



**STAFFORDSHIRE FAMILY SUPPORT  
& OUTREACH SERVICE  
-Request for Support-**

**The Family Support and Outreach Service**

The Family Support & Outreach Service is an early intervention service, in-line with the SSCB threshold description of Tier 2 [Microsoft Word - Threshold Document \(staffscp.org.uk\)](https://staffscp.org.uk).

This service is for families who have emerging complex and diverse support needs who require a targeted, whole family and multi-agency model of support. If you are unsure whether this is the right service for you, further information can be found on [Staffordshire Connects](#).

**Completed forms to be returned to:**

<b>District</b>	<b>Organisation</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Email</b>
Staffordshire Moorlands, Newcastle under Lyme, Cannock Chase, South Staffordshire, Stafford	Family Action	Rachel Sanders	Staffordshire Moorlands & Newcastle: 01782 228963  Cannock Chase & South Staffordshire: 01543 735699  Stafford: 01785 558172	<a href="mailto:Staffordshire@family-action.org.uk">Staffordshire@family-action.org.uk</a>  
Lichfield, Tamworth, East Staffordshire	Malachi Specialist Family Support Services	Tom York	0121 441 4556	<a href="mailto:Staffordshire@Malachi.org.uk">Staffordshire@Malachi.org.uk</a>  

**Agreement to work with the service must be gained from the family before information is shared with this service.** Any information within this form will be shared with the family as part of the introduction to the service.

**Essential information required:**

<b>Name/s of Child/ren</b> <i>(include full surnames and forenames) please include unborn babies with their expected delivery date (if known)</i>				
<b>Date/s of Birth</b> <i>(of Child/ren)</i>				
<b>Gender of Child/ren</b>				
<b>Ethnicity of Child/ren</b>				
<b>Is the child(ren) a Young Carer</b> <i>(Delete as appropriate)</i>	YES/NO	YES/NO	YES/NO	YES/NO
<b>Education Setting</b> <i>(nursery/school/college)</i>				
<b>Details of any Health or Special Educational Needs or Disabilities</b>				
<b>Languages spoken within the household</b>				
<b>Address</b> <i>(include house number, street and post code)</i>				
<b>Parent/Carer Name 1 &amp; DOB</b>		<b>Parent/Carer Name 2 &amp; DOB</b>		
<b>Relationship to Child/ren</b>		<b>Relationship to Child/ren</b>		
<b>Ethnicity</b>				
<b>Address</b> <i>(if different than above)</i>		<b>Address</b> <i>(if different than above)</i>		
<b>Telephone Number/s (mobile &amp; landline)</b>		<b>Telephone Number/s (mobile &amp; landline)</b>		
<b>Email Address for Parent/Carer 1</b>		<b>Email Address for Parent/Carer 2</b>		

<b>Name(s) of other adults at the address e.g. partners/ Grandparents</b>		<b>Relationship to child/ren</b>	
<b>Reason(s) for referral</b>  <b>***Please add as much information as possible, as this helps make sure appropriate support is in place in response to this referral.***</b>			
<b>What actions have already been taken by you in relation to these concerns and what has been the result?</b>			
<b>Other agencies known to be involved with the family (e.g. Health Visitor)</b>			
<b>Please outline any health and safety issues or any other information that you believe we need to consider when working with this family</b> (such as: dog in the property; domestic abuse; substance misuse)			

<b>What outcomes are you hoping to see following the family working with the service?</b>	
<b>Referrer Signature</b>	
<b>Date of Referral</b>	

**Referrers details**

<b>Referrer's Name (if self-referral: person completing the form)</b>		<b>Organisation Name (for self-referral: relationship to child/ren)</b>	
<b>Was this service recommended to you?</b>	Yes / No	<b>If yes, by who? (Name and Name of Organisation/ Relationship to you)</b>	
<b>Address</b>			
<b>Telephone Number/s</b>		<b>Email</b>	

**Permission for referral to the Family Support and Outreach Service**

<b>Parent/ Carers permission given</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Please note that a referral cannot be accepted without agreement to work with the service from the parent / carer.</b>	
<p><b>Please note:</b> It is the referrers responsibility to make sure the family understand what information is being shared as part of referral to this service, including sharing a link to the privacy notice, so they understand how their information will be respectfully managed</p> <p><i>We recommend the referrer also record verbal permission for their own records</i></p>	<b>Date verbal permission gained:</b>		
	<b>Name and relationship of persons(s) with Parental Responsibility for child(ren) who gave verbal permission:</b>		
<p><b>Permission to refer to the Family Support and Outreach Service</b>          The Family Support Service is commissioned by Staffordshire County Council through external organisations. These organisations are Family Action and Malachi Specialist Family Support Service.</p> <p><b>Using your personal information for the delivery of this service</b></p>			

The information provided on this form will be processed by the organisations providing the service and Staffordshire County Council in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018.

Personal information which you supply to the Family Support and Outreach Service will be shared within relevant Staffordshire County Council departments and our partners who are also involved in supplying a service to you. This is to ensure that you receive the best service available.

These partners can include a range of children’s services including social care, district and borough councils, health, education providers, fire and rescue, police, housing, voluntary and community sector partners.

We will not disclose your information to any partner who is not supplying a service to you or any other organisation unless required to do so by law. If you have any concerns about the planned use of your information, please speak to your Key Worker. For further information on how your information is used, how we maintain the security of your information and your rights to access information, please refer to the Privacy Notice on the link below. The Privacy Notice for the organisation delivering the service to you will be provided to you by your Key Worker.

<https://www.staffordshire.gov.uk/Your-council-and-democracy/Privacy-notice/Privacy-notice.aspx>

**Agreement**

I/We have had the Family Support and Outreach Service explained to us and we agree to the individuals named on this referral form being referred to the Family Support and Outreach Service.

I/We give permission to the Key Workers from the Family Support and Outreach Service to contact other agencies for further information in relation to this support.

I/We agree that information held by the Family Support and Outreach Service and obtained through the referral and assessment process may be shared with relevant agencies or organisations for the purpose of developing and implementing an appropriate support plan. Information may also be shared with outside agencies for the purpose of evaluating the effectiveness of the Family Support and Outreach Service initiative both locally and nationally.

Parent/Carer Print name:.....  
(Person with parental responsibility)

Signature:..... Date: .....

**Thank you for taking the time to complete the information required.  
We aim to respond to all referrals within 5 working days.**

## WITHDRAWAL OF PERMISSION OR EXERCISING A DATA SUBJECT RIGHT UNDER UK-GDPR

If you decide that you no longer wish to work with the service, please complete this section and return it to your keyworker

<b>My families details:</b>			
<b>Surname:</b>		<b>Surname:</b>	
<b>First Name(s):</b>		<b>First Name(s):</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Postcode:</b>		<b>Postcode:</b>	
I no longer wish to receive the service (please circle)			<b>Yes</b> <b>No</b>