

Registration of Early Help support

Please return completed forms to: Early.Help@stoke.gov.uk



| Family details | | | | | | | |
|----------------|---------------------------|--------|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Full Name | Date of Birth or estimate | Gender | Address (including postcode) | Relationship e.g. mum, dad, sibling | Disability | Parental responsibility | Young carer |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Consent / Information Sharing <i>(Consent must always be sought from parent/carer/young person)</i> | | |
|---|-----|----|
| Has the family given consent to early help support? | Yes | No |
| Does the carer or the child/young person agree to the sharing of information as per the Early Help privacy notice: https://www.stoke.gov.uk/directory_record/333387/early_help/category/392/children_and_families | Yes | No |

| Scope of support | | | | |
|--|---|--|--|---|
| 1. My children's health <input type="checkbox"/> | 2. How I feel <input type="checkbox"/> | 3. My children's emotions <input type="checkbox"/> | 4. Keeping my children safe <input type="checkbox"/> | 5. Friends and community <input type="checkbox"/> |
| 6. My children's learning <input type="checkbox"/> | 7. My children's behaviour <input type="checkbox"/> | 8. Our family routine <input type="checkbox"/> | 9. Home and money <input type="checkbox"/> | 10. Work <input type="checkbox"/> |

| Early Help Lead | | | | | |
|------------------------|--------------|---------------|-------------------|------------------------|--------------------|
| Person leading support | Organisation | Contact email | Contact telephone | Date support commenced | Date support ended |
| | | | | | |

Closure of Early Help support

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| Closure Outcome | | | |
|--|--|--|--------------------------|
| Outcome with context | | | |
| <i>Please choose one and hover over for more information</i> | | | |
| <input type="checkbox"/> | Case closed - progress made against some but not all issues: | Family moved out of area: | <input type="checkbox"/> |
| <input type="checkbox"/> | Case closed - sustained progress made against all issues: | Stepped up to Children's Social Care due to increased risk: | <input type="checkbox"/> |
| <input type="checkbox"/> | Consent withdrawn at assessment stage: | Stepped up to Supporting families due to additional support needs: | <input type="checkbox"/> |
| <input type="checkbox"/> | Consent withdrawn during meeting cycle: | | |

| Scope of support | | |
|-----------------------------|-------------------------------------|---|
| Outcome Star area of need | Summary of progress/work undertaken | Outcomes achieved, Impact on child / child's view |
| 1. My children's health | | |
| 2. How I feel | | |
| 3. My children's emotions | | |
| 4. Keeping my children safe | | |
| 5. Friends and community | | |
| 6. My children's learning | | |
| 7. My children's behaviour | | |
| 8. Our family routine | | |
| 9. Home and money | | |
| 10. Work | | |