

# MULTI-AGENCY SERVICE REQUEST FORM FOR CHILDREN’S SOCIAL CARE IN SANDWELL CHILDREN’S TRUST

If you have an immediate child protection concern, please ring the Police on **999** or **0121 569 3100** before submitting this form.

For urgent out of hours concerns, please ring the Emergency Duty Team on **0121 569 2355**

**Consent:**

As a professional, it is your responsibility to speak to the parents or carers about your concerns. Please note parental consent for this request should always be sought unless by doing so will place the child at risk of significant harm

**Sandwell Children’s Trust will only accept requests for service where:**

1. **Parental consent has been obtained.**
2. **In exceptional circumstances when ‘consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent or if to gain consent would place a child at risk’**

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| **Click here to download:** * **Working together to safeguard children, 2018):**

[**https://www.gov.uk/government/publications/working-together-to-safeguard-children--2**](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)* **Sandwell’s** **‘**[***Multi Agency Thresholds Guidance: Continuum of Help & support***](https://www.sandwellcsp.org.uk/wp-content/uploads/2022/06/Threshold-Guidance-Continuum-of-Help-Support-June-22-002.pdf)**‘ document**
* **West Midlands Regional Safeguarding Procedures: Definition of abuse and neglect:** <https://westmidlands.procedures.org.uk/ykpzl/statutory-child-protection-procedures/additional-guidance/#s531>
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**Date of this service request**\*:

|  |  |
| --- | --- |
| Has parental consent to this request been obtained?**If consent has not been obtained,** why not?      | [ ]  Yes [ ]  No |
| **Are** parent/s aware of your concerns?When and how did you make them aware?      | [ ]  Yes [ ]  No |
| Have you discussed and agreed this for this request to be made with your designated child protection officer/ safeguarding lead or your line manager? | [ ]  Yes [ ]  No |

**Your details as the person/ professional making this service request** all details\* must be completed

|  |  |
| --- | --- |
| Your full name\*: |  |
| Your job role\*: |  |
| Your agency\*:  |  |
| Your address\*: |  |
| Your primary phone number\*: |  |
| Your e-mail address\* (state if secure): |  |
| How do you know this child?\* |  |

**The Child’s personal details** fields marked **\*** must be completed

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Forename\*: |       | Child’s Surname\*: |       |
| Other names/ aliases:  |       | NHS number (if known): |       |
| DOB or EDD \*: |       | Gender \*: |       |
| Child’s Primary Address:(for unborn babies please give Mother’s address) |       |
| Alternative address?(If child is residing elsewhere) |       |
| Child’s ethnicity\*: |       | Primary language or preferred means of communication: |       |
| Childs/Parents Language |       | Is an interpreter or a signer needed? | [ ]  Yes [ ]  No[ ]  Don’t Know |
| Child’s religion: |       | [Immigration Status](https://marf.knowsley.gov.uk/Home)Recourse to Public Fund?Asylum Seeker?Refugee Status? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Child’s school or nurseryor College:   |       | Child’s GP (for unborn babies please provide mother’s GP) |       |
| Does the child have special educational needs or a disability? An EHCP?Please give details. | [ ]  Yes [ ]  No [ ]  Don’t Know |       |  |

**Details of other children living in the same household with the named subject in this request.**

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| --- | --- | --- | --- | --- |
| *Full name\** | *Date of birth\** | *Relationship to the child* | *School/nursery/College**(if known)* | *Is this child also the subject of this requestl?\** |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |

**Details of the parent(s)/Carer(s)** fields marked \* must be completed

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| ***Parent/Carer 1*** |
| ***Relationship to the child***  |
| Full Name (include any ‘known as’ names)\* |  |
| DOB\* |  |
| Address\* |  |
| Telephone number\* |  |
| Does this person have Parental Responsibility?\* | [ ]  Yes [ ]  No [ ]  Don’t Know |
| ***Parent/Carer 2 (if applicable)*** |
| Full Name (include any ‘known as’ names)\* |  |
| DOB |  |
| Address\* |  |
| Telephone number\* |  |
| Does this person have Parental Responsibility?\* | [ ]  Yes [ ]  No [ ]  Don’t Know |

