



# The North East and North Cumbria Keyworking Service



Our Keyworkers support children and young people who have a learning disability or who are autistic and have the most complex needs.



We work with people aged 4-25 who get help in a mental health hospital or who might need help in a mental health hospital.



This form tells you what we can do to help you.

We also use this form to ask if it is ok for us to contact you.

# Our keyworkers will



- ✓ Be a main contact for you and your family.



- ✓ Make sure local services work together to meet your needs and the needs of your family.



- ✓ Work with others to get the right support for you at the right time.



- ✓ Help you understand any reasons why you might not get the right support.



✓ Work with you and others to stop you going in to a mental health hospital.



✓ Help you leave as quickly as possible if you do go into a mental health hospital.



✓ Make sure you and your family have a plan that works best for you.



✓ Carry on working with you and your family if you move to adult services.



[Click here](#) to find more information online about the service in the North East and North Cumbria. Use [this link](#) to find more information from NHS England.



Please tell us on the next page if it is ok for a keyworker to contact you.



If you do not want a keyworker to contact you, you can ask again at any time. Contact your named lead worker or your local Dynamic Support Register.



We will still give you the chance to get support from a Keyworker at any future Care, Education and Treatment reviews (CETR).

# Consent



I have been told that when my name is put on the Dynamic Support Register, I and/or my family can get help from the Keyworker service.



I am happy for someone from the Keyworker service to contact me and talk about how the service can support me and/or my family.



My name:



Sign here if you are age 16 or over:



Please write your phone number here:



Please write your email address here:



If you are under 16, please ask your parent or carer to fill this in:

Name of parent or carer:

Signature of parent or carer:

Relationship to young person: