welfare or safety. If you are unsure whether a request for service is appropriate, please telephone for a discussion.*

*Please complete this form within 48 hours of making a telephone contact and send to Family Connect. (Address above)*

*NB: refer to the Child Protection Procedures and Telford and Wrekin Threshold Guidance for professionals if you require further guidance when considering a referral.*[***http://westmidlands.procedures.org.uk/***](http://westmidlands.procedures.org.uk/)

**\*\*Before proceeding, please consider – Have you consulted within your own agency about this contact? If so, was it agreed that contact was required?\*\***

1. **Details of the person making this request for service:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | | | | |
| **Name of Referrer:** |  | **Job Title:** | |  |
| **Address of Agency:** | | | | |
| **Telephone Number:** | | | | |
| **Email address:** | | | | |
| **Name of Family Connect Safeguarding Advisor concerns were shared with (if previously telephoned):** | | |  | |

1. **Consent to Share Information**

**Practitioners should discuss concerns with the family and seek the family’s agreement to this contact unless this may:**

* Place the child at increased risk of [Significant Harm](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/significant_harm.html), **Note:** Where a practitioner has concerns that a child may be at risk of Significant Harm, it is possible to justify sharing information without consent (section 47)
* Place any other person at risk of injury or
* Obstruct a Police investigation

A decision by any professional **not** to seek parental permission before making a referral to Children and Young People’s Services must be recorded and the reasons given.

If, after consultation, it is decided to seek parental agreement but this is withheld and it is still considered that there is a need for a request for service , the reason for proceeding without parental agreement must be recorded and Children and Young People’s Services should be told that the parent has withheld her/his permission.

|  |  |
| --- | --- |
| Yes / No – if not why? |  |

**3. Details of Child / Children \* *required fields***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\* Child First Name:** | |  | | **\*Child Surname:** | | |  | |
| **\*DoB or EDD:** |  | | **Gender** | **Male / Female** | **\*Ethnicity:** | | |  |
| **\*Religion:** |  | | **Preferred language or method of communication:** |  | **Is an interpreter required?** | | | **Yes / No** |
| **\*Address:** | |  | |  | | | | |
| **\*Post Code:** | |  | | **\*Telephone Number:** | | |  | |
| **\*Does the child have a disability?** | | **Yes / No** | | **If yes please give details** | | |  | |
| **Education, Training or Employment placement:** | | | |  | | | | |
| **GP:** | | | |  | | | | |
| **\*Young Carer?** | | **Yes / No** | | **\*Privately Fostered?** | | **Yes / No** | | |

**4. Details of each family member or significant people living in the family home**

*(e.g. family structure including siblings, other significant adults etc; who live with the child and who do not live with the child and parents/carers/siblings. Significant adults also includes those not related to the child, (e.g. lodger, etc)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship to child: | Parental responsibility Y/N | Address (if different from above) |
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**5. Early Help Assessment and Support Plan**

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| --- | --- | --- | --- |
| Has an Early Help assessment been completed? | Yes / No | Date completed? |  |
| Has there been a recent Early Help Support Plan completed (Team Around the Family) | **Yes / No** | Date completed? |  |

# 6. Other Agencies Involved with the child / family

|  |  |  |
| --- | --- | --- |
| **Professional Name and Agency** | **Address and Telephone Number** | **Who are they supporting in the family?** |
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|  |  |  |
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7. Further Information

**Please record all concerns, risks and protective factors:**

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| 1. **What are you worried about? – Past and present** |
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| 1. **How are the family managing risk/harm/worries? – Consider any protective factors/strengths in the family** |
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| 1. **What support are you/your Service already offering the family? What can you/your Service do in addition?** |
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| --- |
| 1. **Are there any family, friend and/or community support networks that can help support the family?** |
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| --- |
| 1. **Is there a perceived risk of violence / danger that could place those making contact with this family in danger?**   *(Consider for example, experience of verbal abuse / aggressiveness, unsafe neighbourhood, persons of a violent nature, an un-tethered dog, etc.)* |
|  |

**8. Signature:** …………………….. **Print Name:** ……………………… **Date:** ………………

**9. Once Completed Forms can be emailed or posted to:**

|  |  |
| --- | --- |
| **Email** | [**familyconnect@telford.gov.uk**](mailto:familyconnect@telford.gov.uk) |
| **Secure Email** | [**familyconnect@telford.gcsx.gov.uk**](mailto:familyconnect@telford.gcsx.gov.uk) |
| **Post** | **Family Connect, Telford and Wrekin Council, Darby House, 5th Floor, Lawn Central, Telford, TF3 4JA** |

**10. What you can expect in terms of a response:**

Upon receipt of your Request for Service Form you can expect a written response from Family Connect within ten working days.

The response will include the outcome details of the case. (i.e.)

* No further action,
* Advice and guidance provided,
* Request that an Early Help Assessment be considered with a team around the family action plan to support the child and family
* Or progressed to a referral.

If the case was progressed to a referral for assessment we will provide you with the name of the Social Worker conducting the assessment. (I**t is essential that your contact details are recorded to ensure the written response can be sent securely.)**

**T&W Council Statement**

I understand that:

* Telford and Wrekin Council (T&WC) collect personal information on me/my family to enable T&WC to provide support services which will benefit me as an individual and/or my family
* That my/my family’s personal information will only be shared internally between Council services to enable these services to be provided to me/my family
* T&WC may also share my/my family’s personal information with government departments or other public bodies as required by relevant legislation

For further information please visit [www.telford.gov.uk/terms](http://www.telford.gov.uk/terms)