



**Request for Early Help Support**  
 Family Innovation Fund Early Help Services  
 North East Essex (Colchester and Tendring)

- 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 centres, 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**

Name of person completing this form	
Organisation (if applicable)	
If self-referring who told you about us	
Contact Telephone	
Contact Email	
Best time to contact	
Alternative contact	

**Section – 2 - Person being referred**

**The main family contact needs to sign consent beside the person being referred, unless they are 13 or over in which case they can sign themselves (see section 4.)**

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

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

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

<b>Please indicate the issue(s) causing you or the person(s) being referred and some details about those concerns</b>		
<b>Risky behaviours</b>		
<b>Aggressive behaviours</b>		
<b>Challenging behaviours</b>		
<b>Relationship breakdowns</b>		
<b>Conflict within the family</b>		
<b>Emotional distress</b>		
<b>Social isolation</b>		
<b>Other</b>		
<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> Colchester YES Col:01206 710771 Clac:01255 434601 <a href="mailto:info@colchesteryes.org.uk">info@colchesteryes.org.uk</a> <a href="http://www.yesyouthenquiryservice.org">www.yesyouthenquiryservice.org</a>		
<b>Counselling</b> Colchester YES Col:01206 710771 Clac:01255 434601 <a href="mailto:info@colchesteryes.org.uk">info@colchesteryes.org.uk</a> <a href="http://www.yesyouthenquiryservice.org">www.yesyouthenquiryservice.org</a>		

<b>Mediation</b> Colchester YES Col:01206 710771 Clac:01255 434601 <a href="mailto:info@colchesteryes.org.uk">info@colchesteryes.org.uk</a> <a href="http://www.yesyouthenquiryservice.org">www.yesyouthenquiryservice.org</a>		
<b>Coaching (14+ &amp; parents/carers)</b> Homestart Colchester Tel: 01206 865349 <a href="mailto:team@homestartcolchester.org.uk">team@homestartcolchester.org.uk</a> <a href="http://www.homestartcolchester.org.uk">www.homestartcolchester.org.uk</a>		
<b>Mentoring (8+ &amp; parents/carers)</b> Homestart Colchester Tel: 01206 865349 <a href="mailto:team@homestartcolchester.org.uk">team@homestartcolchester.org.uk</a> <a href="http://www.homestartcolchester.org.uk">www.homestartcolchester.org.uk</a>		
<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 a family member with parental responsibility or a**

Please read/note carefully and then sign and date the form. If you have concerns please discuss them with the person working with you. You can note any limit/restrictions in the box if appropriate

1. **I agree** that to the person making or taking the referral that they may check with other services and professionals for information about me/my/our child(ren) that helps make a decision about this referral and that I/we receive the right support.
2. **I agree** that personal information about me/us/my child(ren) may be shared with Essex County Council, help evidence the effectiveness of the my/our involvement with this service, during and after my/our involvement.
3. **I understand** that I have the right to restrict what information may be shared and with whom.
4. **I understand** that I may withdraw my consent to share information at any time but that might result in a reduction of services being available.

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

**Signed**

**Date**

### 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:**

- Their right to withdraw consent at any time.
- Why we may need to share information and their right to restrict that information
- Who we may need to contract to check for information with – for example, School, GP, Social Care, CAMHS, Early Help Hub and other VCS providers.
- That in some cases we may share information without consent in order to safeguard the vulnerable, to prevent crime and/or if ordered by a Court

**B) I am unable to judge this and have referred this matter to**

**C) No, because**

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

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

**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, 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

#### **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 you 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)