Family Innovation Fund-**X**tra



**The current Family Innovation Fund (FIF)** is a range of established services for Children, Young People and Parents/Carers with low level needs that cannot be supported by services such as Schools, and GPs alone. FIF provides that little bit of extra help to support children, young people and parents/carers.

* **Understanding Coronavirus**
* **Managing and coping with change**
* **Separation and loss**
* **Managing and coping with anxiety**
* **Healthy family relationships**
* **Staying active and curious**

**FIF-Xtra** services have been set up so there is even more help available during this time, online and via telephone, to support children, young people and their families who are experiencing the effects of the COVID-19 pandemic.

This support is strictly for those who are not open to specialist or statutory services such as social care or mental health services. Children aged 0-19 (up to 25 with special educational needs and learning disabilities) and their parents/carers can access support; either individually, in groups, as a couple or the whole family.

To make a referral please look below at the different services below to see which can best meet the needs of those you are referring. If a family has more than one need, the organisation you do call will be able to help get the right support for everyone.

All these services offer one to one, group work, family work and support for parents to manage their children’s behaviour or who are struggling with their relationship whether together or not.

**Renew Counselling** are an experienced and accredited counselling service for all ages. Appointments available: Monday – Friday 10am – 5pm and Monday-Thursday 5pm-8pm. Saturdays by appointment.

[**www.renew-us.org**](http://www.renew-us.org)

**Contact us on 01245 359353**

[**hilary@renew-us.org**](mailto:hilary@renew-us.org)

**Wilderness Foundation** offer counselling and therapeutic support and may bring nature, art and other practical & creative tools into sessions. Appointments available: Monday -Friday 9am-5pm. Evenings & weekends by appointment. [**www.wildernessfoundation.org.uk**](http://www.wildernessfoundation.org.uk)

**Contact us on 0300 1233073**

[**info@wildernessfoundation.org.uk**](mailto:info@wildernessfoundation.org.uk)

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**Evolve Intervention** offer coaching and mentoring to enable people to support themselves.

Appointments available: Monday -Friday 9am to 6pm. Some evenings and Saturdays by appointment only.

[**www.evolve-intervention.com**](http://www.evolve-intervention.com)

**Contact us on 01245 526069**

[**info@evolve-intervention.com**](mailto:info@evolve-intervention.com)**​**

**YMCA** Family Support team are here to help young people and families to identify beneficial strategies and solutions.

Appointments: Monday – Friday 9am- 5pm

Evenings and Saturdays agreed by appointment.

[**www.ymcaessex.org.uk**](http://www.ymcaessex.org.uk) **Contact us on**

[**sarah.daniels@ymcachelmsford.org.uk**](mailto:sarah.daniels@ymcachelmsford.org.uk)

**01245 355677**

**Open Door** offer a wealth of experience including coaching, counselling, and mediation. Appointments available: Monday-Thursday 9am-7pm, Friday 9am-5pm. Saturday and Sunday by appointment. [**www.opendoorthurrock.org**](http://www.opendoorthurrock.org)

**Contact us on 01375 390040.**

[**Fifxtra@opendoorservices.org**](mailto:Fifxtra@opendoorservices.org)

**Relate** are specialists in offering accredited mediation and counselling.

Appointments available: Monday- Friday 9am-9pm and 9am-5pm on Saturdays.

[**www.relatelnene.org.uk**](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.relatelnene.org.uk%2F&data=02%7C01%7C%7Cd77b7be91f82401d855508d808882d34%7Ca8b4324f155c4215a0f17ed8cc9a992f%7C0%7C0%7C637268728259581014&sdata=KUfFOGeVPs7LdmAHro7irbxy9JFts6dIJ%2BXOtyqJy7E%3D&reserved=0)

**Contact us on 01245 676930 or 01708 441722**

[**enquiries@relatelnee.org.uk**](mailto:enquiries@relatelnee.org.uk)

**Section 1 - Referrer details**

|  |  |
| --- | --- |
| **Name of person completing this form** |  |
| **Organisation (if applicable)** |  |
| **Do you have consent from the service user to share their information in this form?** |  |
| **Contact Telephone** |  |
| **Contact Email** |  |
| **Best time to contact** |  |
| **Alternative contact** |  |
| **Date of referral** |  |
| **How did you hear about FiF-Xtra Services** |  |

**Section – 2 - Person being referred**

|  |
| --- |
| (Office use only)  **Family ID:** |
| (Office use only)  **Individual IDs:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First name of person being referred** | **Surname** | **Date of birth** | **Gender** | **Ethnicity** | **School/education or workplace** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Name of main family contact** |  |
| **Relationship to person referred**  **(if different)** |  |
| **Signature of main family contact** |  |
| **Contact telephone numbers** |  |
| **Young person contact (if over 13)** |  |
| **Family address:** |  |
| **Postcode:** |  |
| **Email address:** |  |
| |  | | --- | | **If referring a child or young person:** | | Does the young person have an Education, Health and Care (EHC) Plan? **Please tick box** | | I confirm that the young person is not already being supported by specialist and/or statutory  services, for example social care, family solutions, EMHWS. **Please tick box** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other family members** | | | |
| **First Name** | **Surname** | **Age** | **Relationship or Role** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Are there any disability of learning needs to be considered for the person/s being referred** | |  | |
| **Are there any heritage, cultural or religious needs (including language) to be considered for the person/s being referred** | |  | |
| **If a young person, are they in receipt of free school meals/pupil premium?** | |  | |

