**What we do with your information when you contact the Early Help Service**

**Who is involved in providing services?**

A range of organisations provide and assist in the provision of early help services and, in Norfolk, these organisations have agreed to work together to provide joined up and comprehensive support to individuals and families as early as possible.

The following organisations provide early help and have joined together to meet the needs of individuals and families: Norfolk County Council (NCC); the district council for the area the family lives in; Children’s Centres; health bodies (e.g. GPs, health visitors, midwives), schools and colleges; early years settings (e.g. childminders and nurseries); the Norfolk Police; Probation; Registered Social Landlords (e.g. housing associations); the Youth Offending Team; and relevant voluntary agencies.

These agencies and organisations are described as “partners”.

Further details regarding who we are, how long we use your and your family’s information for, your rights under the GDPR and how to exercise them are on the partners’ web sites. For example, details about how NCC uses your information can be found at: https://www.norfolk.gov.uk/gdpr or you can ask us for a copy of this.

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwir_vLXnM7cAhUS66QKHY0YAUQQjRx6BAgBEAU&url=https://depositphotos.com/19469875/stock-photo-3d-man-with-red-exclamation.html&psig=AOvVaw0VCKOyLKAFP_2mXiK0ny5u&ust=1533294333584238)

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwir_vLXnM7cAhUS66QKHY0YAUQQjRx6BAgBEAU&url=https://depositphotos.com/19469875/stock-photo-3d-man-with-red-exclamation.html&psig=AOvVaw0VCKOyLKAFP_2mXiK0ny5u&ust=1533294333584238)

Information about you and your family will normally only be shared with your consent. But we might lawfully share information without your consent if a child or adult may be at risk of harm; or for the prevention or detection of crime.

**How will my information be stored?**

A partner will collect your personal information, store it securely in written/electronic form on their system and, with your consent (as set out in the form below) share it with NCC and any other relevant partner. All partners comply with Data Protection legislation.

**Why do we need to collect information about you?**

The partners need to collect and share the personal information of individual and families we work with to: -

\*provide joined up and comprehensive advice, guidance, assessments, services, support and direct services to individuals and families as early as possible.

\*establish, in particular, whether you are eligible for the Family Focus (early help) service provided by Norfolk County Council’s Children’s Services department (NCC)

\*evaluate and assess how these services have benefited you and your family.

Some information we need you to provide so we can give you a service, other information you can decide whether to provide.

**What is Early Help?**

Early help services (EHS) are here to help individuals and families in Norfolk at the earliest stage possible with issues relating to them and their families. Services can include advice, guidance, support, assessments and the provision of direct services.

**Early Help registration form**

The following information and the Request for Support Form is **needed** by the partner (s) to provide you and your family with a service.

Without this information we are unable to provide a service to you**. By completing this form, you are agreeing to receive support from the Early Help service.**

|  |  |  |
| --- | --- | --- |
| **1. Name of Partner organisation who helped you to complete this form** (e.g. Norfolk County Council) | **Name of person in partner organisation** | **Contact details** (if known) |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. Contact and family details** | | | | | | |
| **Home address:**  **Post Code:** | | **Main contact telephone number:** | | | | |
| **Email address** (optional) | | | | |
|  | |  | | |  |  |
| **Full Name of family member**  *All family members need to agree to the provision of the service, including any child over 13 who is able to understand, what agreeing to the service means should complete this form themselves.* | **Contact details** | **D.O.B / Estimated due date** | **Relationship within family** | **Gender** | **Ethnicity** | **Language spoken** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Agreement to share information about me and my family**

It may also be **very useful or helpful** to share information about you with other people and organisations.

In these circumstances we must seek your consent and the form below records your consent to Early Help partner(s) sharing your personal information. You do not have to give this agreement and it will not affect the other services you receive.

