**Our Family Agreement**

**How we will work together**

If you are a professional, please ensure that you have considered the Threshold guidance and that you believe the family require support at levels 1 or 2.  If you believe that there are safeguarding concerns, then you must submit a Safeguarding referral.

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| Our aim is to build good relationships with you and your family so that we can work together in the best way possible. We will always be respectful, open, honest, show compassion and understanding. We aim to ask lots of questions of everyone who knows your child well so we can get a good understanding of family life. This will help us to support you towards your goals. Your child's wellbeing will always come first. We will always listen to what is important to them and make efforts to include them in the work we do together every step of the way.  Before we start working together written consent must be given. All parents/carers who have parental responsibility for any of the children whether they live in the family home or not must be asked for consent to work with Early Help (unless there are any safeguarding worries or domestic violence that means that this is not appropriate) Any older siblings who agree to be part of the plan will also need to complete this form.  No person can sign to give consent for another person aged over 18 years of age.  You will also be given a copy of the Together for Children *Privacy Notice* alongside this form*.* | | | |
| Family Name |  | | |
| Primary family address |  | Phone number of parent / primary carer |  |
| Email of parent / primary carer |  |

**Who lives in the family home?**

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| Last Name | First Name | Relationship to child | Gender | Date of birth or expected date of delivery | Language / Ethnicity | Disabilities / Special educational needs | Religion |
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No-one wants professionals in their lives forever, which is why a support network made up of people you trust is so important. They will be able to follow your plan and help out at tough times when Early Help aren't there anymore. This creates long-term well-being for children growing up.

**Please let us know about any important adults to you and the child(ren) including parents/carers who live in a different house.**

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| Last Name | First Name | Relationship to child | Gender | Date of birth or expected date of delivery | Language / Ethnicity | Disabilities / additional needs | Religion |
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**Are any other professionals helping the family**

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| Name | Agency | Position | Contact Number | Email |
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| What is the child or young person worried about? What is the family / support network worried about? What are professionals worried about? Has this happened before? How has it been? How has it affected the child? |
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| What does the child or young person think is working well? What does the family / support network think is working well? What do the professionals think is working well? What do the family do that keep the child(ren) happy, healthy and well? |
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| Where would you scale the situation now on a scale of 0-10 where 10 means that the child, young person and family have all the support they need and 0 means that the family don’t have any support in place and things could get worse for the child, young person and family. |
| **Professionals Scale:**  **What are the reasons you chose that number?**  **What would improve it by 1?**  **Family Scale:**  **What are the reasons you chose that number?**  **What would improve it by 1?** |

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| What needs to happen to get you to a 10? |
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| **Consent**  **Before we start working together written consent must be given.** | | | | | | | |
| Your consent is required so that:   * you and your family can access support from the Early Help service. * information can be exchanged between agencies to ensure you and your family receive the right level of support from specialist services\* * checks can be carried out to assess whether you and your family are eligible for funding and support (such as benefits and grants) * staff can deliver services safely. * during and following your support we may contact you for feedback to ensure you are receiving / have received a high quality of support for you and your children.   ***\*Information will only be shared on a need-to-know basis.*** *Early Help is one of the ways in which we deliver the Supporting Families programme in Sunderland. The professional filling in this Registration and Consent form with you must give you a copy of our* ***Privacy******Notice*** *which explains how we will use the information we hold on you and the range of agencies with which we may want to share your information to ensure the best service for you.*  *Please* ***tick here*** *to confirm that you have received a copy of the privacy notice.* | | | | | | | |
| Are there any agencies you do not want us to share information with? | | | Yes |  | | No |  |
| List agencies below *(we have legal duty to share information where there is risk of harm)* | | | | | | | |
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| **Parent / Carer:**  **By signing you consent to the above statement on behalf of yourself and your family** | | | | | | | |
| Relationship to child(ren) |  | Print Name & Sign | |  | Date | | |
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| \*\* Not including parents/carers living outside the family home. A separate form for parents/carers living apart from the family must be completed in order for them to be part of the Early Help plan. | | | | | | | |
| **Current Early Help Lead: By signing you agree to complete the Your Family Plan document if appropriate** | | | | | | | |
| Signature |  | Print Name | |  | Date | | |
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| **If you are the Early Help Co-ordinator- Next Steps**   * Provide the family with a copy of the Your Family Agreement and the Privacy Notice * Partner agencies submit signed forms to [EHAAT@togetherforchildren.org](mailto:EHAAT@togetherforchildren.org).uk Unsigned forms will be returned. * Follow your Early Help process and complete the Your Family Plan document | | | | | | | |
| * Once the Your Family Plan document is complete share this with all family / network members and professional and arrange a Your Family Plan Meeting. * During the meeting complete the plan and agree the Early Help Lead | | | | | | | |