****

**SUPPORTING FAMILIES REQUEST FOR SUPPORT**

**Check list for submission:**

**Supporting families has been discussed with the family (or they have been provided with the supporting families leaflet) and all family members over 18 (included in the family composition) have consented to this referral** [ ]

**Referral completed ensuring all support, criteria and contact details are documented** [ ]

**Documented Consent for each family members over 18 (clearly stating if verbal)** [ ]

**Completed assessment (dated within the last 12 months)** [ ]

**Completed plans (optional)** [ ]

**If there is any missing information the referral will be returned to you and will not be processed until the required information is received.**

Please submit your completed Request for Supporting Families Support to: supporting.families@iow.gov.uk

The request email must include the completed referral with documented consent (of all family members over 18) and a ‘whole family’ assessment (Child and Family or Early Help Assessment no older than 12 months). Plans if available are optional.

Referrals cannot be processed without an assessment that has been completed within the last 12 months. The assessment must be a ‘whole family’ approach.

**Assessments: A “whole family” approach:** Children and Family Assessment and Early Help Assessment.

**Plans:** To help support your request and provide more current information about the family please also attach a Plan (if available) such as, Child In Need, Child Protection or Early Help Plan

**Please Note:** Requests for Support are considered at our Multi-Agency Supporting Families Triage Hub meetings which are held weekly. After the Multi-Agency Panel has taken place, a Decision Notice will be sent to the Referrer and current Lead Professional (if applicable) advising them of the appropriate support to be offered. The Referrer/Current Lead Professional is expected to inform the family of the decision.

**Unmet needs:** If you do not have an assessment to attach and the family has an unmet need you will need to complete an Inter-Agency Referral Form (IARF). This will enable the Multi-Agency Safeguarding Hub (MASH) to determine what level of support the family require. **If this is the case, please complete an IARF:**

**Link to IARF:** <https://www.iowscp.org.uk/>, (scroll down to quick links)

**If you need any support completing this Request form, please email** supporting.families@iow.gov.uk **or call 01983 823169**

**AREAS OF SUPPORT**

Please select below those areas of support to be considered by the Multi-Agency Supporting Families Triage Panel.

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Support**  | **What specific support would you like the Panel to consider and provide the family?**  | **Yes** | **No** |
| **Health related issues** – Support and advice, e.g., diet, sleep routines, emotional regulation, growth, and development etc. |  | [ ]  | [ ]  |
| **ABS/Crime** – Support and advice  |  | [ ]  | [ ]  |
| **Employment** – Support and advice with respect to finding employment, risk of financial exclusion, benefits, debt management, etc. |  | [ ]  | [ ]  |
| **Housing issues and/or risk of homeless** – Support and advice/signposting relating to e.g., Homelessness, unsuitable accommodation, help with finding a property, issues with neighbours, etc.,  |  | [ ]  | [ ]  |
| **Education** – Support and advice in respect to poor school attendance, risk of exclusion, in need of an Educational Health Care Plan, etc.,  |  | [ ]  | [ ]  |
| **Intensive Family Support within a family home** – Support and advice required in respect to, helping to implement clear boundaries, building good strategies to help develop effective parenting skills, support with emotional wellbeing, issues with anxiety, resilience, anger, relationships, etc. |  | [ ]  | [ ]  |
| **Centre Based Services** – Information, advice, guidance, and courses for parents. [Welcome To Isle Of Wight Family Centres : Isle Of Wight Family Centres](https://www.isleofwightfamilycentres.org.uk/). **NB:** For full website, do not view in Internet Explorer.  |  | [ ]  | [ ]  |
| **Volunteers Support Service –** Family would benefit from having support from the Early Help Volunteers who can assist with such things as, taking family members to appointments, helping family with shopping, assisting with some cleaning in the home, etc., earlyhelpvolunteers@iow.gov.uk.  |  | [ ]  | [ ]  |

|  |
| --- |
| **What outcomes do you expect this support to achieve?**  |
|  |

**Please provide the following information:**

|  |
| --- |
| **Referrer’s Details** |
| **Name:** |  | **Role:** |  |
| **Department/Team:** |  |
| **Email:** |  |
| **Date of Request:**  | Click or tap to enter a date. | **Contact Tel:** |  |

**ALL** the following information **MUST** be provided incl. contact number(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family****No.** | **Full Name** | **Position within the Family**(e.g., son, mother, sister, step parent, etc.) | **Dates of Birth**(Must be included for all family members) | **Age****(If 18+ ensure consent is obtained)** | **Full Address &****Contact Number** |
| **1.****(Main Carer)** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |

**Department of Levelling Up, Housing & Communities (DLUHC)**

Please note that families **must meet at least three** of the 10 family criteria given below to be eligible for Supporting Families Intensive Support.

