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| **Connecting Families Team** **Referral Form**  |   |

The Connecting Families Team supports families with multiple needs to make positive change. We work with all family members who are ready to make positive changes by offering support and encouragement. The team will develop new ways of working by co-ordinating local services to work together with all family members to meet their individual needs.

Please ensure that the family understand that this referral will be discussed at the Early Help Allocation Panel (EHAP) so if Connecting Families Team has no capacity at this time, or the panel believe that there is a more suitable service, they may be allocated to that service instead.

If you prefer, you can complete an online form that goes direct to EHAP <https://beta.bathnes.gov.uk/report-concern-about-child>. This is the same link as the Request for Service form which you complete if you have any safeguarding concerns. If you are unsure about the threshold around social care / early help interventions, please read the Threshold document at <https://bcssp.bathnes.gov.uk/sites/default/files/2022-06/Thresholds_in_BANES.pdf>and have a conversation with your line manager.

If you complete this referral form, you will receive an acknowledgment of your referral and the date of the next EHAP within 5 working days of receipt of receiving the form. You will be notified of the outcome within 5 working days of the EHAP, these are normally held every 2 weeks throughout the year (in the summer holiday and during Christmas periods dates may be slightly adjusted).

**Note for All BANES Social Workers –** if you are considering a step-down to Connecting Families, please contact Marie Porter (marie\_porter@bathnes.gov.uk or 01225 396809 / 07887 213495) for a consultation prior to completing a referral.

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| **Referrer’s information** |
| **Your Name** |  | **Job Title**  |  | **Service/Agency** |  |
| **Your role within the family** |  | **Please state if you are the Lead Practitioner at present** |  |
| **Contact Details:****Address, email, and telephone number(s)** |  |
| Please note your email address will be used to contact you, if secure. |

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| **Family’s details** (please ensure that you have consent, all family members are willing to engage and that the family live in the BANES area before completing).  |
| **Family Name** |  |
| Family’s address and postcode |  |
| Family’s contact telephone number(s) |  |
| Who holds parental responsibility? |  |

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| Name (All family members living in household) | Gender | DOB | Age | Relationship | Ethnicity  |
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**Connecting Families is funded by the Governments Supporting Families programme for more details open the link below:**

