**City of York Childrens Services Contact Form**

**Please identify which are of need is relevant to this child. All contacts will be screened by Multi Agency Safeguarding Hub.**

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| --- | --- | --- | --- |
| Childrens Services | Disabled Children’s Service | Prevent & Radicalisation | Targeted Intervention |
| YES/NO | YES/NO | YES/NO | YES/NO |

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| **All child(ren) in the household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename** | | **Surname** | | | | | **Date of Birth** | | | **Gender** | | | **Referring (Select Yes or No)** | | | | **Contact number** | | | | | **Ethnicity** | | **Religion** | | | | **NHS Number** | | | | |
|  | |  | | | | |  | | | Choose an item. | | | Choose an item. | | | |  | | | | | Choose an item. | | Choose an item. | | | |  | | | | |
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|  | |  | | | | |  | | | Choose an item. | | | Choose an item. | | | |  | | | | | Choose an item. | | Choose an item. | | | |  | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child(ren)’s first language or preferred means of communication | | | | | | |  | | | Is an interpreter or signer required? | | | | | | | Choose an item. | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | |
| Nationality | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child(ren) have a disability? | | | | | | | Choose an item. | | | Details: | | | | | | | | | | | | | | | | | | | | | | |
| Is the child(ren) privately fostered? | | | | | | | Choose an item. | | | Is the child(ren) adopted? | | | | | | | Choose an item. | | | | | | | | | | | | | | | |
| **Family Network Details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who would the child say is the most important person in their life?** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who would the parent/carer say are the most helpful people in their life?** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename** | **Surname** | | | | **Date of Birth** | | | **Gender** | | **Parental Responsibility**  **(please tick if yes)** | | | | | | **Address**  **(if different from above)** | | | **Contact Number** | | | | **Ethnicity** | | | **Religion** | | | **Relationship to referred child(ren)** | | | |
|  |  | | | |  | | | Choose an item. | | Choose an item. | | | | | |  | | |  | | | | Choose an item. | | | Choose an item. | | |  | | | |
|  |  | | | |  | | | Choose an item. | | Choose an item. | | | | | |  | | |  | | | | Choose an item. | | | Choose an item. | | |  | | | |
|  |  | | | |  | | | Choose an item. | | Choose an item. | | | | | |  | | |  | | | | Choose an item. | | | Choose an item. | | |  | | | |
|  |  | | | |  | | | Choose an item. | | Choose an item. | | | | | |  | | |  | | | | Choose an item. | | | Choose an item. | | |  | | | |
| **Consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a practitioner believes a child is at risk of significant harm, they have a duty to make a referral. These referrals do not require consent, but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence. For all other referrals consent should always be sought from an adult with parental responsibility for the child (or from the child themselves if they are competent) before passing information about them to relevant services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has consent been obtained? | | | | | | Choose an item. | | | | | | Which children has consent been given for? | | | | | | | | |  | | | | | | | | | | | |
| If consent has not been obtained, please provide reasons. | | | | | |  | | | | | | Have you informed the parent/carer/child about the reason for this referral?  If not, why not. | | | | | | | | |  | | | | | | | | | | | |
| Views of parent on the referral? | | | | | |  | | | | | | Views of child/ren on the referral? | | | | | | | | |  | | | | | | | | | | | |
| Who has consent been obtained from? | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for referral – worries** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What have you seen, heard or been told at makes you worried for the child/ren? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| How has the child/ren been hurt, frightened or impacted by the things you have observed? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Who in the family or child’s network have you spoken to about your worries? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Reason for contact – strength and safety** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the times you know of when the parent/carers are caring for the child(ren) well? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| What are all the good things you know happening in the child and family’s life? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| What are the times the worries have been there, but someone has done something to help keep the child/ren safe and supported? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **What do you feel needs to change to help the child/ren?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Currently involved services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Role** | | | | **Full name** | | | | | | | **Contact number** | | | | | | | **Email address** | | | | | | | **Address and postcode** | | | | | |
| Adult Mental Health | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Adult Social Care | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Adult Substance misuse | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Child substance misuse | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| CAMHS | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Childcare Setting | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Dentist | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Targeted Intervention Team | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Education Provider | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| GP | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Housing | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Midwife | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Paediatrician | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Youth Justice Service | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| 0-19 Healthy Child Service | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| **Other, please specify** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Referrer’s details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of referral** | | |  | | | | | | **Time of referral** | | | | |  | | | | | | **Type of Referral** | | | | | | | Choose an item. | | |
| **Name of referrer** | | |  | | | | | | | | | | | **Role** | | | | | |  | | | | | | | | | |
| **Agency address** | | |  | | | | | | | | | | | **Contact number** | | | | | |  | | | | | | | | | |
| **Email address** | | |  | | | | | | | | | | | **Other relevant information to note** | | | | | |  | | | | | | | | | |

Send completed forms to [MASH@york.gov.uk](mailto:MASH@york.gov.uk). You will receive an automatic acknowledgement email within 15 minutes. If you do not receive this please ring us to confirm your referral has been received.

If there are concerns about a child or young person child is considered to be at risk of harm ***make direct contact*** on 01904 551900 or Police (999 in an emergency) and complete this form once the immediate concerns have been addressed. If the child you are concerned about already has an allocated Social Worker go directly to this person by contacting 01904 551900 and press option 1 – there is no need to use this form.