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| **Request Completed by:**  |
| Name of person making request:       | **Job title:**       | **Agency:**  |
| **Address:**  | **Email:**  | **Telephone:** |
| **Date of Contact:**  | **Time of contact:**  |  |

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| 1. **Consent**
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| **Requests for support from Children's Services should be made with the knowledge and agreement of the family members being referred. The only exception to not seeking consent is: When there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, and/or when sharing information would undermine the prevention, detection or prosecution of a serious crime.****Parents need to know what information has been shared and stored by Children's Services. They must also be aware that Children's Services may need to share information with, and to seek information from other agencies to help them decide if additional services are needed, e.g., schools, health visitors, doctors, police, housing etc. If you have not discussed this request for support with the family, please do so as we cannot progress without their consent. If you consider one of the two exceptions above apply, please call the consultation line for advice.** |
| **Does the parent/young person give consent for this support request?** [ ]  **YES** [ ]  **NO If not then why?** |
| **Does the parent/young person give consent to information being shared with partner agencies?** [ ]  **YES** [ ]  **NO**  |
| **Who has given consent?** |
| **Has the parent/carer specified that information should NOT be shared with a particular person/agency?** [ ]  **YES** [ ]  **NO If yes, please specify** |

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| 1. **Reasons for Request for Support to Surrey Children’s Services?**
 |
| * **Information and advice on a case**
* **Information on services and resources for child / young person / family**
* **Support to complete an assessment**
* **Support to develop / review delivery plan**
* **Support with establishing a Team Around the Family**
* **Access to support from Targeted services** e.g. Concern the family is destitute or at risk of imminent homelessness; The child is being exploited, groomed or involved in crime; Vulnerable Children - children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate a targeted support need.
* **Access to support from Statutory Childrens Services** e.g. Concern the child has injuries; Concern the child is being sexually abused; Concern a child has no-one available to care for them; The child is suffering significant impairment of their health/development due to neglect and early help has not improved the child’s care, The child is suffering significant impairment of their health/development due to emotional abuse; The child is disabled and needs support from children’s social work or education services
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| 1. **CHILD / YOUNG PERSON DETAILS / SIBLING DETAILS**
 |
|  | **First Name** | Age/DOB/**EDD** | **M/F** | **Ethnicity / Language** | **Migrant Child Unaccompanied Asylum Seeking child (UASC)** | **Religion** | **NHS Number** | **Address and telephone number** |
|  |  |  |  |  | [ ]  **YES** [ ]  **NO** |  |  |  |
|  |  |  |  |  | [ ]  **YES** [ ]  **NO** |  |  |  |
|  |  |  |  |  | [ ]  **YES** [ ]  **NO** |  |  |  |

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| 1. **HOUSEHOLD DETAILS (including extended family where known)**
 |
| **Last Name** | **First Name** | **Age/DOB/EDD** | M/F | **Ethnicity /** **Language** | **Relationship to child** | Address and telephone number |
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| **Give details of principal carers and those with Parental Responsibility (if their address is different from the child):** |
| **Last Name** | **First Name** | **Age/DOB/EDD** | M/F | **Ethnicity /** **Language**  | **Relationship to child** | Address and telephone number |
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| **Are there any communication/interpreting needs for the child and/or family?** | **Does the child and/or family have a disability or special needs?** |

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| 1. **Other professionals involved (to include GP, school and details of any voluntary agencies involved)**
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| **Name** | **Job Title** | **Address** | **Telephone/email** |
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| 1. **What are the Child and Family’s Needs?**
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| **Please outline in as much detail as possible the reason/rationale for the request for support and the needs you have identified for the family, young person or child? Including relevant history where known. Please note that if sufficient information is not provided, your form will be returned to you and this will delay your request for support.** |

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| **What support do the family currently have? What support have the family tried? Which agency/friend/family members does this include?** |
| **What are the family’s strengths and how can these be built on?** |
| **What outcome are you seeking from this request - what support is needed from children’s services?** |
| **Have you referred to the** [**Continuum of Support document for guidance**](https://surreyscb.procedures.org.uk/zkyqqt/managing-individual-cases/continuum-of-support-for-children-and-families-living-in-surrey#top) **[ ]  What are the Support needs identified?** |
| **Have you discussed your concerns with a safeguarding lead within your organisation? [ ]  Please include name and advice given** |

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| 1. **Previous involvement (if known)**
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| **Has an Early Help Assessment been completed?****[ ]  Yes, please attach** **[ ]  No If No, please say why not:** |
| **What early help support has already been offered by your agency and/or other agencies and what were the outcomes?** |
| **Are you aware of any previous social work involvement with this family in Surrey/elsewhere?** [ ]  **YES** [ ]  **NO** **If YES, please give details, including approximate dates:**  |

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| **8. Are there any issues we should be aware of when contacting parents/carers?** |
| [ ]  **YES** [ ]  **NO****If yes, please specify** |

**Please send the completed form to:** cspa@surreycc.gov.uk

**Phone number for Child Protection Consultation line: 0300 470 9100**