**FSPS Referral Form and Checklist**

This referral checklist is to help you assess the suitability of a referral for a whole family to the Family Support & Play Service. This is an Early Help Service for families where there are additional or high needs. **This is not a crisis intervention service.**

**Suitability**

You must answer ‘yes’ to all three suitability questions below to proceed with this referral. Please tick the check boxes to confirm.

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| Does the family live in Bath and North East Somerset and do they have children aged 5 to 19 years living with them? | [ ]  |
| Have the family understood and consented to this referral? | [ ]  |
| Are the family at a point where you feel they are ready to make changes? | [ ]  |

**Referral Priority Groups**

The family **must meet at least FOUR of the 10 priority groups below to be eligible** for support from the Family Support & Play Service. Please tick the check boxes next to the criteria questions to indicate which are applicable to the family.

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| **Family affected by trauma e.g. Adverse Childhood Experiences:** *Please tick all that apply below and give detail.* | [ ]  |
| [ ]  Parent/carer lived with someone who abused substances.[ ]  Child/ren lived with someone who abused substances.[ ]  Parent/carer exposed to physical, sexual, emotional or domestic abuse as a child.[ ]  Child/ren have been exposed to physical, sexual, emotional or domestic abuse.[ ]  Parent/carer experienced living with someone who went to prison.[ ]  Child/ren/ experienced living with someone who went to prison.[ ]  Parent/carer experienced living with someone with serious mental health issues.[ ]  Child/ren experienced living with someone with serious mental health issues.[ ]  Parent/carer experienced losing a parent through divorce, death or abandonment.[ ]  Child/ren experienced losing a parent through divorce, death or abandonment. |
| Please provide detail here: |
| **Family affected by domestic abuse:***Please tick all that apply below and give detail.* | [ ]  |
| [ ]  Parent/carer has historically been a victim of domestic abuse.[ ]  Child/ren have historically been a victim of domestic abuse.[ ]  Parent/carer is currently a victim of domestic abuse.[ ]  Child/ren are currently victims of domestic abuse.[ ]  There are protective orders in place, e.g. non molestation or restraining orders.[ ]  There are child contact arrangements in place. |
| Please provide detail here: |
| **Family Relationship difficulties:***Please tick all that apply below and give detail.* | [ ]  |
| [ ]  Risk of family breakdown.[ ]  Parent-child relationship difficulties[ ]  Parenting relationship difficulties. I.e., between carers[ ]  Child/ren relationship difficulties – E.g., Violence, intimidation between siblings[ ]  Attachment disorders  |
| Please provide detail here: |
| **Physical health difficulties:** *Please tick all that apply below and give detail.* | [ ]  |
| [ ]  Parent/Carer has a disability.[ ]  Child/ren has a disability.[ ]  Parent/Carer suffers with a chronic illness.[ ]  Child/ren suffers with a chronic illness. |
| Please provide detail here: |
| **Mental health difficulties**: *Please tick all that apply below and give detail.* | [ ]  |
| [ ]  Parent/Carer has a diagnosed mental health condition.eg. Anxiety, depression[ ]  Parent/Carer has a self-reported mental health condition.[ ]  Child/ren have a diagnosed mental health condition.[ ]  Child/ren have a self-reported mental health condition. |
| Please provide detail here: |
| **Family affected by substance misuse:** *Please tick all that apply below and give detail.* | [ ]  |
| [ ]  Parent/Carer currently has/ history of alcohol misuse.[ ]  Parent/Carer currently has/ history of drug misuse. [ ]  Young person currently has/ history of alcohol misuse.[ ]  Young person currently has/ history of drug misuse. |
| Please provide detail here: |
| **Education or SEN needs:** *Please tick all that apply below and give detail.* | [ ]  |
| [ ]  Issues with attendance. [ ]  Young person is NEET or at risk of. [ ]  Child is at risk of exclusion from school or has been excluded in the past.[ ]  Additional physical needs.[ ]  Additional emotional needs.[ ]  Autistic Spectrum Condition (ASC)[ ]  ADHD/ ADD[ ]  Physical behaviour issues.[ ]  Emotional behaviour issues.[ ]  Attachment disorders.[ ]  Is there an active EHCP *– please specify which child below.*  |
| Please provide detail here: |
| **Risk of abuse or exploitation:** (*A child or young person where there is a risk of neglect or emotionally, physically, sexually abuse? Child at risk of pre-criminal activity/exploitation? County Lines? Radicalisation? Child experience harm form bullying/on-line harassment/ sexual harassment?)* | [ ]  |
| [ ]  Child/ren are at risk of neglect.[ ]  Child/ren are at risk of emotional, physical, or sexual abuse/ exploitation.[ ]  Child/ren are at risk from County Lines gangs.[ ]  Child/ren are at risk of radicalisation.[ ]  Child/ren is experiencing harm from bullying/on-line harassment/sexual harassment. |
| Please provide detail here: |
| **Family member at risk of offending behaviour, past or present:***(A child / young person at risk of crime including gangs, large groups, serious violence, and weapon carrying, or involved in harmful risk-taking behaviour. Parent involved with crime or criminal activity)* | [ ]  |
| [ ]  Parent/Carer is involved in crime or criminal activity.[ ]  Parent/Carer is a vulnerable adult and at risk from gangs, violence, or cuckooing. [ ]  Child/ren are exposed to criminal activity.[ ]  Parent/ Carer has currently/ historically been in prison. |
| Please provide detail here: |
| **Financial instability:** | [ ]  |
| [ ]  The family has had to access support from foodbanks within the last 3 months.[ ]  Experiencing fuel poverty[ ]  Family at risk of eviction from their home[ ]  Family require support with finances/ have unmanageable debt.[ ]  Parent/ carer out of work/ long term employed |
| Please provide detail here: |

