**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:** |
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**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.

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| **Signature consent of parent/ carer:** |  |
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| **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