



WARRINGTON
Borough Council

Warrington
Multi-Agency Request for Services Form



The Integrated Front Door

- The Integrated Front Door provides practitioners and members of the public with advice, information and support about the services available for children, young people and families who may be vulnerable and/or at risk.
- The Integrated Front Door aims to help practitioners to deliver the right help to the right children, young people and families at the right time, as well as supporting practitioners to work in an integrated way with children, young people and their families.

When to use this form

If you believe there is an immediate risk of harm, please contact the **Police** on **999** before alerting the MASH Team.

If your request is urgent and outside of normal working hours (09:00 to 17:00), please contact the **Emergency Duty Team** on **01925 444400**.

If you want to know more information about services, organisations, events and activities for children, young people and families, please visit the Families Information Service Directory at www.warringtonchildren.org

When completing this form, please provide as much information as possible to enable us to deal with your request quickly. The following section **MUST** be completed.

In relation to Warrington's Levels of Need Framework, is your concern (**please tick one box only**):

- Early Help – Level 2 additional needs of Warrington's Levels of Need Framework – **consent needed**
- Early Help – Level 3 complex needs of Warrington's Levels of Need Framework – **consent needed**
- Child in Need – Safeguarding Level 4 of Warrington's Levels of Need Framework – **consent needed**
Please tick this option when referring a child with complex needs in relation to DISABILITY.
- Child Protection – Safeguarding Level 4 of Warrington's Levels of Need Framework – child/children has/have suffered significant harm or is/are at risk of suffering significant harm.

1. Children/Young Person for whom you have cause for concern

First Name	Last Name	DoB/EDD/ Age	Gender	Address	Nursery/School	Ethnicity or unknown	Does the child/young person have a disability or unknown	NHS Number

2. Other Children/Young Person within the immediate family/household

First Name	Last Name	DoB/EDD/ Age	Gender	Address	Nursery/School	Ethnicity or unknown	Does the child/young person have a disability or unknown

3. Parent(s)/Carer(s)/significant adult(s)

First Name	Last Name	DoB/ Age	Ethnicity / or unknow n	Address	Tel. No. (MUST BE OBTAINED)	Relationship to Child/YP	Does the parent/carer have a disability or unknown

Please say who has parental responsibility:

Does any member of the family need an interpreter or an alternative method of communication, e.g. sign language?

Yes No

If so, what language or type of support is needed and for whom?

4. About You

First Name		Last Name	
Name of Organisation		Job Title	
Email Address		Telephone Number	
Relationship to child/ young person/your agency role or service provided		Address	

5. (a) Parent(s)/Carer(s) Informed Consent

As someone working with the child/young person/family, it is your responsibility to speak with parents/carers about your concerns, unless in so doing it would place the child/young person at risk of significant harm.

1.	What level of discussion have you had with the parents/carers?	I have written consent to share my concerns with the MASH/Early Help Team(s). (Consent form signed prior to submission.)	<input type="checkbox"/>
		I have verbal consent to share my concerns with the MASH/Early Help Team(s).	<input type="checkbox"/>
		Parent(s)/carer(s) has/have refused consent for me to share information following discussion. I am sharing without consent (please see * section 2 below).	<input type="checkbox"/>
		I have not spoken with the child's/young person's parent(s)/carer(s) for the reason stated below.	<input type="checkbox"/>
2.	The parents are aware of this request for services, but have not given consent. I am sharing without consent because:		
3.	The reason I have not spoken with the child's/young person's parent(s)/carer(s) and therefore not obtained consent is:		

5. (b) Child/Young Person Informed Consent (where appropriate)

I have spoken with the child/young person about my concerns and they are aware of this request.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1.	What the child/young person said:				
2.	The reason(s) I have not spoken with the child/young person about my concerns is/are:				

6. Reason(s) for Contact or Request

If the information you are sharing relates to more than one child/young person in a household, please be specific about to which child/young person the information relates.

PLEASE GO TO THE ADDITIONAL INFORMATION PAGE IF YOU WISH TO INCLUDE ANY FURTHER INFORMATION – THIS BOX IS RESTRICTED.

1. What has prompted you to make a request for services today?

2. Where is the child/young person at the point of request, e.g. at home, with a friend/relative?

3.	<p><u>The voice of the child/young person</u></p> <ul style="list-style-type: none"> • What did the child/young person say? • What are your observations of the child/young person, including their lived experience? • What is the child's/young person's view on what needs to happen? 	
4.	When did you last see the child/young person?	

