

FAMILY SUPPORT SERVICE REQUEST FOR SUPPORT

This form must be completed in its entirety and consent must be obtained from the family prior to being sent.
All incomplete forms will be returned to the referring agency which will result in delaying the referral process.

The information contained within this form will be shared with the family concerned in line with our Information Sharing Agreement

Completed forms need to be returned to:

District	Organisation	Contact Name	Address	Phone	Email
Cannock, Lichfield, South Staffordshire	Family Support by SCTSP	Sutinder Herian	Paycare House, George Street, Wolverhampton WV2 4DX	01902 424147	Sutinder.herian@sctsp.org.uk
Stafford (DSG only)	Family Support by SCTSP	Sutinder Herian	Paycare House, George Street, Wolverhampton WV2 4DX	01902 424147	Sutinder.herian@sctsp.org.uk
Stafford	YMCA North Staffordshire	Alison O'Donovan	Edinburgh House Harding Road Stoke-on-Trent ST1 3AE	01785 252141	referrals@ymcans.org.uk Zoe.fox@ymcans.org.uk
Newcastle	Home-Start Newcastle Borough	Sarah Jacobs	Cornerstone, High Street, Knutton, Newcastle-under-Lyme, ST5 6BX	01782 938912	info@hsnb.org.uk
Staffordshire Moorlands	Home-Start Staffordshire Moorlands	Louise Walker	School Yard, Earl Street, Leek, Staffordshire, ST13 6JT	01538 387231	Info@homestartsm.org.uk
Tamworth	Malachi Specialist Family Support Services	Simone Wilson	Billesley Ark, 725 Yardley Wood Road, Birmingham, B13 0PT	0121 441 4556	tamworth@malachi.org.uk
East Staffordshire	East Staffordshire Family Support Service (Harvey Girls)	Kate Wood	73 Horninglow Road Burton upon Trent DE14 2PT	01283 533449	support@harveygirls.co.uk

NOTE TO REFERRER – PLEASE READ BEFORE COMPLETING THIS FORM

The Family Support Service is a Tier 2 service. This service is likely to be for families with multiple needs, although the child should only have a singular additional need as defined by the SSCB Threshold Document - Staffordshire's Threshold Framework - 'Accessing the Right Help at the Right Time' (Staffordshire only) – <https://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/Section-1E-SSCB-Threshold-document.pdf>

Thank you for taking the time to complete the information required. We aim to respond to all referrals within 5 working days.

Please use this guide to help determine if support from the 0-19 Family Support Service would be appropriate.....

9-10 Effective parenting

Parents/carers are able to maintain effective solutions and manage problems. Parents/carers may seek advice from professionals, family members or friends, but rarely require additional support from professionals to put advice into place.

7-8 Finding what works

In the main, the family are able to find effective strategies and ideas for their difficulties, however they may require encouragement and support to maintain these, or they may benefit from some tailored advice to overcome larger issues.

5-6 Trying

Parents/carers have been trying out their own strategies and ideas for a while now, however they are struggling to find solutions, and/or to maintain consistency. Parents/carers are willing to accept support, new strategies and ideas.

3-4 Accepting help

The family have just begun to recognise that there may be issue/s that needs addressing. They have recently decided to accept help, but have not yet tried any strategies or ideas themselves. Parents/carers may not know where to start, nor feel confident about making changes.

1-2 Stuck

Professionals, family members or friends have concerns, however parents/carers do not necessarily feel that there is a problem currently. Parents/carers may not feel in a place to discuss the issue/s at the moment.

Tier 1

Universal - not currently requiring additional support from a referral based service

Tier 2

An appropriate referral for the **FAMILY SUPPORT SERVICE** or other Specialist Services



HOW MUCH SUPPORT DO THE FAMILY REQUIRE?

