



FAMILY CONNECT
 SAFEGUARDING REQUEST FOR SERVICE FORM
 Telford & Wrekin Council, Family & Cohesion Services, Family Connect
 8th Floor Darby House, Lawn Central, Telford, TF3 4JA

This form must be used to share information of a child 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://www.telfordsafeguardingboard.org.uk/info/3/i_work_with_children_young_people_and_parents

****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:		Fax Number:	
Email address:			
Name of Family Connect Safeguarding Advisor concerns were shared with (if previously telephoned):			

2. 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, **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:					

4. Family composition / significant others

(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)

5. Integrated working practice

Has a Common Assessment been completed?	Yes / No	Date completed?	
Has there been a recent Team around the child meeting?	Yes / No	Date last meeting held?	

6. Other Agencies Involved with the child / family

Agency	Contact Name	Address	Telephone Number

7. Further Information

Please record all concerns, risks and protective factors:

a) Why are you requesting a service from the Family Connect Safeguarding Advisor Team today about this child / family?

(Please identify your specific concerns and comment on what you think the family need from Children Services)

--

b) What information do you know about this child?

(Include all relevant information about their development, health, behaviour etc.)

--

c) What information do you know about this child's parent(s) / Carer(s)? and wider family?

(Include relationships, friendships, behaviour, support, stability, safety, domestic abuse, mental illness, substance misuse, learning difficulties)

--

d) What information do you know about the wider environmental factors which may impact on the child?
(Consider for example, housing issues, who is working in the family, financial situation, community and social engagement.)

e) 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, faxed or posted to:

Email	familyconnect@telford.gov.uk
Fax	01952 385894
Post	Family Connect, Telford and Wrekin Council, Darby House, 8 th 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 five working days.

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

- No further action,
- advice and guidance provided,
- Request that a Common Assessment be considered with a team around the child 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. **(It is essential that your contact details are recorded to ensure the written response can be sent securely.)**