

## **EARLY INTERVENTION AND SAFEGUARDING STATUTORY REQUEST FOR SERVICE/REFERRAL FORM GUIDANCE (September 2018)**

If you are aware the child already has an allocated Social Worker there is no need to use the request for service/referral form; go directly to the Social Worker/Team.

**IMMEDIATE PROTECTION** If you feel that there is a need for immediate and urgent protection as there is a risk to the life of a child or the likelihood of immediate serious harm, contact the Police in the first instance and then telephone Children's Social Care do NOT delay seeking immediate action by completing the request for service/referral form first. If the police are not required please consider before completing the request for service/referral whether your concerns should be reported by telephone immediately to Children's Social Care to avoid any delay. All telephone requests for service/referrals MUST be followed up in writing within 24 hours.

All requests for service/referrals to Children's Social Care must have a completed Early Intervention Single Assessment (EISA) unless there are child protection concerns or a statutory requirement to undertake an assessment i.e. a private fostering arrangement, homeless, immediate intervention required or child sexual exploitation concerns (CSE) etc. All other cases should be addressed via the Early Intervention Panel to either request support/guidance in a case, to agree the most appropriate service to undertake an EISA or identify targeted support services. Please remember there is an advice and support telephone service at the Multi-Agency Screening Team (MAST) should you have any queries or concerns about a child or young person, the Disabled Children's Team (DCT) and the Early Intervention Panels (EIP) are also happy to answer any queries. These are not recorded and you should complete a referral should you not be satisfied with the advice provided or are advised to complete a referral.

PLEASE TYPE OR PRINT THE FORM, please complete the form as clearly and fully as possible ensuring there is sufficient information in order for Early Intervention Services/Children's Social Care to be able to make decisions of what action is required.

**If you are currently providing a service to the child/family and are actively involved, should this request for service/referral commence to an Early Intervention/Statutory Child and Family Single Assessment, then you may be asked to undertake a joint visit with the allocated worker within 5 days.**

### **Please Indicate Request for Service/Referral to**

Tick the relevant box following the guidance on the referral form above this section whether the case should be referred to the Early Intervention Panel (EIP), the Disabled Children's Team (DCT) or the Multi-Agency Screening Team (MAST). Should you be advised from a service area that it needs to go to a different service area then you can still use the same form and just tick the advised relevant service. Please ensure that all information provided is up to date if referring to another service area.

### **Date and Time of Request for Service/Referral**

It is essential that the date and time a request for service/referral is made is clearly stated on the form.

**Request for Service/Referral From**

State your first name and your surname and your professional title/designation.

**Agency**

State the organisation you work for e.g. Education or Health and clearly identify if this is an adults or children's service.

**Address/Telephone/Email**

State the address/telephone and email of your place of work.

**Child's Name**

State clearly the correct spelling of the child/ren's full name and any other name that the child is known by.

**Date of Birth (DOB), Age and Expected Date of Delivery (EDD)**

State the full date of birth of the child/ren and the age at the time of the referral. State if the child is unborn and the expected date of delivery.

**Gender**

State the child's gender.

**Disability**

State if the child is disabled – give more details of the disability including any Statement of Special Educational Needs.

**Ethnicity**

State clearly, to the best of your knowledge, the ethnicity of the child. This information may assist the person/agency you are referring to, by identifying services that meet the child's ethnic background.

**Language/Interpreter Needed**

It is essential to identify the child's and their parent/carers first language. This information will ensure that Early Intervention Services/Children's Social Care are aware of any language needs when engaging and communicating with the child/family. It would be helpful to include any other communication needs in this section. Please specify preferred language as this will assist arranging the appropriate interpreter/or signer if an urgent visit to the child/family is required. **Laming Recommendation 12** states that when communication with a child is necessary for the purpose of safeguarding and promoting the child's welfare and the first language of that child is not English, an interpreter **must** be used. If the child's first language is not English and an interpreter is not needed, please state clearly the reason why.

**Address/Postcode/Tel.**

State clearly the full home address of the child including the postcode and phone number. If the child is residing at more than one address or is residing away from their home address, please include all the details under the section current address (if different from above) e.g an

alternative home address may indicate that the child is living away from birth parents and residing with family or friends under an arrangement e.g. Residence Order, private fostering.

