**Early Intervention Support Service (Belfast) Request for Support Form**

The Early Intervention Support Service works with families to enable them to make changes through a combination of practical support, parenting programmes, and brief, solution-focused approaches. The aim is to support families to find their own solutions to problems, particularly where there are concerns about children’s welfare.

**Please note if the family has current social service involvement (or in the past 6 months) the referral cannot be accepted.**

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| **Please contact EISS Belfast (028 90 320157) to check eligibility before sending referral.** | | | | | | | | | | | | | | |
| **About the Parent(s)/Carer(s)** | | | | | | | | | | | | | | |
| Name of Person(s) with Parental Responsibility:    Date of birth: | | | | | | | | | | | | | | |
| Relationship to Child/ren: | | | | | | | | | | | | | | |
| Address:  Postcode:  Telephone number: | | | | | | | GP name:  Address:  Telephone number: | | | | | | | |
| **About the child/ren** | | | | | | | | | | | | | | |
| First Name | Surname | | | DOB | Gender | | | | | School | | | Ethnicity | |
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| Current address (if different from above):  Address: Postcode: | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Additional Referrals** | | | | | | | | | | Has a referral been made to any other service or agency including the Family Support Hub for any member(s) of this family?  If **yes** please provide details of additional referrals made in box below incl. dates | | | | Yes | |  | No | Unknown | |  | | | | | | | | | | Has the child/young person previously worked with the social work service?  If **yes** please provide details below incl. dates | | | | Yes | |  | No | Unknown | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Is the child/young person awaiting an assessment e.g. ASD/ADHD/Paediatric/Ed. Psych etc.? If **yes** please provide details below incl. dates | Yes |  | No | Unknown | | | | | | | | | | | **Services currently supporting the family e.g. HV/CAMHS/Surestart/Homestart** | | | | | | | | | | **Service** | **Contact name** | **Agency Address** | **Number** | | **email** | | | | |  |  |  |  | |  | | | | |  |  |  |  | |  | | | | | | | | | | | | | | | | | | |
| **Family composition (please tick as appropriate)** | | | | | | | | | | | | | | |
| One parent family | |  | Two parent family | | |  | |  | | | | | | |
| Home both parents | |  | Home one parent + partner | | | | |  | Home one parent | |  | Unknown | |  |
| Kinship/carer(s) | |  | Guardian | | | | |  | Other Please specify below | | | | |  |
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| **Additional Information** | | | | | | | | | | | | | | |
| Is an interpreter required for child(ren)? Y / N | | | | | | | Which language? | | | | | | | |
| Is an interpreter required for parent/carer(s)? Y / N | | | | | | | Which language? | | | | | | | |
| Does either the carer or child/ren have a disability or other additional support needs e.g. Physical, Learning, Sensory etc.? Please give details: | | | | | | | | | | | | | | |
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| |  |  |  | | --- | --- | --- | | **Reason for request for support (please tick AND highlight reason as appropriate):** | | | | **Child’s Physical Health**  *(Doctor, dentist, healthy lifestyle (diet/exercise etc.), developmental milestones)* |  | | **Parental Well-Being**  *(Stress, depression, anxiety, problems with drugs/alcohol, domestic abuse, mental health, social isolation)* |  | | **Child’s Emotional Needs**  *(Anxiety, depression, self-harm, attachment, bullying social isolation, anger management)* |  | | **Child’s Safety**  *(Protecting children, avoiding accidents, internet safety and abuse)* |  | | **Social Networks**  *(Family, friends, social life, community)* |  | | **Education & Learning**  *(School attendance, homework, learning through play, stimulating activities)* |  | | **Boundaries & Behaviour**  (Difficult, challenging, criminal and anti-social behaviour, appropriate/clear boundaries) |  | | **Family Routine**  *(Bedtime, getting up, meal times, basic care)* |  | | **Home & Money**  *(Paying bills and rent, a secure and adequate home, providing for basic family needs)* |  | | **Progress to Work**  *(Work skills, training, volunteering, new skills, work experience, job hunting)* |  | | **Other reason please state:** |  |   **Brief description of current concerns/issues prompting request for support** | | | | | | | | | | | | | | |
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| **Family/individual views: What is the family/individual hoping to achieve from the request for support?** |
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| **Strengths already existing in the family to help them make the changes?** |
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| **Concerns and or Risks: Are you aware of any concerns and or risks that the EISS should be aware of before contacting or visiting the family/individual e.g. communication difficulties, history of aggression to professionals, domestic abuse etc.** |
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| **About the person completing this form** | | |
| **Name:** | **Telephone number:** |
| **Agency (if applicable):** | **Email:** |
| **Address:** | |
| **Signature:** | **Date:** |

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| **Consent to request for support** | | | |
| Family **MUST** consent to request for support, the request cannot be considered unless signed consent is provided. Sign below to confirm agreement with this request. | | | |
| Name | | Signature | Date |
| **Name of young person (if 12years or over):** | |  |  |
| **Name of young person (if 12years or over):** | |  |  |
| **Name of young person (if 12years or over):** | |  |  |
| **Name of person with parental responsibility:** | |  |  |
| **Name of referrer:** | |  |  |
| **\*Implied consent to request for support** | | | |
| For requests for support made by telephone, the worker who spoke with the family and completed the referral may sign it on behalf of the family. This person must be clear with the family that they have agreed to give consent for support and for the above information to be retained. Families must sign the consent form at their earliest convenience (and before the support service begins).  Sign below to confirm agreement with this request. | | | |
| **Signature of person completing form:** |  | | |
| **Date:** |  | | |

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| **Consent to share information** | |
| I, (INSERT NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree for the information within this form to be shared with (INSERT ORGANISATION/BODY/INDIVIDUAL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Signature of person with parental responsibility:** |  |
| **Date:** |  |

*By signing this request for support form, families give us consent to talk to the person who completed the form and the family support hub coordinator. We will make contact with the family within ten working days of receiving the request and will seek consent to talk to other professionals who are involved with the child / young person as appropriate.*

Please return this form to: [**laura.forte@niacro.co.uk**](mailto:laura.forte@niacro.co.uk) **,** [**eissbelfast@niacro.co.uk**](mailto:eissbelfast@niacro.co.uk)or post to **EISS Belfast, NIACRO, Amelia Street, BT2 7GS.**

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| **Additional information recorded from contact with referrer** |
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