Indicate which family member meets that criteria by using the **family member’s number that you selected above**.

|  |  |
| --- | --- |
| **FAMILY CRITERIA** | **Family Member/s Number/s** **(as selected above)** |
| 1. **GETTING A GOOD EDUCATION**
 |
| * Is the child/young person’s school attendance **less than 90%** (inc. Authorised Absence)
 |  |
| * Is the child/young person’s school attendance **less than 50%** (inc. Authorised absence).
 |  |
| * Does the child/young person have difficulties participating and engaging with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to exclusions, concerns around appropriateness of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of Not in Education, Employment or training (NEET)?
 |  |
| * Does the child/young person has special educational needs that are not being met?
 |  |

|  |
| --- |
| 1. **GOOD EARLY YEARS DEVELOPMENT**
 |
| * Expectant or new parent/carers require additional or specialist support (e.g. young parents, parents who have been in care, parents with learning needs)
 |  |
| * Child’s (0-5 yrs.) has physical health needs that are not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene).
 |  |
| * Child’s (0-5 yrs.) has developmental needs not being met (e.g., communication skills/speech and language, problem-solving, school readiness, personal social and emotional development.
 |  |

|  |
| --- |
| 1. **IMPROVED MENTAL AND PHYSICAL HEALTH**
 |
| * Does child/young person require support with their mental Health?
 |  |
| * Does the Adult need support with their mental health?
 |  |
| * Child/young person and/or parent/carer require support with learning disabilities, diagnosed neurodiverse conditions and/or physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations).
 |  |
|  |
| 1. **PROMOTING RECOVERY AND REDUCING HARM FROM SUBSTANCE USE**
 |
| * Adult has a drug and/or alcohol problem.
 |  |
| * Child/young person has a drug and/or alcohol problem.
 |  |

|  |
| --- |
| 1. **IMPROVED FAMILY RELATIONSHIPS**
 |
| * Parent/Carers require parenting support.
 |  |
| * Harmful levels of parental conflict i.e. when it is frequent, intense, or poorly resolved.
 |  |
| * Child/young person violent or abusive in the home (to parents/carers or siblings).
 |  |
| * Child/young person is an unsupported young carer or caring circumstances changed requiring additional support.
 |  |

|  |
| --- |
| 1. **CHILDREN SAFE FROM ABUSE AND EXPLOITATION**
 |
| * Child/young person is/has experienced emotional, physical, sexual abuse or neglect within the household.
 |  |
| * Child/young person is going missing from home.
 |  |
| * Child/young person identified as at risk of, or experiencing, sexual exploitation
 |  |
| * Child/young person identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines),
 |  |
| * Child/Young Person identified as at risk of or being affected by radicalisation.
 |  |

 Has a CERAF been completed YES [ ]  NO [ ]

|  |
| --- |
|  |
| 1. **CRIME PREVENTION AND TACKLING CRIME**
 |
| * Adult (18+) involved in crime and/or ASB (at least one: offence/arrest/named as a suspect/ASB incident in the last 12 months.
 |  |
| * Child/young person (10 or above but u18) at risk of crime – incl. gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour.
 |  |
| * Child/Young person (10 or above or u18) involved in crime and/or Anti-Social Behaviour (ASB) (at least one offence/arrest/named as a suspect/ASB incident) in the last 12 months.
 |  |
| * Child/Young person experiencing harm outside of the family (e.g., peer-to-peer abuse, bullying, online harassment, sexual harassments/offences)
 |  |

|  |
| --- |
| 1. **SAFE FROM DOMESTIC ABUSE**
 |
| * Family affected by domestic abuse or inter-personal violence and abuse – historic, recent, current or at risk (victim).
 |  |
| * Adult in the family is a perpetrator of domestic abuse.
 |  |
| * Child/young person currently or historically affected by domestic abuse.
 |  |

|  |
| --- |
| 1. **SECURE HOUSING**
 |
| * Families who are in local authority temporary accommodation and are at risk of losing this.
 |  |
| * Families not in suitable, sustainable housing and/or threatened with eviction/at risk of homelessness.
 |  |
| * Young person aged 16/17 at risk of, or who has been, excluded from the family home.
 |  |
|  |
| 1. **FINANCIAL STABILITY**
 |
| * Adult in the family is workless.
 |  |
| * Family require support with their finances and/or have unmanageable debt (e.g. rent arrears).
 |  |
| * Young person is Not in Education, Employment or Training (NEET).
 |  |

|  |  |
| --- | --- |
| **Are the family currently open to Children’s Social Care?** Please note that Families that are currently open to Social Care cannot receive Support from the Support Families Programme unless they are due to be “stepped down” to Early Help/Close or are open to the Children with Disabilities Team.  | **Yes** [ ]  **No** [ ]  |
| **Name of Social Worker or Lead Professional, please specify which (i.e., SW, LP).** |  |
| **Lead Professional’s/Social Worker’s contact details – please include email address and direct contact number** |  |
| **Confirm current status** | Choose an item.If other, please state below: |

