

**Supporting Families Form**

**Return form via email to:** supporting.familiesperformance@torbay.gov.uk

|  |  |
| --- | --- |
| Date of Nomination: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of all adults living at the home address | | | | DOB | | Gender | | | Association e.g. parent |
|  | | | |  | |  | | |  |
|  | | | |  | |  | | |  |
| Names of all children living at the home address | Date of Birth | Gender | Nursery / School / College | | | | | | |
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|  |  |  |  | | | | | | |
| Home Address & Postcode | | | | | | Telephone number | | | |
|  | | | | | |  | | | |
| Name of other involved adults not living at address | Address & Postcode | | | | DOB | | Gender | Association e.g. parent | |
|  |  | | | |  | |  |  | |
|  |  | | | |  | |  |  | |
| Name of person making nomination | Agency | | | | | Contact Details | | | |
|  |  | | | | |  | | | |
| Referring Agency & Partner Agencies currently involved with family (if known): | | | | | | | | | |
| Name | Organisation/Agency | | | | | Contact Details | | | |
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| Consent for information storage and information sharing | |
| I understand that information gathered regarding myself and my family will be used only for the purpose of providing, coordinating and evaluating services provided to my family and I under the Supporting Families Programme.  I agree that information about my family and I 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, DWP, education, housing and social care services and also services that have been obtained locally to coordinate and evaluate the scheme and provide support to families on the programme.  I understand and agree that information about me will be provided to the Ministry for Housing, Communities & Local Government (MHCLG) for research and evaluation of the scheme.  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 / detect a crime. Where the information suggests significant harm to an infant, child or young person local safeguarding children board procedures will be followed and this has been explained to me. Further information can be found at [www.torbay.gov.uk/dataprotection](http://www.torbay.gov.uk/dataprotection) | |
| **Signed Parent/Guardian:** | Print: |
| Date: |

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| **Supporting Families Criteria Checklist –**  Please tick all that apply in the family and put the detail about each area in the sections below | | ✓ | Family Member Name |
| **Health Concerns** | An adult / young person or child requires or is receiving mental health support |  |  |
| An adult / young person or child requires or is receiving support for alcohol or drug misuse |  |  |
| A child under 5 is supported at a Universal Plus level by Health Visiting Services |  |  |
| A child / young person is caring for other individual(s) living in the same property – Young Carers |  |  |
| A child / young person has been assessed as having a Special Educational Need - EHCP |  |  |
| **Education** | A child’s attendance is less than 90% on average across the last 3 consecutive terms. |  |  |
| A child’s attendance is less than 40% on average across the last 3 consecutive terms. |  |  |
| A child has received 3 or more fixed term exclusions in the last 3 consecutive school terms. |  |  |
| A child has had 1 or more permanent exclusions in the last 3 consecutive school terms. |  |  |
| A child has been accessing a part-time education package due to behaviour for longer than ½ term and attendance has been identified as a concern |  |  |
| **Child Who Need Help** | Support is being received or is required at Early Help Level **2** or Targeted Help Level **3** orCIN / CP Level **4** |  |  |
| A child / young person has been reported as missing to the Police |  |  |
| A child / young person has been identified as at risk of Child Sexual Exploitation (CSE) |  |  |
| **Crime and Anti-social behaviour** | An adult /child has committed an offence that resulted in a pre or post court disposal |  |  |
| An adult or child has been identified as involved in anti-social behaviour intervention in the last 12 months |  |  |
| A young person has been identified as involved in gang culture in the last 12 months |  |  |
| An adult is known to Probation Services |  |  |
| **Domestic Abuse** | An adult is currently experiencing Domestic Abuse |  |  |
| An adult has perpetrated an incident of Domestic Abuse in the last 12 months |  |  |
| A family member has been subject to 3 or more Police call outs for Domestic Abuse in the last 12 months. |  |  |
| An adult has historically been a victim of domestic abuse. |  |  |
| An adult or young person has been subjected to historically domestic abuse and this is continuing to negatively impact the family. |  |  |
| **Home and Money** | An adult in the family is claiming any out-of-work / non-working benefits |  |  |
| A young person is at risk of being ‘Not in Employment Education or Training’ (NEET) (age 16-18) and if 19+ NEET for at least a year. |  |  |
| A 16 or 17 year old is at risk of homelessness |  |  |
| The family is at risk of eviction within 56 days. Or A homeless application has been made |  |  |

**Additional Information:** If it is felt that it would be helpful for more information to be provided then please use the box below. Completion of this box is optional.