### **Nursery/ School /College/UPN**

Please complete if known, and add in the name and contact number for any key member of staff. Please provide their unique pupil number (UPN) and attendance if known.

### **GP and Telephone Number**

If the child's General Practitioner is known please state clearly, the full name and phone number and any other details that may be relevant including their NHS number if known.

### **Family Composition/Significant Others**

Please give details of all other children in the household and state if these children are also subject to the request for service/referral. Please state all other adults in the household the name of the person/s who is the main carer for the child/ren and if known state whether the parent/carer has parental responsibility. Record the nature of the relationship to the child i.e. mother, father, grandparent, aunt, lodgers or family friends and also include details of any partners (to main carer) who are residing in the family home. Please state the gender and date of birth and whether they are employed. Please provide details of any significant others who may have contact/or provide support to the child/family e.g a birth parent, siblings, other family members who do not live in the household. If the request for service/referral relates to children who reside at different addresses then a separate request for service/referral needs to be made in respect of each household. If the address is different to the child's home address this may indicate a private fostering arrangement. If enquiries confirm this, a request for service/referral to Children's Social Care (MAST) must be undertaken as there is a statutory duty for a social work assessment to be undertaken. If in doubt, seek advice.

### **Reason for Request for Service/Referral**

Briefly outline the reason for the request for service/referral, being specific about **what is needed** for the child/ren and family and **why**, and about the nature of any concern for the child's welfare, what additional support services are you requesting from the Early Intervention Panel/Children's Social Care The information you provide will assist with identifying the appropriate support and services required.

### **Is the Child at Immediate Significant Risk of Harm? (MAST Referral Only)**

**IMMEDIATE PROTECTION** If you feel that there is a need for immediate and urgent protection as there is a risk to the life of a child or the likelihood of immediate serious harm, contact the Police in the first instance and then telephone Children's Social Care do **NOT delay seeking immediate action by completing the request for service/referral form first**. If the police are not required please consider before completing the request for service/referral whether your concerns should be reported by telephone immediately to Children's Social Care to avoid any delay. All telephone requests for service/referrals **MUST** be followed up in writing within 24 hours. Please indicate on the request for service/referral form if the police have been contacted. Identify why you think they are at risk of significant harm and what these risks are. Provide details of any reported injury or mark and when the incident/concern occurred if known and whether the child has seen a medical professional in relation to the injury/mark.

**What targeted service are you requesting from the Early Intervention Panel? (EIP Referral Only)**

If you are requesting that the Early Intervention Panel identify a professional to undertake an Early Intervention Single Assessment (EISA) and/or become the lead professional then please state why you are unable to undertake this role. Please highlight the targeted service you are requesting from the panel.

**Additional Information**

Include any additional information of any concerns or risks known such as, drug or alcohol misuse, mental health issues, domestic abuse. It is important that you also highlight what the strengths are, and what is working well for the child and family, as well as any needs/deficits, any protective positive factors e.g a family member who provides additional support. Please highlight any risks if known in relation to workers visiting the family/home.

**Action Taken**

Please give details of any support your service has already provided to address the concerns or needs of the child. Please indicate whether an Early Intervention Single Assessment (EISA) has been completed and whether an agreed plan is in place and lead professional identified. It may also be useful to identify the outcome of the plan, specifically noting what has worked/not worked, whether the child/family's case has been to an Early Intervention Panel. Completed CAFs/Early Intervention Single Assessments/TAC/Early Intervention plans can be attached to the request for service/referral to support the information provided in this section. Include any other relevant assessments that have been undertaken by your agency such as, Asset, or Statement of Special Educational Needs. Please include any other agency known to be involved with the child or family and support/services they are/have provided. Details of agencies involved allows for easier sharing of information and therefore more effective decision making to provide the appropriate provision of service/support.

**Additional Information**

If you attach additional information, please specify in the box provided so that it doesn't get lost.

**SDQ Undertaken ?**

Please states yes or no if a Strengths and Difficulties Questionnaire (SDQ) has been undertaken and if yes provide the date.

**Previous Social Care Involvement**

Please give details if you are aware of any previous social care involvement and whether this was Calderdale or another Local Authority.