**Section - 3 - Reason for referral and request being made**

|  |
| --- |
| **Please indicate the issue(s) causing you or the person(s) being referred and some details about those concerns** |
|  |
| **Please tell us what has been done to address these issues leading up to this request** |
|  |
| **Please tell us about other help that is in place now or has been in the past to address this issue** |
|  |
| **What is the family/individual/couple hoping to achieve from the request** |
|  |
| **Concerns and/or risks:** Are you aware of any concerns and/or risks that workers should know about before contacting or visiting the family/individual: |
|  |

|  |  |  |
| --- | --- | --- |
| Office use only |  |  |
| For declined or signposted requests | √ | Comments |
| Does not deliver against the need identified |  |  |
| Should be met by level 1 universal services |  |  |
| Should be met by level 3 intensive services |  |  |
| Should be met by level 4 intensive services |  |  |
| For accepted requests – met criteria |  |  |

|  |  |  |
| --- | --- | --- |
| **Section – 4 – Agreement to access and share information**  **This section should be signed by the service user if they are over 13, or by a family member with parental responsibility** | | |
| Please read the **‘INFORMATION SHEET – Request for Early Help Support’** section carefully and then sign and date this form. If you have concerns please discuss them with the person working with you. You can note any limit/restrictions to information you do not wish to be shared in the box if appropriate. | | |
| **I have read and understand the information sheet or have had this explained to me.**  **Please tick box** | | |
| **Please indicate if you have any restrictions on which services we can share your information with? (tick box)**  **No restrictions Restricted** (detail in the next sections) | | |
| **Please describe the specific information I do not want to be shared and who this should not be shared with:** | | |
| **Signed by the service user if over 13** | | |
| **Name** | **Signature** | **Date** |
|  |  |  |
| **Signed by a family member with parental responsibility** | | |
| **Name** | **Signature** | **Date** |
|  |  |  |
| **For the Referrer/Provider**  Is the person able to understand why their information may be shared and are they able to make a decision on this basis? (Please tick and complete A or B or C below).  **A) YES and I have explained to the person/their representative using the attached information sheet.**  **B) I am unable to judge this and have referred this matter to**  **C) No, because** | | |

**INFORMATION SHEET – Request for Early Help Support (THIS SECTION TO BE LEFT WITH THE FAMILY)**

**Section - 5 - Frequently Asked Questions about Information Sharing**

**Why we collect personal information –** As a commissioned provider we are collecting the information in this form on behalf of Essex County Council (ECC) in order to provide you with an early help support service. We may share the information in this form with other agencies in order to provide a service to you and to help make a decision about this referral so that you receive the right support. This could include: School, GP, Social Care, CAMHS, Early Help Hub, Child and Family Wellbeing Service and Voluntary Services. ECC will also use the information to help evidence the effectiveness of the service during and after your involvement.

**Why we share personal information -** Sharing personal information helps us to work together to support children, young people and their families and carers. But, it is important to remember that if you don’t let us share your information, this could delay or prevent you from getting the help you need.

# I choose what personal information is shared about me - Most of the time we will tell you what information we might need to pass on and who we need to pass it on to. The types of information to be processed may include: Name, Date of Birth, Gender, Address, contact numbers and relevant information to inform assessment. If there is something that you don’t want us to pass on about you then we won’t. Please tell the person working with you.

Sometimes we have to share personal information about you without asking your permission, for example:

* If we are worried about the safety of a child, young person or vulnerable adult;
* If we think that a crime may be prevented or found out by sharing it; or
* If a court order is made in criminal or legal cases

# I say no

* You can ask us not to pass your personal information to anyone else at any time
* You can say no at first. You can always change your mind later on
* Or if you say yes you can also change your mind later on. To withdraw consent, email FIF@essex.gov.uk

If you say no to the sharing of information please be aware that it might result in a reduction of services being available.The benefits of sharing your personal information are:

* It will help us make sure that you get the right sort of help
* You can quickly find out about the different types of help available to you
* You won’t be asked for the same information lots of times

# How we share personal information - Some organisations in Essex such as Essex County Council, Health, Police and Education have signed up to the Whole Essex Information Sharing Framework (WEISF). All organisations must comply with the law when sharing personal information irrespective of whether they have signed up to WEISF but the framework does provide consistency and a recognised brand with agreed protocols for specific sharing arrangements. To find out more please visit <https://weisf.essex.gov.uk> You can see what is on your record - if you want to check your own record or talk to someone about how safe and confidential your personal information is, please talk to the person working with you. For further Information - if you would like further information about how Essex County Council uses your information please go to [www.essex.gov.uk/privacy](http://www.essex.gov.uk/privacy) or call 03457 430430, or you would like to action on of your rights under the General Data Protection Regulations (GDPR) then email our Data Protection Officer at [DPO@essex.gov.uk](mailto:DPO@essex.gov.uk).