|  |  |  |
| --- | --- | --- |
| **1** |  | **Referrer details** |

|  |
| --- |
|  |

**Date of request for service**

|  |
| --- |
|  |

**Is there any active plan currently in place?**

**e.g. EHA, CIN , CPP, LAC (Please send a copy of any plans or**

**assessments when you submit the request for service)**

**Person undertaking the Request for service**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Position: |  | Organisation: |  |
| Email: |  | Telephone no: |  |

**Lead Practitioner (if not as above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Position: |  | Organisation: |  |
| Email: |  | Telephone no: |  |

|  |
| --- |
| Have you discussed this request for service with other professionals currently supporting the family?Yes [ ]  No [ ]  |

|  |  |  |
| --- | --- | --- |
| **2** |  | **Family Composition and Details** |

**Main Parent/Carer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Gender (M/F): |  | Ethnicity: |  |
| Address: |  | Postcode: |  | DOB: |  |
| Home Tel: |  | Mobile: |  |
| Relationship to children: |  |

**Parent/Carer 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Gender (M/F): |  | Ethnicity: |  |
| Address: |  | Postcode: |  | DOB: |  |
| Home Tel: |  | Mobile: |  |
| Relationship to children: |  |

**Children**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child | Name | DOB/ EDD | Gender(M/F) | Ethnicity | School/Nursery | Resident in the home Y/N |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**Other adult family/household members or significant others**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Gender (M/F): |  | Ethnicity: |  |
| Address: |  | Postcode: |  | DOB: |  |
| Home Tel: |  | Mobile: |  |
| Relationship to children: |  |

|  |
| --- |
| Main Household Tenancy Status (please tick as appropriate): |
| Owner occupier |  | Private rented |  | Housing association or local authority rented |  | Temporary Accomo-dation by Local authority |  | No fixed abode |  | Other (please give details) |  |

|  |  |
| --- | --- |
| Is English the family’s 1st Language? | Yes / No |
| If no, please state the 1st language: |  |
| Are interpretation services required? | Yes / No |

|  |
| --- |
| Please give details of any disabilities or additional needs in the family including information relating to any current education health and care plan (EHCP) or education health and care needs assessment. |
|  |

|  |  |
| --- | --- |
| Is the family registered with a GP? | Yes / No |
| Please give the name and address of the family GP |
|  |

|  |  |  |
| --- | --- | --- |
| **3** |  | **Support Services or Other Agency Involvement** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Member | Service/Agency | Name and role of any key worker/professional | Contact details | Approx. start and end dates | Reason for involvement/ assessments undertaken? |
|  |  |  |  |  |  |
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| **4** |  | **Reasons for request** |

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| --- |
| *Reasons for request (please tick as appropriate)* |
| Anti-social behaviour |  | Health need - child |  | Sexual health |  |
| Attendance |  | Lack of progress made |  | Social isolation |  |
| Bereavement |  | Mental health – child |  | Step down from social care |  |
| Child Sexual Exploitation |  | Mental health – adult |  | Step down from specialist intervention |  |
| Child Disability |  | Neglect |  | Substance use - Child |  |
| Child emotional wellbeing |  | Offending – child |  | Substance use - Adult |  |
| Child learning needs |  | Offending - adult |  | Teenage pregnancy |  |
| Domestic abuse |  | Parent disability |  | Tenancy |  |
| Education, health and care needs |  | Parent emotional wellbeing |  | Young Carer |  |
| Existing CAF transferred to EHA |  | Parenting skills need |  | Other (please state below): |
| Family breakdown |  | Peer relationships |  |  |
| Family relationships |  | Poor housing conditions |  |
| Financial exclusion |  | Recommended by social care |  |
| Health need - adult |  | School exclusion |  |

|  |
| --- |
| Please state which is the primary reason from the options you have ticked above? |
|  |

|  |
| --- |
| Why do you feel targeted support is needed at this time?  |
|  |

 **Information to support the request for service**

**5**

**When answering the questions in this section please consider the following:**

* **Family health and well being (promoting good health, meeting emotional needs, parent/carers wellbeing)**
* **Parenting capacity, skills, self esteem and aspirations, child development, school readiness, success in education (keeping your child safe, social networks, supporting learning, setting boundaries, keeping a family routine)**
* **Economic wellbeing (providing home and money, family aspirations, progress to work)**

|  |
| --- |
| What support has already been offered to support the family/young person? |
|  |

|  |
| --- |
| What strengths / protective factors exist within the family/young person? |
|  |

|  |
| --- |
| Are there any risk factors identified within the family, the children’s circumstances or the environment? If yes, please give details |
|  |

|  |
| --- |
| What do you and the family/young person hope to achieve from receiving targeted support? |
|  |

|  |
| --- |
| Are there any perceived barriers to working with the family/young person or safety risks? |
|  |

|  |
| --- |
| Think Family Criteria – Please give as much information as possible to demonstrate how the family meet the headline criteria, if any |
| 1 | Parents and children involved in crime or antisocial behaviour |  |
| 2 | Children who have not been attending school regularly (less than 90% attendance) |  |
| 3 | Adults out of work or at risk of financial exclusion and young people at risk or worklessness |  |
| 4 | Children who need help |  |
| 5 | Families affected by domestic violence and abuse |  |
| 6 | Parents and children with a range of health problems |  |

|  |  |  |
| --- | --- | --- |
| **6** |  | **Needs to be addressed – Please identify what needs you would like to be addressed in** **And any specific work you feel needs to be completed with the family to address these needs.** |

|  |
| --- |
| What needs do you want this request for service to address with the family/Young Person? What will have the greatest impact on the family members / young person and their circumstances? |
| Need 1 |  |
| Need 2 |  |
| Need 3 |  |
| Need 4 |  |
|  |

**Concerns about significant harm to infant, child or young person**

If at any time you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance *What to do If you’re worried a child is being abused* (HM Government, 2015) sets out the processes to be followed by all practitioners.

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Working Together to Safeguard Children(2015). You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

|  |  |  |
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| **7** |  | **Information sharing and storage - 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 the 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](http://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 carerI 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 circumstancesI 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 interventionI 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. |

**Signatures of persons present**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Name: |  | Date: |  |
|  |  |  |  |  |  |
| Signed: |  | Name: |  | Date: |  |
|  |  |  |  |  |  |
| Signed: |  | Name: |  | Date: |  |

**Professionals Signature**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Name: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| **8** |  | **Submitting the request for service**  |

Once you have fully completed the request for service form please email it to earlyhelp@barnsley.gov.uk. Please note that it is your responsibility to ensure that this information is emailed securely, if you require support with this then please email us to discuss before sending any sensitive information.

Once your request has been received it will be processed and discussed at the next early help panel and you will be informed of the outcome.