**EARLY HELP REQUEST FOR SUPPORT FORM**

**Parent and Family Support Advisor (PFSA) and Team Around the School (TAS)**

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| Agreement must be submitted with this request in line with the General Data Protection Regulation (GDPR).  Requests not completed in full or sent without agreement, may not be considered. |
| **PFSA requests will be discussed at allocation meetings and will be allocated if appropriate.** **Please note, there may be a waiting list to access this support.** |
| **Child/Young Person’s Details** | *Links to EHA Section 1* |
| **Name** | Type child’s name | **School** | Type child’s school |
| **Date of birth** | Select date | **UPN** | Type child’s UPN |
| **Gender** | Gender | **Year group** |  |
| **Main phone** | Type phone number | **Attendance** | 0.0 |
| **Address** | Type child’s address |
| **Strengths and Difficulties Questionnaire (SDQ)***This section MUST be completed for every request* | Emotional problems scale | 0 | Peer problems scale | 0 |
| Conduct problems scale | 0 | Prosocial scale | 0 |
| Hyperactivity scale | 0 | **Total** *(not including prosocial scale)* | 0 |

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| **Type of Request and Requester’s Details**  | *Links to EHA Section 2* |
| **Request Type** | Select which request type you are submitting |
| **Name** | Type your name | **Date** | Select date |
| **Organisation** | Type organisation | **Position** | Type your role/position |
| **Email Address** | Type your email address | **Phone** | Type your phone number |
|  |
| Parent/Carers’ Details | *Links to EHA Section 5* |
| **Parent/Carer 1** | **Parent/Carer 2** |
| **Name** | Type parent’s name | **Name** | Type parent’s name |
| **Relationship** | Type relationship | **Relationship** | Type relationship |
| **Address** | Type parent’s address | **Address** | Type parent’s address |
| **Phone** | Type parent’s phone number | **Phone** | Type parent’s phone number |
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| Additional Children/Young People | *Links to EHA section 4* |
| Are there any additional children/young people within the household? | Yes/No |
| **Child/Young Person 1** | **Child/Young Person 2** |
| **Name** | Type child/young person’s name | **Name** | Type child/young person’s name |
| **Relationship** | Type relationship | **Relationship** | Type relationship |
| **Address** | Type child/young person’s address | **Address** | Type child/young person’s address |
| **School** | Type the name of the child/young person’s school | **School** | Type the name of the child/young person’s school |
| Additional Support Services | *Links to EHA section 6* |
| **Services supporting the family**Select to show current (Y), no (N) or previous (P) involvement of each of the services listed | GP | … | School nurse | … | Paediatrics | … | Counselling | … |
| CAMHS | … | SDAS | … | GRT Liaison | … | Housing | … |
| SIDAS | … | Police/YOT | … | PFSA | … | Level 3 Service | … |
| CSC | … | EWS | … | SEND Team | … | Ed Psych | … |
| Others | List other involved services |
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| Known and Potential Safeguarding and Risk Information | *Links to EHA Section 7e* |
| **This section must be completed, even if there are no concerns. Do not leave boxes blank.**  |
| **Are there any known safeguarding issues?** | Type details of any known safeguarding concerns – STATE IF THERE ARE NONE |
| **Source of information** | Type where this information came from |
| **State any potential risks for staff visiting the family home** | Type any known risks or issues our team members need to be aware of when visiting the family, including pets, visitors, family members and environmental risk factors |
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| Further Request Information | *Links to EHA sections 6 and 7* |
| **Why are you making this request for support?** | Type your reasons for making this request |
| **What support and interventions have already been put into place?** | Type information about previous and existing support. Please include information about home and school, where possible |
| **What support would you like to be put into place?** | Type an outline the specific piece of work you hope to be undertaken  |
| **What outcomes do you hope to see as a result of this support?** | Type specific, measurable outcomes you would hope to see as a result of this request being submitted |
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| Early Help Assessment |
| **Has an Early Help Assessment (EHA) been completed for this person?***If an EHA has been completed, please attach it to this request* | Yes/No |
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| **Each section of this form has been linked to the Early Help Assessment (EHA)**If an EHA needs to be completed following the completion of this request, information from this form can be copied into the relevant sections of the EHA |

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| **SDQ Tool**Please make use of this embedded SDQ tool (right), which will automatically generate the scores needed for the SDQ section on page one of this form. Answer all of the questions to generate the results. This should take no more than five minutes.  |  |

**EARLY HELP REQUEST AGREEMENT FORM**

**Parent and Family Support Advisor (PFSA) and Team Around the School (TAS)**

Your agreement will enable us to offer you the most appropriate support for you and your family, this will involve sharing your details with other agencies such as, schools, health services, education support services and Somerset County Council, as well as many others. We will inform you of how your data will be shared as we work with you.

Any information that is gathered, recorded and shared about you and your family, will be done in accordance with your rights under Data Protection. You have the right to ask the practitioner completing this request for a copy of your data. You may also have the right to rectify or erase your personal data, and the right to object to processing, please speak to the practitioner if you have any concerns. However, these rights are only applicable if the school has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

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| This agreement includes the following family members and support processes |
| **Parents/carers** | Type parent/carers’ names |
| **Children***Include dates of birth for all children* | Type children’s names |
| **Support processes** | **PFSA request (tick)** |[ ]  **TAS request (tick)** |[ ]
|  |
| Written Agreement  |
| **Signed (parent)** |  | **Date** |  |
| **Signed (requester)** |  | **Date** |  |
| - or - |
| **Verbal Agreement** |
| I, type your name and position, have discussed the information in this request for support with type parent/carer’s name on select date and can confirm that they have agreed to this request being submitted. I also confirm that I have made them aware of the information in this form and that they agree to it’s terms. |

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| Practitioner use only – TAS requests |
| If this request is for TAS with regards to attendance issues for a young person, you need to discuss this with the child/young person and parent/carer. If you have not gained agreement and completed one of the sections above, you must be transparent with the family and inform them that you will still be discussing their child/young person’s attendance issues at TAS.Please tick here to evidence that you have informed the family [ ]  |