

# **INTERNAL USE ONLY** – RUTLAND COUNTY COUNCIL, Early Help Support Request



(SELF-REFERRALS , REQUEST FOR JOINT WORKING, STEP DOWN) Request will be returned if information is missing.

Liquidlogic number/s (please ensure all details are up to date)

Or family details:

Children	DOB/EDD		Adults	Relationship to child or YP	Ethnicity

Family address		Main contact number	
		Other contact number	
Postcode		Contact email address	

Do you have consent from this family to share their information with Early Help? **Yes/No**

**FOR STEPPING DOWN CASES AND SELF-REFERRALS**, please note that we will require written consent at the end of this form.

<b>What is going well?</b> <i>Strengths</i>	<b>What are we worried about?</b> <i>Worries</i>	<b>What are the needs of the child(ren), young people and their family?</b>	<b>Using the thresholds document, how would you rate the impact on the child/yp?</b> None / Low / Medium / High (Risk)*

<b>What support do you think the family need via Early Help?</b>

<b>If an assessment has not yet been completed, is there a practitioner or partner already involved with the family who may be willing and suitable to complete an Early Help Assessment? Please provide contact details so this can be discussed with them and the family.</b>

**What changes would you / the family like to see?**


<b>Completed by</b>		<b>Contact details</b>	
<b>Original referrer</b>		<b>Contact details</b>	

- Once completed please email securely to [EarlyHelp@rutland.gcsx.gov.uk](mailto:EarlyHelp@rutland.gcsx.gov.uk) (PLEASE NOTE THAT FOR STEP DOWNS AND SELF REFERRALS YOU **WILL NEED WRITTEN CONSENT see page 4**)

## **FOR STEP DOWN AND SELF REFERRALS ONLY. Information sharing and consent**

We need to collect the information in this form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with other services so that they can help us provide the support you need. If we need to share information with any other service(s) later to offer you more help we will ask you about this before we do. Your personal information may be used for statistical purposes both locally and for national data collecting exercises. The information you have provided will be used in accordance with the Data Protection Act 1998 and other relevant legislation.

In every case we will:

- Treat your information with the utmost respect and confidentiality
- Only share information with professionals who can help you.
- Allow authorised employees only access to your records.

We may pass your information to other agencies or organisations as allowed or required by law, for example: to enable them to carry out their statutory duties, where it is necessary to prevent harm to yourself or other individuals, to help with the prevention of fraud and we will only share the minimum and relevant information required.

I/We understand the information that is recorded on this form will be stored and used for the purpose of providing services. Yes      No

I/We have had the reasons for information sharing and information storage explained to me and I understand those reasons Yes      No

I agree to the sharing of information with services as required. Yes      No

*If you do not wish for this information to be shared with a specific service/practitioner, please note it below*

Name	Signature	Date