ONLY COMPLETE THE FOLLOWING SECTIONS IF YOUR CONCERNS ARE LEVEL 2/3

Please say what type of support is needed:

5.	Early Years, i.e. children's centre services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
						If YES, please specify type of service.
6.	Family Outreach Service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
						If YES, support for the whole family – please say why.
7.	Targeted Youth support	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
						If YES, please say for which young person and why.
8.	Drug and Alcohol Service (young person)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
						If YES, please say for which young person and why.
9.	Parenting Programme	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
						If YES, please say for which young person and why.
10.	Inclusion Panel 0 – 5 SEND	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
						If YES, please say for whom and why.
11.	Portage Team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
						If YES, please say for whom and why.

12.	Education Psychologist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please say for which young person and why.
13.	Unsure	Yes	<input type="checkbox"/>	Please provide as much information as possible at this stage.		
ONLY COMPLETE THE FOLLOWING SECTIONS IF YOUR CONCERNS ARE LEVEL 4						
14.	Is there any indication of physical harm to the child/young person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
Is there suspected:						
15.	Sexual Abuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
16.	Alcohol or Substance Abuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
17.	Mental Ill-Health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
18.	Neglect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
19.	Emotional Abuse or Self-Harm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.

20.	Domestic Abuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
21.	Child Sexual Exploitation (CSE)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
22.	Modern Slavery/Human Trafficking? (Forced and compulsory labour with intent to exploit)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
23.	Female Genital Mutilation (FGM)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
24.	Forced Marriage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
25.	Honour Based Violence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
26.	Radicalisation/Extremism?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.
27.	Unaccompanied Asylum Seeking Child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe and <u>include current age assessment.</u>

28.	Private Fostering?	Yes		No		If YES, please describe.	
29.	Complex needs in relation to disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.	
30.	Other concern(s)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.	
31.	Is the child/young person missing from home or school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.	
32.	Does the child/young person/family have a legal right to be living in the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Assumed	<input type="checkbox"/> Any other comments.
33.	Request for Direct Payments.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, please describe.	

FOR ALL LEVELS, PLEASE COMPLETE THE FOLLOWING SECTIONS

What action have you/your agency taken to address this specific concern or concerns?

34.

Please include a summary of ALL interventions and supporting assessments, e.g. Early Help Assessment, Graded Care Profile, EHCP, etc. (Please attach when sending request).

35.	<p>Confirm how long you have been involved/know this child/young person and include any historic concerns and actions taken.</p>	
36.	<p>What are you worried about?</p> <p>What is the impact (or potential impact) on the child/young person? Please be specific about to which child/young person you are writing about.</p> <p>Refer to Development of Child/Young Person: health, behaviour, family relationships, signs of neglect, parental issues, disabilities, drug and alcohol use, mental health, poverty, domestic abuse, young carer, self-care skills, presentation.</p>	
37.	<p>Have you discussed your concerns with your safeguarding lead prior to making this request?</p>	
38.	<p>Does the child/young person attend any early years' provision, school or elective home schooling? Please give details.</p>	
39.	<p>What is working well?</p>	
40.	<p>What needs to change?</p>	

Agencies working with the child/young person. As a minimum, please indicate Education/GP					
Name of Practitioner	Agency/ Organisation	Address	Tel. No.	Email Address	Relationship to child/young person
	Education				
	GP (including child's/young person's NHS number)				
	Health Visitor				
	Early Help				
	Housing				
	Domestic Abuse Support Services				
	CAMHS				
	Probation				
	Drug and Alcohol Service				
	Youth Offending Service				
	Catch 22				
	Other(s):				

7. Parental Agreement

Obtaining and sharing information with other agencies is an important part of the Assessment Process as it gives a fuller picture of the child's, young person's and family's circumstances and needs. In addition, other practitioners may be able to offer services and support. We may also share information to assess whether our services are working effectively and to improve our services for the future. This includes sharing with the government to conduct research on the impact and outcomes of services paid for by public money. Information can be stored for up to 5 years.

The MASH is made up of agencies who support children and young people and who have a duty to share information.

By consenting to this request, you are consenting to sharing information about your child/young person and family members in order to establish how best to meet your family's needs. All your information will be kept in line with the Data Protection Act 1998. Further information can be found at https://www.warrington.gov.uk/info/201114/publications_and_strategies/1892/privacy_policy

DECLARATION

I agree do not agree to the obtaining, sharing and assessment of relevant information between agencies.

Signature of parent/carer with Parental Responsibility	
Date	
Signature of person completing contact or referral	
Date	

8. What to do next

--

Additional Information

Please use the text box below to include any additional information or information you were unable to complete in any entry field on the form.

If completing a response to a specific question, please indicate the number of the question.