

# Best Start in Life - Early Help Family Support Referral

*The Best Start in Life programme provides Early Help and Family Support for families with young children from pregnancy up to 5 years of age.*

<b>Date of referral*</b>	DD:MM:YYYY
<b>Referrer details*</b>	Name: Agency Role: Email: Contact Number:

## **A. CONSENT\***

In order to make this referral parents/carers are required to give their consent for information to be shared with other agencies. If your concern is about the child's safety and you have child protection concerns you should contact the Newham MASH on 020 3373 4600 (during office hours Monday to Friday 9am to 5pm) or 020 8430 2000 (outside of these times).

<p><b>Parent/Carer has given consent for this referral to be made and agrees for the referrer to make this request for support.</b>  <i>(Please note that Early Help is not a statutory service and the request will be rejected if parental consent for the referral has not been given)</i></p>	Yes <input type="checkbox"/> Date consent given ..... No <input type="checkbox"/>
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### **D. REASONS FOR REFERRAL\***

(please explain the families current situation and why you are worried. It is important to highlight what support you have already provided to the family, what has been working well and what could be better)

Current situation and concerns:

Support already provided and outcomes:

Working well / could be better:

**Are there other agencies supporting the family e.g. school, nursery, voluntary organisations, children's services, for example:**

Yes  No

If yes please provide details:

### **E. DOES THE FAMILY EXPERIENCE ANY OF LISTED ADDITIONAL FAMILY STRESSORS\***

<b>Additional family stressors</b>	<b>Indicators</b>	<b>Please provide details</b>
<b>1. Crime and Anti-Social Behaviour</b>	<input type="checkbox"/> An adult with parenting responsibilities who has committed a proven offence in the last 12 months <input type="checkbox"/> Child nominated by professionals because their potential crime problem or offending behaviour is of equivalent e.g. Anti Social Behaviour	

<b>2. School Attendance and exclusion</b>	<input type="checkbox"/> Child with low school attendance (below 90% over last 3 terms) <input type="checkbox"/> A child receiving elected home education <input type="checkbox"/> Concerns around child's educational progress and attainment	
<b>3. Children in need of help</b>	<input type="checkbox"/> Child who has been identified as needing an Early Help Plan <input type="checkbox"/> A Child identified with a significant disability or complex health needs	
<b>4. Progress to Work and financial Exclusion</b>	<input type="checkbox"/> An adult in receipt of out of work benefits includes ESA, JSA, Income Support, Incapacity Benefits, Carers Allowance and Severe Disability Allowance <input type="checkbox"/> An adult who is claiming Universal Credit and is subject to work related conditions <input type="checkbox"/> Families nominated by professionals as being at significant risk of financial exclusion <input type="checkbox"/> Child who has not taken up Early Years Entitlement (2 and 3 year old)	
<b>5. Families Affected by domestic violence and abuse</b>	<input type="checkbox"/> An adult or child/young person who is experiencing or is at risk of experiencing domestic violence and abuse <input type="checkbox"/> An adult or child/young person who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months	
<b>6. Parents and children with a range of health problems</b>	<input type="checkbox"/> An adult with mental health problems who has parenting responsibilities <input type="checkbox"/> An adult with parenting responsibilities or a child with drug and/or alcohol problem <input type="checkbox"/> An adult with parenting responsibilities or children who are nominated by professionals as having any social, emotional, developmental, mental or physical health problems or disability. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes	
<b>7. None applicable</b>	<input type="checkbox"/> N/A	

**F. KEY AGENCIES INVOLVED\***

Name	Organisation	Role	Contact Details

**G. SUBMISSION**

Please forward completed referral to: [BSILFamilySupport@newham.gov.uk](mailto:BSILFamilySupport@newham.gov.uk)