



**Request for Early Help Support**  
 Family Innovation Fund Early Help Services  
 West Essex (Epping, Harlow, Uttlesford)

- These Early Help services are for children, young people and parents/carers with low level needs, as detailed in the Essex Effective Support for Children and Families <http://www.escb.co.uk/>
- Usually these people’s needs are best supported by those who already work with them, such as Children’s Centre’s, Schools, GPs. These Early Help services provide that little bit of extra help should a difficulty occur and those services cannot respond appropriately.
- The only restriction to accessing these services is that the person being referred is not already working with specialist support services such as for example Children and Adolescent Mental Health Services, Family Solutions, Social Care.

**Section 1 - Referrer details**

<b>Name of person completing this form</b>	
<b>Organisation (if applicable)</b>	
<b>Do you have consent from the service user to share their information in this form?</b>	
<b>Contact Telephone</b>	
<b>Contact Email</b>	
<b>Best time to contact</b>	
<b>Alternative contact</b>	
<b>Date of referral</b>	

<b>If self-referring who told you about us</b>	
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**Section – 2 - Person being referred**

<b>First Name of person being referred</b>	<b>Surname</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Ethnicity</b>	<b>School/education or workplace</b>
<b>Name of main family contact</b>					
<b>Relationship to person being referred</b>					
<b>Signature of main family contact</b>					
<b>Contact telephone numbers</b>					
<b>Young person contact (only if over 13)</b>					
<b>Family address:</b>					
<b>Postcode:</b>					
<b>Email address:</b>					

Others family members			
First Name	Surname	Age	Relationship or Role
Are there any disability of learning needs to be considered for the person being referred			
Are there any heritage, cultural or religious needs (include language) to be considered for the person being referred			

### Section - 3 - Reason for referral and request being made

Please indicate the issue(s) causing you or the person(s) being referred and some details about those concerns			
Risky behaviours			
Aggressive behaviours			
Challenging behaviours			
Relationship breakdowns			
Conflict within the family			
Emotional distress			
Social isolation			
Other			
<b>Select just one</b> Early Help service and when the form is complete email or fax <b>securely</b> to the service with the consent form	<b>Tick</b>	<b>Desired Outcome(s)</b>	
<b>Parenting Support</b> The Children's Society Tel: 01245 493311 Fax: 01245 491400 <a href="mailto:FIFreferrals@childrenssociety.org.uk">FIFreferrals@childrenssociety.org.uk</a> <a href="http://www.childrenssociety.org.uk">http://www.childrenssociety.org.uk</a>			
<b>Counselling</b> Kids Inspire Tel: 01245 348 707 <a href="mailto:sue@kidsinspire.org.uk">sue@kidsinspire.org.uk</a> <a href="http://kidsinspire.org.uk">http://kidsinspire.org.uk</a>			
<b>Mediation</b> Kids Inspire Tel: 01245 348 707 <a href="mailto:sue@kidsinspire.org.uk">sue@kidsinspire.org.uk</a>			

<a href="http://kidsinspire.org.uk">http://kidsinspire.org.uk</a>		
<b>Coaching</b> (14+ & parents/carers) Contract award in process to be confirmed		
<b>Mentoring</b> (8+ & parents/carers) Contract award in process to be confirmed		
<b>Young People Risky Behaviours</b> The Children's Society Tel: 01245 493311 Fax: 01245 491400 <a href="mailto:FIFreferrals@childrenssociety.org.uk">FIFreferrals@childrenssociety.org.uk</a> <a href="http://www.childrenssociety.org.uk">http://www.childrenssociety.org.uk</a>		
<b>Please tell us what has been done to address these issues leading up to this request</b>		
<b>Please tell us about other help that is in place now or has been in the past to address this issue</b>		
<b>Has any other help been requested for this issue (for example school, GP, health visitor, friend)</b>		
<b>What is the family/individual hoping to achieve from the request</b>		
<b>Concerns and/or risks:</b> Are you aware of any concerns and/or risks that workers should know about before contacting or visiting the family/individual:		

<b>Office use only</b>		
<b>For declined or signposted requests</b>	√	<b>Comments</b>
Help requested does not deliver against the need identified		
Should be met by Level 1 universal services		
Should be met by level 3 intensive services		
Should be met by level 4 intensive services		
Signposted to (including other FIF Early Help services)		
Other		

**Section – 4 - Consent to access and share information**

**This section should be signed by the service user if they are over 13, or by a family member with parental responsibility.**

Please read the '**INFORMATION SHEET – Request for Early Help Support**' section carefully and then sign and date this form. If you have concerns please discuss them with the person working with you. You can note any limit/restrictions to information you do not wish to be shared in the box if appropriate.

