

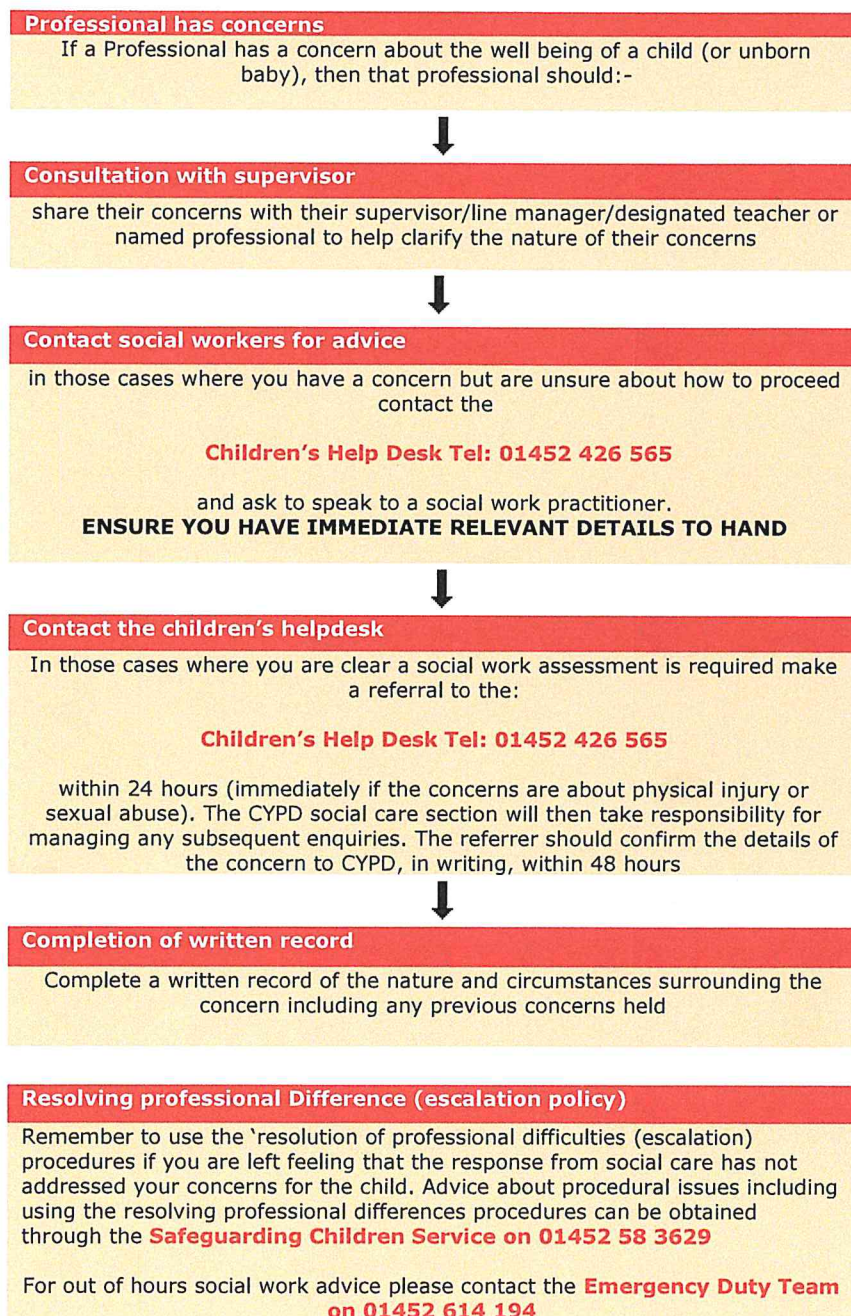
2.1 Procedure where abuse is suspected/disclosed:

Any member of staff who by virtue of a child's behaviour or appearance becomes suspicious of abuse, or is told that abuse has taken place, should immediately inform the designated person within the educational setting.

If a child begins to talk about an abusive incident, s/he should be allowed to speak, and be listened to carefully. Time should be taken to gain an understanding of what the child is trying to say. No promise of confidentiality should be made.

The designated person should briefly and accurately record the concern and the child's comments in writing and then follow the process below (from GSCB Procedures

http://www.swcpp.org.uk/swcpp/swcpp_procedures.htm



Educational settings, Learning Mentors, School Nurses, Health Visitors, Prospects and Education Entitlement & Inclusion Officers are reminded that any concern regarding attendance coupled with illness or reticence to share information or delaying tactics used by parents should be discussed, see stage 4 of the above process.

Multi-Agency Service Request Form



Complete the form and send to either, childrenshelpdesk@gloucestershire.co.uk or Children & Families Helpdesk, Block 4, 5th Floor, Shire Hall, GL1 2TP or Fax: 01452-427359

1. Confirmation of verbal contact for Children's Services

Only complete this section when Children & Families Helpdesk/Children's Social Care have been contacted by telephone.

Please indicate Children & Families Helpdesk or enter the Name of the Children's Social Care Team you contacted:			
Name of Customer Services Officer/Social Worker you spoke to:			
Date of Verbal Request:		Time:	

2. Child/Young Person Details

Name	Date of Birth (D.o.B)	School/Nursery	
Ethnicity	Language	Interpreter Required	Religion
		Yes / No	
Disability/Special Needs:			

3. Child/Young Person Current Address

Address:			
Postcode:		Telephone No:	

4. Family/Household composition (Parents/Carers/Siblings/Others)

Name	D.o.B	Relationship To Child	Ethnicity	Language	Household Member	Parental Responsibility
					Yes / No	Yes/No/Don't Know
					Yes / No	Yes/No/Don't Know
					Yes / No	Yes/No/Don't Know
					Yes / No	Yes/No/Don't Know
					Yes / No	Yes/No/Don't Know

5. Awareness and Consent (Read Section 5 of the guidance before completing this section)

Parent/Carer is aware of the request:	Yes / No / Don't Know
Young Person is aware of the request:	Yes / No / Don't Know
Parent/Carer has given consent for request:	Yes / No / Don't Know
Young Person has given consent for request:	Yes / No / Don't Know

If 'No' to any of the statements above, please state your reasons (i.e. Your decision made to override the need for consent):	
---	--

6. Other Agencies/Professionals and GP involved with the child/family

Name	Agency	Role	Contact Details

7. Your Agency/Professional involvement with child/family

Enter details below including length of involvement and previous requests/referrals made to other relevant agencies.

Details:			
Is a Common Assessment Framework (CAF) in place?	Yes/No/Don't Know	Date:	
		Status:	Open/Closed/Don't Know
		Lead Prof/Agency:	

8. Reason for request

You must state the nature of the concern or perceived risk in as much detail as possible regarding:

The Child/ Children's needs:	
The Parents/Carers and their parenting capacity:	
The wider family and environment:	
Describe the response requested of Children's Services and any action you intend to take.	

9. Requestor details (Where can you be contacted over the next 24hrs?)

Name of Requestor:		Agency/Role:	
Email Address:		Telephone:	
Postal Address:		Date Submitted:	

10. To be completed by Children's Social Care Team

Outcome of Request (Circle as appropriate)	Request Accepted		Initial Assessment	Provision of Information And Advice	Other	No Further Action
	YES	NO				
Decision Made By		Team Name		Date		