



Barnsley Children's Services Request for Service Form

This form should be used to request Children's Social Care and/or Early Help targeted one to one support.

IF A CHILD OR YOUNG PERSON IS IN IMMEDIATE DANGER PLEASE CALL THE POLICE ON 999

If you believe that a child is suffering or may be at risk of significant harm, do not use this form and telephone the Integrated Front Door on 01226 772423 (weekdays 8.45am - 5pm Monday to Thursday and 8.45am - 4:30 pm Friday) to discuss your concerns. If you are calling weekdays after 5pm (4:30 pm Friday), or at weekends and bank holidays, contact our Emergency Duty Team on 01226 787789.

Prior to completing this Request, please refer to the [Barnsley Threshold for Intervention - Understanding Need and Identifying Risk - Guidance](#) to inform your professional judgement about the current level of need/risk, and the appropriate level of intervention/services that are required to meet these needs.

1 REQUESTOR INFORMATION:

Date completing this form:	
Your name:	
Your agency:	
Role and connection to the child/family who are the subject to this request:	
Your contact telephone Number:	
Secure email address for correspondence:	

Service Requested

Early Help Targeted One to One Support

Children's Social Care

Nature of Request

Information

Consultation/Advice

Request for Service

2 PARENT/CARER CONSENT:

Please note you must seek parental consent prior to submitting this form unless you believe a child is at risk of significant harm.

Please list all parents/carers with parental responsibility:

Name of parent/carer with parental responsibility	Consent for request for support given?	By consenting are they aware that information will be shared and stored?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

For all requests for targeted early help one to one support please ensure that Appendix One: Targeted Early help Support information sharing and storage agreement section is completed before submitting this form.

If you have not sought parent/carer consent or it has not been given, please outline your rationale for submitting this request without consent:

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3 Child/Young Person and Family Details:

Child 1:

Full name of child/young person (include any aliases):		Subject of this request for service?	
Date of Birth/Expected Date of Delivery:			
Address including post code:			
Contact phone number:			
Gender identity:		Ethnicity:	
Language:		Religion:	
Name of school/Early Years/Further Education Setting:			
Registered GP name and contact details:			
Education and Health Status:	<p>Does the child/young person have a complex health need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the child/young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the child have an education health and Care Plan (EHCP)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered yes please provide details:</p>		
Does the child require assistance with communication (including need for an interpreter of signer)?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered yes please provide details:</p>		
Immigration status (if relevant):			
Any alternative identifying references i.e. UPN/NHS number:			

Child 2:

Full name of child/young person (include any aliases):		Subject of this request for service?	
Date of Birth/Expected Date of Delivery:			
Address including post code:			
Contact phone number:			
Gender identity:		Ethnicity:	
Language:		Religion:	
Name of school/Early Years/Further Education Setting:			

Registered GP name and contact details:	
Education and Health Status:	<p>Does the child/young person have a complex health need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the child/young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the child have an education health and Care Plan (EHCP)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered yes please provide details:</p>
Does the child require assistance with communication (including need for an interpreter or signer)?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered yes please provide details:</p>
Immigration status (if relevant):	
Any alternative identifying references i.e. UPN/NHS number:	

(Where required more children can be added by copying and pasting the table above into the document).

Parent/Carer Details: (this should include details of all non-resident parents/carers)

Parent Carer 1:

Full name of parent/carers (include any aliases):		Relationship to child	
Date of Birth:			
Address including post code:			
Contact phone number:			
Gender identity:		Ethnicity:	
Language:		Main Carer:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Carer 2:

Full name of parent/carers (include any aliases):		Relationship to child	
Date of Birth:			
Address including post code:			
Contact phone number:			
Gender identity:		Ethnicity:	
Language:		Main Carer:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other significant family members/adults:

Person 1:

Full name(include any aliases):		Relationship to child	
Date of Birth:			
Address including post code:			
Contact phone number:			
Gender identity:		Ethnicity:	
Language:			

Person 2:

Full name(include any aliases):		Relationship to child	
Date of Birth:			
Address including post code:			
Contact phone number:			
Gender identity:		Ethnicity:	
Language:			

(More people may be added by copying and pasting the table above into the document)

