



SOCIAL WORKER REQUEST FOR INFORMATION FROM PARTNER AGENCIES

Section One:

(Social worker to complete, partner agency to add missing information where known.)

Child Protection Enquiry (Sec 47)	YES	NO
CiN Enquiry (Sec 17)	YES	NO

“All organisations and organisations should have arrangements in place that set out clearly the processes and the principles for sharing information. Effective sharing of information between practitioners and local organisations is essential for early identification of need assessment and service provision to keep children safe. If a practitioner has concerns about a child’s welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children’s social care and/or the Police.”

Working Together 2018

CONSENT HAS BEEN GIVEN If consent has not been obtained, please state why:	YES/NO
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Section 1

Social Worker Details:

Name.....

Team Name and Address.....

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Telephone Number.....

e mail.....

Partner Agency Details:

Name.....

Address.....

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Telephone/e-mail.....

Brief details of the nature of the concern and information sought by Social Worker

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Section Two

Details of Family:

(Social worker to complete, partner agency to add missing information where known.)

Name of Child:	Date of Birth:
Ethnicity:	First Language:
Siblings:	Dates of Birth:
Home Address:	Other addresses child may stay at:

Name of Mother/Carer:	Date of Birth:
Name of Father/Carer	Date of Birth:
Other significant Adults in household:	Date of Birth:
Ethnicity/first language of siblings/adult family if different from child:	School:

Section Three

(Partner agency to complete)

Do you have any concerns regarding this child/family or others in the household evident from the records, or your contact with family? Do you have information that would be useful in planning support that may help the child/family? (i.e., parenting capacity)

Yes

No

What date did your service last have contacts with the child/family?

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1. If you have **any concerns** full completion of Section Four is essential, giving as much information as possible
2. If you have no concerns but do have information that would be helpful in planning support for the family please include this also (if the family have given consent to information being shared).
3. If you have no concerns or useful information there is no need to complete Section Four but please ensure you sign and date Section Six and return the form to the address on the front page.

Section Four

<p>Attendance/Access to Services Please give details and identify your worries as well as anything that is currently working well.</p> <p>(Consider school attendance, immunisations, attendance at nursery/children's centre, any A&E or out of hours calls you may be aware of)</p> <p>Worries</p> <p>Working Well</p>
<p>Appropriate Development Please give details and identify your worries as well as anything that is currently working well.</p> <p>(Consider academic performance, any disability/impairment, behavioural issues, peer relationships or significant illnesses)</p> <p>Worries</p> <p>Working Well</p>
<p>Family and Environmental Factors Please give details and identify your worries as well as anything that is currently working well.</p> <p>(Consider family history and functioning, any substance misuse or domestic abuse issues, housing conditions and employment if known, benefits if relevant, family's social integration in community)</p> <p>Worries</p> <p>Working Well</p>
<p>Parenting Capacity of the main caregivers Please give details and identify your worries as well as anything that is currently working well.</p> <p>(Include the ability to provide basic care, emotional warmth and stimulation, guidance and boundaries, ability to ensure adequate safety, health and welfare).</p> <p>Worries</p> <p>Working Well</p>

Are you aware of any adults who may be of concern to the child's welfare or safety?
Any other information or involvement you have had with the family?

The family should be aware that you are providing a report, which should be shared with them, if it is possible and safe for the child/children to do so.

Section Five

Information required by (date)*

Signed.....

Print Name

Date

* The SSP Child and Family Social Work Assessment Framework outlines agreed timescales for multi-agency assessments.