Please note below those who you agree your worker **can** contact to receive and share personal information about you. Children’s Services will always need to notify everyone with Parental Responsibility about our involvement with you, unless there is a legal duty that prevents this.

|  |  |  |
| --- | --- | --- |
| Names and addresses of people or organisations [in addition to those on the privacy notice] we can receive and share information with | Relationship to me | Description of the information that it is proposed be shared |
|  |  |  |

People/organisations (not listed in the privacy notice) I **do not** want my worker to contact to receive and share personal information about me

|  |  |  |
| --- | --- | --- |
| Names and addresses of people who information should **NOT** be shared with | Relationship to me | Description of the information that it is proposed should not be shared |
|  |  |  |

**By signing this form, I agree to the sharing of information set out above:**

|  |  |  |
| --- | --- | --- |
| Name |  | Signature |
| Date |  |

**First Contact / Request for Support Date of Contact** \_\_/\_\_/\_\_\_\_

***For Safeguarding Concerns please call 0344 800 8020. This document must be completed with the Early Help registration form. Please share the content and reason for the contact/referral when completing this form with the family.***

|  |  |
| --- | --- |
| **Referrers Name:** | **Agency/Organisation:** |
| **Landline Number:** | **Address:** |
| **Mobile Number:** |
| **Email:** | **Post code:** |

|  |  |  |
| --- | --- | --- |
| **Who is currently working with the family?** | **What support are they providing?** *e.g. 1:1 Support or Family Support Process (FSP)* | **What are they working towards?**  *e.g. debt reconsolidation* |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **What’s happening for this family?** | | |
| **What is going well?** | **What are we worried about?** | **What needs to happen and why?** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **What is the view on the request for support from:** | | |
| **Children/young people** | **Parent/carers** | **Worker** |
|  |  | *Where on the threshold guide would the referrer place this child/ren?* |
|  |  |  |

3

|  |  |  |  |
| --- | --- | --- | --- |
| **What are you requesting?** *Tick those that apply:* | | | |
|  | **Tick** |  | **Tick** |
| Support with the Family Support Process? |  | Uploading Family Support Process (FSP) documents only? |  |
| Support with Youth Offending Prevention? |  | Support to engage in Community Activities? |  |
| Young Carers Assessment? |  | Support with Housing? |  |
| Support with Independent Living? |  | Support with Welfare / Debt Advice? |  |
| Support with Employment, Education, Training? |  | Support to engage in Positive Activities? |  |
| Support with Health & Emotional Wellbeing? |  |  | |

**Upload this form to:** <https://www.norfolk.gov.uk/children-and-families/early-help-and-family-support/support-for-professionals/family-support-process-and-documents>

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What are the needs?** *Tick those that apply:* | | | | | | | | | | | | |
| ADHD / |  | Anti-Social |  | Child In Need |  | (CCE) Child |  | (CSE) Child |  | Domestic |  |
| ASD | | Behaviour | |  | | Criminal Exploitation | | Sexual Exploitation | | Violence / Abuse | |
| Eating |  | Education |  | Emotional |  | Female |  | Finance |  | Gangs |  |
| Disorders | | Issues | | Neglect / Abuse | | Genital Mutilation | | Issues | |  | |
| Harmful |  | Health |  | Homelessness |  | Honour |  | Housing |  | Learning |  |
| Sexual Behaviour | | Issues | |  | | Based Abuse | | Issues | | Difficulties | |
| Legal Issues |  | Loneliness / |  | Mental |  | Mental |  | Missing Child |  | Not in Employment |  |
|  | | Isolation | | Health (Child) | | Health (Parental) | |  | | Education or Training | |
| Offending / |  | Parental |  | Parental |  | Parenting |  | Physical |  | Physical |  |
| Crime | | Conflict | | Separation | | Skills / Attachment | | Health | | Neglect / Abuse | |
| In Prison |  | Intentionally |  | Radicalisation |  | Self-Harming |  | Sexual Abuse |  | Sex Working |  |
| (with PR) | | Homeless | |  | |  | |  | |  | |
| Substance |  | Teenage |  | Teenage |  | Trafficking |  | Young Carer |  | Worklessness |  |
| Misuse/Addictions | | Parent/s | | Pregnancy | |  | |  | |  | |  | |