**PROFESSIONALS: Other Professionals already or previously involved with the family e.g., Social Worker, Paediatrician, Speech Therapist, Health Visitor, School Nurse, etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider** | **Currently Involved** | **Previously Involved**  | **Contact details:****Name, Telephone Number, Email** |
|  | [ ]  |[ ]   |
|  |[ ] [ ]   |
|  |[ ] [ ]   |
|  |[ ] [ ]   |
|  |[ ] [ ]   |

**ADDITIONAL INFORMATION**

|  |
| --- |
|  |

**RISK ASSESSMENT FOR HOME VISITING - This MUST be completed**

**Please Note:** Any risks flagged on this initial risk assessment will trigger the requirement for a full risk assessment and risk management plan to be developed before the initial warm introduction visit with the family.

|  |  |  |
| --- | --- | --- |
| **Risk assessment completed by:**  |  | **Date:** Click or tap to enter a date. |
| **Family surname(s)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **Unknown** | **Notes** |
| Is there anyone involved with the family who you would advise us not to visit alone?  |[ ] [ ] [ ]   |
| Are any members of the family known to have been aggressive towards service providers in the past? | [ ]  | [ ]  | [ ]  |  |
| Are there any potentially dangerous situations in the home? e.g., dogs or other animals which may pose a risk? | [ ]  | [ ]  | [ ]  |  |
| Is there safe parking near to the house? | [ ]  | [ ]  | [ ]  |  |
| Is the family home located in a potentially dangerous neighbourhood? | [ ]  | [ ]  | [ ]  |  |
| Are there any known substance misuse issues in the family? | [ ]  | [ ]  | [ ]  |  |
| Are there any known mental health issues in the family? | [ ]  | [ ]  | [ ]  |  |
| Is there a known history of domestic violence in the family? | [ ]  | [ ]  | [ ]  |  |
| Does anyone in the family have a history of offending behaviour? | [ ]  | [ ]  | [ ]  |  |
| In your assessment is the property safe to visit alone? | [ ]  | [ ]  | [ ]  |  |
| Would you be willing to undertake a joint visit with a key worker if necessary? | [ ]  | [ ]  | [ ]  |  |

**INFORMATION SHARING CONSENT**

I understand that information gathered regarding myself, and my family will be used by the Isle of Wight Council only for the purpose of providing, coordinating, and evaluating services to my family under the Supporting Families Programme.

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide, coordinate and evaluate services to support the family under the Supporting Families Programme. I understand that this may include Health organisations, Police, Youth Offending Team, Criminal Justice, Registered Social Landlords, Department of Work and Pensions, Education, Housing, Social Care, and externally commissioned family services.

I understand that information about me will only be shared without my consent if the information suggests a person is at serious risk of harm or to prevent a crime being committed. Where the information suggests significant harm to an infant, child or young person, Local Safeguarding Children’s Board procedures (4LSCB) will be followed, and this has been explained to me.

We will keep your personal data on the Supporting Families database for as long as we are required to do so under relevant legislation or in accordance with our operational requirements. We will hold this information for up to five years from when the Supporting Families Programme ends.

You have the following rights under GPDR. Please note not all of these rights apply to all processing. Further details can be found at, <https://www.iow.gov.uk/privacy>.

* The right to be informed
* The right of access
* The right to rectification
* The right to erasure
* The right to restrict processing
* The right to data portability
* The right to object

The Isle of Wight Council is the data controller for the personal information you provide on this form. You can contact the Council by phone on 01983 821000, via email customer.services@iow.gov.uk or by writing to us Isle of Wight Council, County Hall, High Street, Newport, Isle of Wight, PO30 IUD, The Council’s Data Protection Officer is the Assistant Director of Corporate Services and can be contacted at dpo@iow.gov.uk.

**CONSENT (mandatory\*)**

Consent is required from all adults (18 years plus) within the family

that are to be part of this Supporting Families Request.

**PLEASE NOTE: This Supporting Families Request form will be sent back to the referrer if the following is not provided**:

* Request for Support form has not been fully completed
* The Assessment and also a Plan (if available) have not been submitted together with the Request for Support form.
* Signed or Verbal Consent has not been detailed below for all family members aged 18 and over that wish to be included.

 **Please confirm those providing consent have received the** **Supporting** **Families leaflet** [ ]

|  |  |  |
| --- | --- | --- |
| **\*Signature(s), or****state ‘Verbal Consent’** | **\*Print Name** **(for both signature and verbal consent)** | **\*Date signed/ verbal consent given** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

**\*mandatory information.**

For further information about Supporting Families, please visit: [www.iow.gov.uk/supportingfamilies](http://www.iow.gov.uk/supportingfamilies)

|  |
| --- |
| **NOTE TO REFERRER: PLEASE ENSURE YOU HAVE COMPLETED THE REFERRAL IN FULL, OBTAINED CONSENT AND THAT YOU ATTACH THE RELEVANT SUPPORTING DOCUMENTS WHEN SUBMITTTING THIS REFERRAL** **THANK YOU FOR YOUR SUPPORT** |