WIRRAL SAFEGUARDING CHILDREN BOARD

REQUEST FOR SERVICES FORM

This form is to be used to access services for children at levels 3 and 4 of the Continuum of Need.

- **All Referrals must have section A and D completed**
- **To request co-ordination of level 3 (Multi-Agency) services through Team Around the Family please complete section B**
- **To request a service from Social Care please complete section C**

If you require a level 3 and 4 service please email to: cadtsocialcare@wirral.gcsx.gov.uk

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Date of Referral							
Section A - Family Details							
Address *including Postcode*	[ ]						
Main Contact Telephone Number	[ ]						
Email Address	[ ]						
Owner/Occupier	☐	**Private Landlord**	☐	**Housing Association**	☐	**Homeless**	☐

Children/Young People under 18 living at the above address *Please see guidance for completing this section*									
First Name	**Surname**	**DoB (dd/mm/yyyy)**	**M/F**	**Age**	**Eth**	**EET**	**School**	**1st Lang**	**Disability**
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Adults living at the above address *Please see guidance for completing this section*									
First Name	**Surname**	**DoB (dd/mm/yyyy)**	**M/F**	**PR/CR***	**Eth***	**EET**	**Relationship**	**1st Lang**	**Disability**

Other relevant people/family members not at the above address *Please see guidance for completing this section*								
First Name	**Surname**	**DoB** (dd/mm/yyyy)	**M/F**	**Address** *including postcode*	**Eth**	**Relationship**	**1st Lang**	**Disability**
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

		Contact Number
Doctor's Name:		
Dentist's Name:		
Health Visitor's Name:		
School Nurse's Name:		
Are there any potential risks that would affect Staff visiting the home? *Please see guidance for completing this section*		

Section B - level 3 Multi agency / Team Around The Family

Services currently involved with family:

Agency	**Professional Name**	**In relation to family member**

What is the primary unmet need for the family? (Please tick one)

Parenting		Education/ Work		Housing		Community Relationships	
Family Relationships		Money/ Finances		Health		School Transfer	

Please fully describe the need for this service including specific areas of support E.G Domestic Abuse/ Mental Health/ substance misuse)

[ ]

Does the family agree to a CAF?	Yes ☐	No ☐
Are you the best placed to act as lead professional	Yes ☐	No ☐

Section C - Level 4 – Statutory Services					
Please advise why you are completing this Request for Services Form:					
Child Protection Concern		Information Request		Other, please specify in the box below:	

Please detail why you are requesting a service from Children's Social Care:
Please evidence why this meets the threshold for Social Care intervention:
Please detail any additional services that are already provided or have been attempted:

Childs Needs
Please comment on each of the following: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills.
Parenting Capacity
Please comment on each of the following: basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.
Family & Environmental Factors
Please comment on each of the following: family history, wider family, housing, employment, income, community integration and community services.

Section D Consent to Store and Share Information

Information collected in this referral form will need to be shared with agencies identified in the form to help us provide the services you need. If we need to share information with any other organisations later to offer you more help we will ask you about this before we do.

In line with the Data Protection Act (1998) we require your consent to share and store the information in this form.

I/We understand the information that is recorded on this form and that it will be only be stored and shared for the purposes of providing services to me and my family. ☐
I/We have had the reasons for information sharing explained to me and I understand them. ☐
I/We agree to the sharing of information, as agreed, between <u>all relevant</u> services listed in this form. ☐
I/We also agree to the sharing of this and other information, with the relevant services / organisations listed below: ☐

- **Wirral Council**
- **Your Child / Children's current school / education provider**
- **Your housing provider**
- **Health Visitor**
- **School Nurse**
- **GP**
- **Adult mental health services**
- **Drug and Alcohol advice and support services**
- **Child and Adolescent Mental Health Services**
- **Other local health services (e.g. A&E, Community services)**
- **Voluntary Services Sector**

If you are pregnant* or have a child u*nder 5 years:
I/We agree to the sharing of information with our local Children Centre and I understand that we will be contacted by the centre to discuss any support requirements with us. ☐

To consent to sharing information each family member must sign below, or be signed for (if family member(s) are unable to sign for themselves). I understand I may add to or withdraw consent at any time by informing the Key Worker/Lead Professional.

Signed by adult(s)						**Signature on your file**	
Signed		**Name**		**Date**		**Yes** ☐	**No** ☐
Signed		**Name**		**Date**		**Yes** ☐	**No** ☐

Signed by each child						**Signature on your file**	
Signed		**Name**		**Date**		**Yes** ☐	**No** ☐
Signed		**Name**		**Date**		**Yes** ☐	**No** ☐
Signed		**Name**		**Date**		**Yes** ☐	**No** ☐
Signed		**Name**		**Date**		**Yes** ☐	**No** ☐
Please state if consent from all family members has *not* been obtained e.g. due to being unavailable or objected							

Signed on behalf of referring agency / organisation		**Date**		**Yes** ☐	**No** ☐
Print name					
Organisation & Position/Role					
Contact Tel. Number & email					
Would you be prepared to be lead professional if appropriate?				**Yes** ☐	**No** ☐

Please retain the signed version of this form on file as you may be required to produce it as part of a quality assurance process

<u>Requests for services can only be accepted without consent if it is deemed that to seek parental/carers agreement would place the child at increased risk of significant harm.</u>
<u>(Working Together to Safeguard Children 2013)</u>