

FAMILY SUPPORT SERVICE REQUEST FOR SUPPORT

This form must be completed in its entirety and agreement to work with the service 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 to be returned to:

District	Organisation	Contact Name	Address	Phone	Email
Cannock, Lichfield, South Staffordshire, Stafford	Family Support by SCTSP	Sutinder Herian	Paycare House, George Street, Wolverhampton WV2 4DX	01902 424147	Sutinder.herian@sctsp.org.uk
Newcastle	Home-Start Newcastle Borough	Wendy Hocking	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	Laura Yates	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)	Alison Manley	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'](#)

https://proceduresonline.com/trixcms1/media/4522/stoke-on-trent-and-staffordshire_threshold_document_final_05_02_20.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 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"/>
■		■		■		■		■	

Mandatory information required:

Referrer's Name (if self-referral person completing the form)		Organisation Name (if self-referral relationship to child/ren)	
Address			
Telephone Number/s		Email	
Parent/ carers permission given	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please note that a referral cannot be accepted without agreement to work with the service from the parent / carer.	
Verbal permission can be accepted where a referral is being made by Staffordshire County Council or by the Health Hubs (where the family have not been met but have agreed e.g. via telephone). <i>Please note the Referrer also needs to record verbal permission</i>	Date verbal permission gained:		
	Name and relationship to child of person who gave the verbal permission:		

<p>Information Sharing</p> <p>Permission to referral to the Family Support Service This is additional to any existing Privacy Notice https://www.staffordshire.gov.uk/Your-council-and-democracy/Privacy-notices/Privacy-notice.aspx</p> <p>Using your personal information for the delivery of this service 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 the individuals named on this referral form being referred to the Family Support Service.</p> <p>I/We give permission 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>	
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Mandatory information required:

Name/s of Child/ren <i>(include full surnames and forenames) please include unborns with their expected delivery date (if known)</i>				
Date/s of Birth <i>(of Child/ren)</i>				
Gender of Child/ren				
Ethnicity of Child/ren				
Is the child(ren) a Young Carer <i>(delete as appropriate)</i>	YES/NO	YES/NO	YES/NO	YES/NO
Education Setting <i>(nursery/school/ college)</i>				
UPN or NHS number for child <i>(if available)</i>				
Address <i>(include house number, street and post code)</i>				
Parent Name 1 & DOB		Parent Name 2 & DOB		
Relationship to Child/ren		Relationship to Child/ren		
Address <i>(if different than above)</i>		Address <i>(if different than above)</i>		
Telephone Number/s		Telephone Number/s		
Name(s) of other adults at the address e.g. partners/ Grandparents		Relationship to child/ren		
Reason(s) for referral <i>(refer to the identified areas of the Outcome Star on page 3).</i> ***Please add as much information as possible, as this helps make sure appropriate support is in place in response to this referral.***				
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 or any other information that you believe we need to consider when working with this family (such as: dog in the property; domestic abuse; substance misuse)	
Referrer Signature	
Date of Referral	

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

	For use by Family Support Provider:		
Family Support Provider Organisation Name			
Allocated Keyworker Name			
Keyworker Email			
Keyworker Telephone			
Key Worker has met with the family who agree to further support:	Tick as appropriate:	Agreed <input type="checkbox"/>	Date key worker met with family:
		Declined <input type="checkbox"/>	

WITHDRAWAL OF PERMISSION OR EXERCISING A DATA SUBJECT RIGHT UNDER GDPR

If you decide that you no longer wish to work with the service, please complete this section and return it to your keyworker at the address below:

Surname:		Surname:	
First Name(s):		First Name(s):	
Address:		Address:	
Postcode:		Postcode:	

	Yes	No
I no longer wish to receive the service		

RETURN ADDRESS (OFFICE BASE FOR TEAM):

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