**I have read and understand the information sheet or have had this explained to me.**

**Information I do not want to be shared:**

**Signed by the service user if over 13**

<b>Name</b>	<b>Signature</b>	<b>Date</b>

**Signed by A family member with parental responsibility if the service user is Under 13**

<b>Name</b>	<b>Signature</b>	<b>Date</b>

**For the Referrer/Provider**

Is the person able to understand why their information may be shared and are they able to make a consent decision on this basis? (Please tick and complete A or B or C below).

- A ) YES and I have explained to the person/their representative using the attached information sheet.**
- B) I am unable to judge this and have referred this matter to \_\_\_\_\_**
- C) No, because \_\_\_\_\_**

THE COMPLETED FORM TO BE SENT TO [FIFreferrals@childrenssociety.org.uk](mailto:FIFreferrals@childrenssociety.org.uk) (EMAIL PREFERRED). Paper copies to: Children’s Society, Early Intervention Team 114 Springfield Road, Chelmsford, Essex CM2 6LF

## **INFORMATION SHEET – Request for Early Help Support**

### **THIS SECTION TO BE LEFT WITH THE FAMILY**

#### **Section - 5 - Frequently Asked Questions about Information Sharing**

**Why we collect personal information** – We, type name of service are collecting the information in this form on behalf of Essex County Council (ECC) in order to provide you with an early help support service. We may share the information in this form with other agencies in order to provide a service to you and to help make a decision about this referral so that you receive the right support. This could include: School, GP, Social Care, CAMHS, Early Help Hub and other voluntary services. ECC will also use the information to help evidence the effectiveness of the service during and after your involvement.

**Why we share personal information** - Sharing personal information helps us to work together to support children, young people and their families and carers. But, it is important to remember that if you don't let us share your information, this could delay or prevent you from getting the help you need.

**I choose what personal information is shared about me** - Most of the time we will tell you what information we might need to pass on and who we need to pass it on to. The types of information to be processed may include: Name, Date of Birth, Gender, Address, contact numbers and relevant information to inform assessment. If there is something that you don't want us to pass on about you then we won't. Please tell the person working with you.

Sometimes we have to share personal information about you without asking your permission, for example:

- If we are worried about the safety of a child, young person or vulnerable adult;
- If we think that a crime may be prevented or found out by sharing it; or
- If a court order is made in criminal or legal cases

#### **I say no**

- You can ask us not to pass your personal information to anyone else at any time
- You can say no at first. You can always change your mind later on
- Or if you say yes you can also change your mind later on

*If you say no to the sharing of information please be aware that it might result in a reduction of services being available.*

#### **The benefits of sharing your personal information**

- It will help us make sure that you get the right sort of help
- You can quickly find out about the different types of help available to you
- You won't be asked for the same information lots of times

**How we share personal information** - So that we can safely share your personal information, some organisations in Essex such as Essex County Council, Health and the police have signed an agreement called Whole Essex Information Sharing Framework (WEISF). This means that all the organisations that have signed it must protect your personal information. For details of the charter and the organisations involved, ask the person that is working with you or you can find it on the internet at [Essex partnership portal](#)

**You can see what is on your record** - If you want to check your own record or talk to someone about how safe and confidential your personal information is, you should talk to the person who is working with you.

**Data Protection:** For independent advice about data protection, privacy and data sharing issues, you can contact the Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Tel: 01625 545745 or 08456 306060 Fax: 01625 524510 Website: [www.ico.org.uk](http://www.ico.org.uk)