**Request for whole family support in Early Help**

**To be returned to** redcarmach@redcar-cleveland.gov.uk

Please complete as much of this form as possible to help us fully understand the children’s circumstances. Requests may be returned to the referrer asking for more information if key parts of the form are left blank. Please note that requests will only be accepted if the family have agreed to engage with support.

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| Date of request |  | Request received from | Choose an item. |

**About you:**

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| Name |  | Role | Choose an item. |
| Address |  | Agency (if professional) |  |
| Telephone number |  | Mobile |  |
| Email |  |
| Have the family agreed to engage with Early Help support? | Choose an item. |
| We may want to contact you to discuss further, what is the preferred method of communication? | Choose an item. |

**ABOUT THE FAMILY:**

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| --- | --- | --- | --- |
| Family member name | Relationship | DOB/EDD | Gender |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
| Current address |  | Landline |  |
| Mobile |  |
| Postcode |  | Email |  |
| Does the child have a disability or additional needs? | Choose an item. If yes, please state |  |
| Is the child a young carer? | Choose an item. If yes, to whom |  |
| Are there any additional support needs for any family member? i.e. literacy, translator, access etc | Choose an item. If yes, please state |  |
| Is the child aware you have made this request? | Choose an item. | Date |  |
| Is there a current Early Help Assessment for this family | Choose an item. | If yes please state date completed |  |

**ARE THERE ANY PROFESSIONALS/AGENCIES WORKING WITH ANY FAMILY MEMBERS? e.g. GP, Health Visitor, School, Nursery, mental health services**

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| Professional’s name | Agency | Involvement |
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| What are the main issues for which you are requesting support? Type X in the appropriate boxes |
| Alcohol misuse – adult |  | Family bereavement |  | Parenting support |  |
| Alcohol misuse – child |  | Family relationships |  | Potential private fostering |  |
| Anti-social behaviour |  | Financial issues |  | Risk taking behaviours |  |
| Attendance issues |  | Housing issues |  | Self-esteem and confidence |  |
| Child behaviour/routines and boundaries |  | Mental health – adult |  | Self-harm/Self-injury |  |
| Child with SEN or disabilities |  | Mental health – child |  | Sexual identity/relationships – child |  |
| Development delay |  | Missing from education |  | Social isolation |  |
| Domestic abuse |  | Missing from home |  | Step down from Social Care |  |
| Drug misuse – adult |  | Neglect/Suspected neglect |  | Unemployed/Workless-ness |  |
| Drug misuse – child |  | Parental conflict |  | Young carer |  |
| Education/Employment/Training |  | Parental illness |  |  |  |
| Other, please state:  |

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| Brief description of current situation that has led to this request for support |
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| **What is working well?** Please describe**Existing wellbeing** What actions have been taken by the parents, or others, in the past to make sure that the child has been kept safe and well? Who did this? How did they do this?**Existing strengths** What have people been doing to try and sort out the concerns? Who has been helping?Please capture the parent/carer and young person’s views and take into consideration any extended family support including neighbours and friends who may be helping too. |
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| **What are you worried about?** Please describe**Wellbeing concerns** What are the behaviours that you are worried about? When did it start? How often does it happen? What is the worst behaviour and how has it impacted on the child?**Complicating factors** Who or what is making the problem harder to deal with e.g. poor parental mental health? What has happened?Please capture the parent/carer and young person’s views.**Please also detail any known risks to staff working with the family** |
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| **Critical worry statement** Please try to write a statement outlining who is worried, what has happened to make them worried and what could happen if things don’t change. i.e. what are the future dangers for the child(ren) / family should this concern not be addressed? Please capture the parent/carer and young person’s views. |
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| **What needs to happen next?** Please describe what change you want to see happen including changes in behaviour or actions you think are needed to address the worries and improve the wellbeing of the young person and family. What are the views of the children and family? What do they think will help them? |
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| **Wellbeing goal** Please try to write a statement outlining what you would like the day in the life of the young person and family to look like for us not to be worried. Please capture the parent/carer and young person’s views. |
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**Agreement to engage and your personal data**

In agreeing to a referral for Early Help whole family support, you are aware that your information will be shared with and gathered from key partners such as health, police, education and other agencies in order to better understand the level of service required to meet the needs of your family circumstances. This includes a wide range of services which we have a public duty or legal obligation to provide. **By agreeing to this referral you also understand that someone will contact you to offer you further advice or support**.

In addition, some of your personal information will be stored securely by the appropriate local authority where staff will be able to access your data electronically. They will do this via a secure login to a shared database, for the purpose of supporting you and your family. Some data is shared nationally as part of the Troubled Families Programme but it is anonymised to reduce the risk of individuals being identified and is only used for carrying out research for the National Impact Study by the Ministry of Housing, Communities and Local Government.

**Do you have safeguarding concerns about this child? If yes do not complete this form, you must contact Redcar MACH on 01642 130700,**

**or email a SAFER referral to: redcarmach@redcar-cleveland.gov.uk**