**Brief Chronology**

Please provide a brief chronology of relevant historical information of significant dates and events. This could be your information or another agency. Identify if the information is from another agency and which child or family member the information relates to.

## **Professionals/Agencies Involved with the Family**

Please provide details of any known professionals and agencies working with the child or family member.

## **Consent**

Consent is only required to share information with other agencies, if there are **NO** Child Protection concerns.

Consent is not required to undertake an Early Intervention or Statutory Child and Family Single Assessment which will identify any outstanding needs and services the child / family requires. However, consent should be sought to share information to enhance the assessment.

## **Is the Child/ Parent/Carer Aware of the Request for Service/Referral ?**

It is important to note that in most circumstances informing a child or young person that you are going to make a request for service/referral and for what reason is good practice. However, you need to use your professional judgment, as there are other circumstances when it is not appropriate e.g. the child/young person's age and level of understanding, or if to do so would place the child at risk of significant harm. You should seek consent from the parent/carer that you intend to make a request for service/referral (unless to do so would place the child/ren at risk). It is critical to develop a co-operative working relationship from the outset (wherever possible), so that parents and caregivers feel respected and informed, that professionals are being open and honest with them and they in turn are confident about providing vital information about their child, themselves and their circumstances. **However do not inform the parent/carer where there is a risk of significant harm to a child/young person by the parent/carer.**

## **Have They Given Permission for the Request for Service/Referral and to Share Information to DCT/MAST?**

It is good practice to seek permission from the parent/carer to make a request for service/referral and to share information. Unless there are exceptional circumstances as outlined in the Calderdale's Safeguarding Children's Board procedures, it is expected that parent/cares will have given permission. Working in partnership with the parent/ carer by explaining the purpose and reason for the request for service/ referral and for sharing information is likely to encourage a better working relationship with parent/carers. If you have ticked no, give reasons why e.g. it is an emergency and parent/carers are not able to be contacted. If in doubt, please seek advice. **However do not inform the parent/carer where there is a risk of significant harm to a child/young person by the parent/carer.**

## **Child/Family View of the Request for Service/Referral**

Where possible, it is important that the child understands why the request for service/ referral is being made and it is good practice for professionals to seek their views regarding this. Children may have strong opinions about their needs and ways in which they can be met. Professionals should take into account the child's age, developmental level, language, disability, gender, culture and age when communicating with children and ensure they feel they have been listened to and their concerns have been heard. Unless it would place the child at risk of harm, parents should be informed about the request for service/referral and

encouraged to express their views about this and the needs of their child and what support they require in order to support their child's needs.

### **Have They Given Permission for the Request for Service/Referral and to Share Information to the Early Intervention Panel?**

Please ensure you have signed consent from the child (dependent on age) and parent /carer when referring to the Early Intervention Panel. If you cannot gain consent but are concerned that additional services are required but the concerns do not meet the threshold for Children's Social Care intervention please contact the relevant panel to discuss further or please indicate on the form why consent has not been obtained. Please remember consent is not required nor should it create a barrier in you being able to complete an Early Intervention Single Assessment (EISA) of the child/family's needs.

If the request for service/referral is made to DCT/MAST feedback will be provided within 24 hours. If the request for service/referral is made to the Early Intervention Panel feedback will be provided within 1 working week.

Please refer to the Continuum of Need and Response/Information for Professionals for additional guidance regarding the levels of needs 1-5, the Early Intervention Single Assessment (EISA) and Early Intervention Panels.

For any discussion/query please contact the relevant team/service.

**MAST secure email:** [MAST@calderdale.gcsx.gov.uk](mailto:MAST@calderdale.gcsx.gov.uk)  
**Telephone number:** 01422 393336  
**Out of Hours (EDT):** 01422 288000

**DCT secure email** [dctadmin@calderdale.gcsx.gov.uk](mailto:dctadmin@calderdale.gcsx.gov.uk)  
**Telephone number:** 01422 394091

**EIP Upper Valley & Central email:** [EIP.UVandCentral@calderdale.gov.uk](mailto:EIP.UVandCentral@calderdale.gov.uk)  
**Telephone number:** 01422 392510

**EIP Lower Valley & North/East email:** [EIP.LVandNE@calderdale.gov.uk](mailto:EIP.LVandNE@calderdale.gov.uk)  
**Telephone number:** 01422 394094