4 Early Help Assessment and Intervention:

Please provide details of any existing Early Help Assessment and team around the Family Intervention

Is there an existing active Early Help Assessment and whole family plan of support?	Yes – assessment completed and whole family plan in place with team around the family (TAF) meetings <input type="checkbox"/> Yes – assessment initiated <input type="checkbox"/> No <input type="checkbox"/>
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If you answered no – please state the reason why an Early Help Assessment is not in place:

If you answered yes – please forward a copy of the Early Help Assessment and most recent action plan with this request for service and provide details below:

Date Early Help Assessment was completed:	
Name and role of Lead Professional:	
Agency of Lead Professional:	
Contact details of Lead professional:	

5 Graded Care Profile

Where this request for support relates to concerns of neglect please give details of any graded care profile assessment:

Has a Graded Care Profile been completed with the family?	Yes – completed and action plan in place <input type="checkbox"/> Yes – assessment initiated <input type="checkbox"/> No <input type="checkbox"/>
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If you answered no – please state the reason why a Graded Care Profile has not been completed:

If you answered yes – please forward a copy of the Graded care profile and most recent action plan with this request for service and provide details below:

Date Graded Care Profile was completed:	
Name and role of Professional undertaking the Graded Care Profile:	

6 Family Needs/Reason for Request:

Reason for Request/What are you worried about? (Please outline your worries and concerns. What are the child's presenting needs that indicate enhanced help and support is required? Be specific about what you have seen/heard. Do your concerns relate to a single incident/event or are they long-standing? If you are reporting information shared by a 3rd party, be clear about who has provided the information. Have you talked about these worries/needs with the family and/or child and if so, what was the response?).

What's Working Well? (Please outline any strengths and positive factors relating to the child or family situation. Outline areas of progress/stability/resilience. Who is important in the child's life? Do the parents/carers recognise they need help? Do the family engage with support, etc?)

What needs to change for the child/family? What do you think needs to happen next? (Please state if you have discussed this with the family and if they agree with your assessment. If you have talked about the worries/needs with the child, what do they want to happen?).

Relevant Background Information (Please outline any historical information relating to the child/family that you feel is relevant. What have you done to try and address the needs, worries and concerns, prior to submitting this request?).

Are there any perceived barriers to working with the family or safety risks? (if yes please outline below)

7 Details of agencies linked to the child/family:

Agency name	Key worker/professional name and role	Secure email address	Contact phone number	Team around the family (TAF) member?

8 Tenancy status of main household:

Please tick as appropriate

Owner Occupier <input type="checkbox"/>	Private Rented <input type="checkbox"/>
Housing association or Local Authority rented <input type="checkbox"/>	No fixed abode <input type="checkbox"/>
Temporary Local Authority Accommodation <input type="checkbox"/>	Other (please give details):

9 Supporting Families Need Areas: (Please tick all that apply)

Getting a good education	
Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms	<input type="checkbox"/>
Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms	<input type="checkbox"/>
Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET	<input type="checkbox"/>

Child's special educational needs not being met	<input type="checkbox"/>
Good early years development	
Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs)	<input type="checkbox"/>
Child's (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)	<input type="checkbox"/>
Child's (0-5 yrs) developmental needs not being met (e.g. communication skills/speech and language, problem-solving, school readiness, personal social and emotional development)	<input type="checkbox"/>
Improved mental and physical health	
Child needs support with their mental health	<input type="checkbox"/>
Adult needs support with their mental health	<input type="checkbox"/>
Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations)	<input type="checkbox"/>
Promoting recovery and reducing harm from substance misuse	
An adult has a drug and/or alcohol problem	<input type="checkbox"/>
A child or young person has a drug and/or alcohol problem	<input type="checkbox"/>
Improved Family Relationships	
Parent / carers require parenting support	<input type="checkbox"/>
Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved	<input type="checkbox"/>
Child / young person violent or abusive in the home (to parents/carers or siblings)	<input type="checkbox"/>
Unsupported young carer or caring circumstances changed requiring additional support	<input type="checkbox"/>
Children safe from abuse and exploitation	
Emotional, physical, sexual abuse or neglect, historic or current, within the household	<input type="checkbox"/>
Child going missing from home	<input type="checkbox"/>
Child identified as at risk of, or experiencing, sexual exploitation	<input type="checkbox"/>
Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines)	<input type="checkbox"/>
Child identified as at risk of, or being affected by, radicalisation	<input type="checkbox"/>
Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences)	<input type="checkbox"/>
Crime prevention and tackling crime	
Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months	<input type="checkbox"/>
Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour	<input type="checkbox"/>
Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months	<input type="checkbox"/>
Safe from domestic abuse	
Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim)	<input type="checkbox"/>
Adult in the family is a perpetrator of domestic abuse	<input type="checkbox"/>
Child currently or historically affected by domestic abuse	<input type="checkbox"/>
Secure housing	
Families who are in local authority temporary accommodation and are at risk of losing this	<input type="checkbox"/>
Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness	<input type="checkbox"/>
Young people aged 16/17 at risk of, or who have been, excluded from the family home	<input type="checkbox"/>
Financial stability	
Adult in the family is workless	<input type="checkbox"/>
Family require support with their finances and / or have unmanageable debt (e.g., rent arrears)	<input type="checkbox"/>
Young person is NEET	<input type="checkbox"/>