Please use the guide on the previous page to give each of the following areas a score between 1 to 10

PHYSICAL HEALTH

E.g. physical development, diet, healthy living, accessing healthcare, toilet training

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

YOUR WELLBEING

E.g. parent/carers own wellbeing, peer support, mood, managing stress/difficulties, mental health

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

MEETING EMOTIONAL NEEDS

E.g. child's wellbeing, parent-child relationship, emotionally fuelled behaviour, understanding feelings

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

KEEPING CHILDREN SAFE

E.g. safety in and out the home, child's understanding of dangers, family history or current situation

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

SOCIAL NETWORKS

E.g. support network from friends & family, isolation, new to area, access to groups/activities/services

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

EDUCATION & LEARNING

E.g. nursery/school attendance, play & learning at home, child's development, access to toys/equipment/experiences

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

BOUNDARIES & BEHAVIOUR

E.g. behaviour management strategies, age appropriate rules/boundaries, praise, consistency, child's behaviour

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

FAMILY ROUTINE

E.g. appropriate daytime/bedtime routines, sleep patterns, one-on-one time with child, family time

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

HOME AND MONEY

E.g. suitability of home environment, cleanliness, family budget, appropriate benefits, access to financial services

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

PROGRESS TO WORK

E.g. employment status, goal-setting, education/training, barriers to employment (such as childcare)

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■		■		■		■		■	

Referrer's Name		Organisation Name	
Address			
Telephone Number/s		Email	

Parent consent given	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please note that a referral cannot be accepted without informed consent from the parent / carer.	
Verbal consent can be accepted where a referral is being made by Staffordshire County Council or by the Health Visiting Hubs where the family have not been met but have agreed e.g. via telephone Note that the Referrer also needs to record verbal consent	Date verbal consent gained:		
	Name of person who gave the verbal consent:		
	If consent is withdrawn, all parties must be informed. Date consent withdrawn:		

Information Sharing Consent
<p>Consent to referral to the Family Support Service This is additional to any existing Privacy Notice https://www.staffordshire.gov.uk/yourcouncil/requestandaccessinformation/What-we-do-with-your-personal-information/Privacy-Notice.aspx</p> <p>Using your personal information The information provided on this form will be processed by Staffordshire County Council in accordance with the General Data Protection Regulation and the Data Protection Act 2018</p> <p>Personal information which you supply to the Family Support Service may be shared within Staffordshire County Council departments and our partners who are also involved in supplying a service directly to you. This is to ensure that you receive the best service available as it will improve communication between organisations.</p> <p>These partners can include district and borough councils, health, schools, Fire and Rescue, voluntary sector and the Police.</p> <p>We will not disclose your information to any partner who is not supplying a service to you or any other organisation unless required to do so by law. If you have any concerns about the planned use of your information please speak to your key worker. For further information on how your information is used, how we maintain the security of your information and your rights to access information, please refer to the Privacy Notice provided to you by your Key Worker.</p> <p>I/We have had the Family Support Service explained to us and we agree to (Child's Name) being referred to the Family Support Service.</p> <p>I/We give consent to the Key Workers from the Family Support Service to contact other agencies for further information in relation to this referral.</p> <p>I/We also agree that information held by the Family Support Service and obtained through the referral and assessment process may be shared with relevant agencies or organisations for the purpose of developing and implementing a support plan. Information may also be shared with outside agencies for the purpose of evaluating the effectiveness of the Family Support Service initiative both locally and nationally. The sharing of information will be carried out in accordance with the terms and procedures of the Family Support Service information sharing protocol.</p> <p>Parent/Carer Print Name:..... (Person with parental responsibility)</p> <p>Signature:..... Date:</p>

Mandatory information required:

Name/s of Child/ren (include full surnames and forenames)				
Date/s of Birth (of Child/ren)				
Gender of Child/ren				
UPN or NHS numbers of child/ren (if available)				
Address (include house number, street and post code)				
Ethnicity of Child/ren				
Parent Name 1			Parent Name 2	
Relationship to Child/ren			Relationship to Child/ren	
Address (if different than above)			Address (if different than above)	
Telephone Number/s			Telephone Number/s	
Reason(s) for referral (refer to the identified areas of the Outcome Star on page 3)				
What actions have already been taken by you in relation to these concerns and what has been the result?				
Other agencies known to be involved with the family (e.g. Health Visitor)				
Please outline any health and safety issues that you believe we need to consider when working with this family (such as: domestic violence; mental health; substance misuse)				
Additional Details				
Referrer Signature				
Date of Referral				
Family Support Provider Organisation Name				
Allocated Keyworker Name				
Keyworker Email				
Keyworker Telephone				

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