

## Multi-Agency Request for Service Form - Guidance Notes:

Please read the 'Threshold Document' before you complete this form as it contains vital information that will assist you.

Please note that  = Mandatory and these details must be completed.

You can move backwards or forwards through the form by using the navigation buttons at the bottom of each section.


### Referrers Details

Please provide all details requested

### Consent

Please provide all details requested.

It is important that consent is gained where possible for this request for service to be made. The parents/carers should be informed that the form is being submitted and give consent.

Please note that consent to share information must be gained at all times. The only exception to this is if in your judgement, the gaining of consent will place the safety of the child or young person at risk as legislated for under the GDPR and Data Protection Act 2018. For full Guidance on Information Sharing please see [Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)  (opens in new window)

### Child/Children's/Young Person's Details:

Please state the names of **ALL** the child/ren/young people who are involved including all child/ren/young people who may live elsewhere.

Please state the primary address of the child/ren/ young people who are of concern to you and any other addresses that are relevant to any child/ren/young people who are involved.

Please complete as many of the details requested and where not known please indicate this with **NK** as clearly as possible.

**Please clearly indicate which of the child/ren/ young people is of concern to you.**

### Family Household Details

Please state the names of the Parent/carers, who live in the household of the child/ren/young people who are of a concern and clearly indicate the relationship to the child/ren/young person. Please provide as many of the details requested as possible, this will help fully identify and assess the child/ren and/or young person/people.

### Safety/Support Network Details

This section is to record who else is important in the family and/or situation in addition to those already named. This will include any known professional involved and/or family member/close friend who may be offering support to the family. Please indicate as to whether or not they are

currently offering support and any other information you feel is relevant to making this request for service/referral.

**Presenting Issues - What are you worried about?**

In a short statement please state what your concern/s are and what the impact of the potential harm being caused is on those you are concerned about.

Please also provide a summary of the current situation with regards to the family and any known risks if a professional was to visit the family/household.

You will also need to note any complicating factors that could prevent making a safe intervention, but also note anything that is currently being done to mitigate the concern and/or support the family with their issues.

It is also important to note the existing strengths the family have, what is working well, what makes the child happy and so forth. Was there a time when the issues in the family were not there, in other words is there anything that has changed that are causing these issues.

Please note any existing or previous interventions that you are aware of and of any previous or on-going Early Help or other such assessments that have or are being completed on the family. Please give as much detail on these as possible and name any lead or other professionals involved. If you have a copy of any assessment completed please attach it to the form. Please state also where this information is held.

If you know the child/ren/young person of concern is known to Children's Social Care please give details of the social worker if known.

**Child and Family Views**

If you have spoken with the Child/ren/young person what are their views on the issues and concerns you have. What do they say they are worried about and/or what is going well for them. When were they last happy? What do they feel needs to happen for things to improve? Who else have they spoken to or who else has spoken to them. Again the more information you can give the more appropriate an intervention can be determined.

Please state also any other family members concerns or worries they may have related to this situation. What do they think needs to happen to make those you are concerned about safe and secure? Please also state any support or strengths they provide and how willing are they to support the family.

**Other relevant information**

Please provide here any other known issues that are contributors to the situation/worries/concerns you have. Please provide any details of any of the issues you have indicated to the best of your knowledge.

## **Analysis**

Please use the Threshold scoring tool to enable an overall score on a scale of 0-10 to be calculated which corresponds to the assessment of the level of need.

When using the scoring tool you will need to consider the whole situation and the concerns you hold in the context of the questions raised under each of the headings provided i.e. Behaviour, Impact, Severity and Neglect.

The questions are there to aid your deliberation on the level of worry or concern you have. You will need to enter a score between 0-10 for each section using the drop-down lists. When considering whether or not Neglect is a concern please refer to the Neglect Screening tool for assistance in determining the level of neglect present. This will help you determine the score for neglect on the 0-10 scaling.

Once you have entered all 4 scores the overall score is automatically calculated and is shown on the right of the table with the corresponding levels of need indicated.

Please then enter the above calculated score and level of need into the form as requested this is very important as this score and level of need will either direct your request to Early Help Services for levels 1-2 or to the Multi-agency Safeguarding Hub for level 3-4 needs.

Please provide a summary what your main concern is, what you feel needs to happen to feel confident that the situation can be made safe and what the outcome is that you wish to see. This will again help identify the right intervention by the right service at the right time.

## **Summary of Details**

You will then be provided a summary of the information you have completed. Please check this carefully and alter anything you feel appropriate by using the back buttons to navigate to the sections you wish to correct/alter.

Once you are happy that all the information you have provided is correct please press the submit button and the form will be emailed to the corresponding service dependent on the scoring you have allocated.

You can then print off and or download a copy of the form to be retained in your files for your records.

***Thank you for your time and consideration in completing this form and if you require any further advice or assistance please do ring one of the service numbers available and/or contact your local safeguarding lead as appropriate.***