The referral will only be accepted if **all the suitability questions** and **4 or more of the referral priority group questions** are checked.

You will then need to complete the rest of the Family Support and Play Service referral form (below) before sending on to Southside for consideration.

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| **Referrer Details** |
| **Date of referral:** |  |
| **Referrer name:** |  |
| **Organisation and job title:** |  |
| **Work address:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **If you are referring from Childrens Social Care, please tick one of the check boxes to whether this is:** | Referral from duty for early help |[ ]
|  | Step down |[ ]
|  | Joint working: CPP |[ ]
|  | Joint working: CIN |[ ]
|  | Joint working: LAC |[ ]

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| **Family’s details** |
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| **Parent/Carer name(s):** |  |
| **Date of birth(s)** |  |
| **Gender Identity(s):** |  |
| **Address:** |  |
| **Contact phone number:** |  |
| **Contact email address:** |  |
| **Who has parental rights:** *Are all parents/carers aware of this referral?*  |  |
| **Marital Status:** |  |
| **Housing Status:** |  |
| **Employment/Financial status(s):** |  |
| **How would you describe your sexuality?** |  |
| **Ethnicity(s):** |  |
| **Language(s)spoken-** is a translator required? |  |
| **What is your religion, if any?** |  |
| **Child name:** | **D.O.B** | **Gender Identity** | **Ethnicity** | **School/Nursery** |
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| **GP surgery for the family:** |  |
| **Is anyone in the household currently pregnant?** | YES/NO  | If yes, due date: |
| **Is there a: EHCP/EHA** |  |

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| **Reason for referral:**  |
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| **Childs/ young person’s view of this referral:** |
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| **Parents/ carers view of this referral:** |
|  |

**Consent**

Please ensure that you have consent for this referral to the Family Support and Play Service from the parent/carer, and that they consent to their information being stored on Southside’s database. Please note that some personal information stored may be shared with Bath & North East Somerset (B&NES) Council Commissioners before we complete an assessment with the family and Information Sharing consent form is signed.

|  |  |
| --- | --- |
| **Signature consent of parent/ carer:** |  |
|  |  |
| **Verbal consent obtained:** | Please tick: Parent [ ]  Young person [ ]  |

For confidentiality purposes, when emailing completed referral forms please **password protect** the document before returning it to us, and then call our office on **01225 331243** and pass the credentials onto a member of our Business Support team. They will then process the referral for you.

Address: Southside

Meade house

Wedgwood Rd

Bath BA2 1QN

Email: referrals@south-side.org.uk

Tel: 01225 331243