**Are there other adults living in the household?** [ ]  Yes [ ]  No [ ]  Don’t Know

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| ***Name (and DOB if known)*** | ***Relationship to child*** *e.g. adult sibling* |
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**Are there other significant adults in the child’s life?** *E.g. grandparents / aunts / uncles*

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| --- | --- |
| ***Name and address*** | ***Relationship to child*** *e.g. Maternal Grandmother* |
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**Your concerns**

***We need you to give specific details about your concerns for this child, including what has the child said or experienced.***

***Please complete all of the boxes in the following sections:***

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| **What are your current concerns?** |
| **What are your concerns about this child / young person?***Be specific – refer to the Threshold Document and the definitions of abuse or neglect to evidence your concerns. Describe what you have seen or been told about. Include any information about online activity that may be of concern.**Tell us about the impact on the child (ren) of what you have seen/heard about.**If you have compiled a chronology of events, send it in addition to your request rather than try to write a full family history here.*     *What prompted you to make this request now?*       |

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| **Historical Concerns:****Have the things that concern you mentioned above happened before?** If so, provide detailsWhen? How often?What actions did you take to support the child(ren)?Were any requests made to Sandwell Childrens Trust? Please provide details      |
| **When previous concerns have been discussed with parents/ carers, what was their response?** |
| **What has already been tried to support this family?** |
| Please advise how you and your agency attempted to help/support this family. Please provide a copy of the Early Help Assessment/plan/reviews you have completed.Alternatively, please provide specific details of support and interventions provided to this child/family, the outcome and reason requiring statutory social care intervention. Attach any supporting documents to this form     If you have not provided intervention to this family, please advise the reasons why?1. Parents declined
2. I am not directly involved with the child
3. Immediate child protection concerns
4. Other:

      |
| **Are there any other issues which impact upon the family? If yes, what are these?**(please consider parenting capacity/ family and social stressors – substance misuse, domestic abuse, learning needs, significant debt, recent bereavement, isolation, housing, contextual safeguarding)      |
| **What is working well for this family?** |
| Consider, for example, relationships, support networks, strengths, engagement with services, education attainment      |
| **Summary of child’s needs** |
| What do you think needs to be done to improve this child’s circumstances?What would make things better or safer?      |

**Are there any risks to professional staff** [ ]  Yes [ ]  No [ ]  Don’t Know

**who might visit this family? *If yes, please give details:***

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**Professionals/agencies already working with the child/family**

***Please list all services that you know to be involved with this child/family:*** *e.g. GP, Education Psychology, CAMHS, CYPS, or Health Visitor etc*

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| --- | --- | --- | --- |
| ***Professional Full Name*** | ***Agency / Role*** | ***Contact details******Address/e-mail*** | ***Telephone*** |
|       |       |       |       |
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Sandwell Safeguarding Children’s Partnership **provide a suite of tools to support professionals - *Which tools have you used to support your decision to contact us (required)*** *\**

[ ]  None

[ ]  Child Exploitation Tool

[ ]  Domestic Abuse Stalking Harassment (DASH) Tool

[ ]  Female Genital Mutilation Toolkit

[ ]  Graded Care Profile

[ ]  Outcome Stars

[ ]  Other (*if other please state)*

**Additional Documentation to Support this Request**

***Attach any documents or evidence to support your request. For example, photos, body maps or tools used.***

**When you submit this MARF, note your reference number for any future enquiries. If you need to keep a copy of your form, you can choose to download a copy after you have submitted it. You will not be emailed a copy of the form.**

**What happens next?**

Please e-mail your completed form to: Access\_Team@sandwellchildrenstrust.org

Someone will contact you to discuss this request and inform you on the outcome.