10 Submitting this form and what happens next:

If you are requesting a **Children's Social Care Service** from the Integrated Front Door you should email this request for service form to ChildrensIntegratedFrontDoor@barnsley.gov.uk by secure email.

If required you will be contacted to discuss your request within 24 hours and any further action agreed.

If you do not receive an outcome within 5 working days contact the Integrated Front Door Team Manager for clarification by emailing ChildrensIntegratedFrontDoor@barnsley.gov.uk

If you have consulted with Social Care you should action the advice that has been offered. If you have been asked to complete this form, please do so within the agreed timescale.

If you are requesting a **Targeted Early Help Support service** you should complete the appendix information sharing and storage consent form below and send this fully completed form to earlyhelpmash@barnsley.gov.uk by secure email.

If required you will be contacted to discuss your request within 48 hours and any further action agreed.

If you do not receive an outcome after 5 working days please contact the early help mash duty manager by emailing earlyhelpmash@barnsley.gov.uk.

Appendix One: Targeted Early help Support information sharing and storage agreement (to be completed for early help support requests only)

How we will process and look after the personal data during the assessment of the request for service and any subsequent intervention.

This section must be fully completed and signed by all persons over the age of 18 who are present at the time of completion of the form with the family, on behalf of their family including any child or young person for whom they are parent or carer.

We will need to collect a significant amount of personal data relating to you and any children or young people for whom you are parent or carer throughout this process from the initial request for service and any subsequent intervention that we establish in order that we can understand and provide what help you may need. To help us to better understand your needs we may request additional information from other organisations such as health, education, social care, private and voluntary agencies and support services to enable us to provide you with the services you need.

If we cannot cover all of your needs we may need to share some of this information with other organisations such as health, education, social care, private and voluntary agencies and support services to enable us to provide you with the services you need. You will be notified of any third party involvement.

Please be assured that this information along with any information gathered throughout the lifetime of any intervention offered will be stored securely within a secure electronic recording system or locked in a secure filing system in line with our policies and procedures.

Personal information will be treated as highly confidential and will not be shared without your permission for any other reason unless we are required by law to share it or unless you or anyone else will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

Early help services provided via this request for service are voluntary and you have the right to withdraw from the process at any time. If you do choose to withdraw then you should inform us either verbally or in writing.

Barnsley Council's privacy statement is available to view at www.barnsley.gov.uk/privacy.

I understand the information gathered and recorded as part of the request for service and any subsequent intervention will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer

Yes No

I have had the reasons for information sharing and information storage explained to me and I understand those reasons and give my agreement to share and request information in the relevant circumstances

Yes No

I understand that the information provided on this form relating to myself and others will be recorded and that they may be contacted as part of the consideration of this request for service and any subsequent intervention

Yes No

I understand that the information that is gathered and recorded as part of the request for service and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes.

Yes No

Signatures of persons giving consent: *(verbal consent can be accepted but the request must include the date consent was obtained, who from and who gained consent)*

Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Requestors Signature

Signed:		Name:		Date:	
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