<https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025>

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| **Connecting Families Criteria**The family must meet **at least 3** of the new headlines e.g., getting a good education, improve family relationships and safe from domestic abuse. Please put a cross in the box next to all criteria that the family meets and give details of the current concerns and the name of the family member it involves in the box below:  |
| 1. | **Getting a good education**  |
| 1.1 | A child / young person’s school attendance is less than 90% for 2 consecutive terms (6 months). If known, please tell us the percentage attended in the last 6 months. |[ ]
| 1.2 | A child / young person’s school attendance is less than 50% attendance, unauthorised and authorised, for 2 consecutive terms (6 months). |[ ]
| 1.3 | A child / young person is not participating or engaging with education. For example, has been excluded from school, has behavioural difficulties, is missing from education, is on a part time timetable, is in an alternative education provision, you have concerns around suitability of Elective Home Education, a young person (16+) is not on a school roll and not receiving an education, or is at risk of being not in Education, Employment or Training (NEET) |[ ]
| 1.4 | A child / young person has SEN / disability or additional needs / EHCP where their needs are not being met. |[ ]
| **If yes to any of the above, please state more detail here:** |
| 2 | **Good Early Years Development** |
| 2.1 | You have concerns about an expectant or new parent/carer who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs) |[ ]
| 2.2 | A child’s (0-5 years) physical health needs are not being met, immunisations are not up to date, has accidental injuries, is not registered with a GP and/or dentist, has poor dental hygiene. |[ ]
| 2.3 | A child’s (0-5 years) developmental needs are not being met (e.g., communication skills/speech and language, problem-solving, school readiness, personal social and emotional development) |[ ]
| **If yes to any of the above, please state more detail here:** |
| 3 | **Improve mental and physical health** |
| 3.1 | The baby / child or young person needs support with their mental health / emotional health. Please tell us about any self-harming.  |[ ]
| 3.2 | The adult or carer needs support with their mental health / emotional health. Please tell us about any self-harming. |[ ]
| 3.3 | The child and/or parent/carer require support with learning disabilities, those with Neurodiverse conditions such as ADHD, Autism, Dyspraxia, Dyslexia, Dyscalculia, Dysgraphia, and Tourette's syndrome and/or physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations).  |[ ]
| **If yes to any of the above, please state more detail here:** |
| 4 | **Promoting recovery and reducing harm from substance use**  |  |
| 4.1 | The adult / carer has a drug or alcohol concern / issue. |[ ]
| 4.2 | The child / young person has a drug or alcohol concern / issue. |[ ]
| **If yes to any of the above, please state more detail here:** |
| 5 | **Improve family relationships**  |
| 5.1 | Theparent / carer requires parenting support |[ ]
| 5.2 | The parent / carer is displaying harmful levels of parental conflict i.e., when it is frequent, intense, or poorly resolved. |[ ]
| 5.3 | Ayoung person / child is abusive to family members,demonstrates behaviour that causes challenges in the home. |[ ]
| 5.4 | Unsupported young carer / or caring circumstances have changed, requiring additional support. |[ ]
| **If yes to any of the above, please state more detail here:** |
| 6 | **Children safe from abuse and exploitation** |
| 6.1 | A child or young person who is emotionally, physically, sexually abused and / or neglected (current or historic) within the household.  |[ ]
| 6.2 | A child or young person going missing from the home or from care. |[ ]
| 6.3 | A child or young person identified as at risk of, or experiencing, Child Sexual Exploitation (CSE).  |[ ]
| 6.4 | A child/young person identified as at risk of, or experiencing, criminal or pre-criminal, exploitation e.g., County Lines. |[ ]
| 6.5 | A child/young person experiencing harm outside of the family e.g., child on child abuse (formerly known as peer on peer abuse), bullying / online harassment, sexual harassment /offences. |[ ]
| 6.6 | A child or young person who is identified as at risk of or being affected by radicalisation. |[ ]
| **If yes to any of the above, please state more detail here:****Has a SERAF been completed? If not, please follow the link below and attach if permission is given.** [**https://bcssp.bathnes.gov.uk/sites/default/files/2020-09/cse\_seraf\_risk\_assessment.docx**](https://bcssp.bathnes.gov.uk/sites/default/files/2020-09/cse_seraf_risk_assessment.docx) |  |
| 7 | **Crime prevention and tackling crime** |
| 7.1 | An adult (18+) involved in crime and or ASB (with at least 1 offence / named as a suspect /arrested and / or has been involved in ASB incident) in the last 12 months. |[ ]
| 7.2 | A child / young person (under 18) at risk of crime including gangs, large groups, serious violence, and weapon carrying, or involved in harmful risk-taking behaviour. |[ ]
| 7.3 | A child / young person (under 18) involved in crime and / or ASB (with at least 1 offence / named as a suspect /arrested and / or has been involved in ASB incident) in the last 12 months. |[ ]
| **If yes to any of the above, please state more detail here: (you may wish to mention parental imprisonment)** |
| 8 | **Safe from Domestic Abuse** |  |
| 8.1 | A family affected by domestic abuse or interpersonal violence and abuse (recent / historic) or as a victim.  |[ ]
| 8.2 | An adult / carer is a perpetrator of domestic abuse. |[ ]
| 8.3 | A child or young person is currently or historically affected by domestic abuse. |[ ]
| **If yes to any of the above, please state more detail here:**Has a Save Lives questionnaire has been completed? If not please complete and attach, if permission is given. <https://safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf>  |
| 9 | **Secure Housing** |  |
| 9.1 | Families in Local Authority temporary accommodation **and** at risk of losing this. |[ ]
| 9.2 | Families not in suitable, sustainable housing and/or threatened with eviction / at risk of homelessness. |[ ]
| 9.3 | Young people 16 / 17 years old at risk of being / or excluded from the family home/ homelessness. |[ ]
| **If yes to any of the above, please state more detail here:** |
| 10 | **Financial Stability** |  |
| 10.1 | An adult in the family is out of work. |[ ]
| 10.2 | A family require support with their finances and / or have unmanageable debt (e.g., rent arrears) |[ ]
| 10.3 | A young person is NEET (Not in Education, Employment or Training) |[ ]
| **If yes to any of the above, please state more detail here:** |

**To ensure that we provide the right support, in a timely way, please can you tell us more about your concerns:**

**Tell us about the impact this is having on a child / young person**

*(This may include how this affects the child/young person now or how it may affect them in the future, if no further action is taken.*

**Please tell us what’s working well.**

*(Tell us about positive factors around the child, young people, and other family members. This helps us get a balanced view).*

**The Connecting Families Team offer a range of services, please indicate what service the family would benefit from the most**

Please tick 1 box below

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| **Family Mediation Service** (Please complete a Healthy Relationship Questionnaire) and attach it with consent.<https://beta.bathnes.gov.uk/form/apply-for-mediation>  |[ ]
| **Parenting Support/Capacity via Family Links Talking Teens 5-week programme** (we run 3 courses per year) for families with children 11 years and over (please note Bright Start Children’s Centres run course for children up to 10 years). |[ ]
| **Intensive Family Support intervention.** This is an 8-to-12-month intensive family support programme that works with the whole family, often in the family home.  |[ ]

At EHAP there are a range of other services that can offer support they include:

Mentoring Plus, Youth Connect, Compass, Project 28, Family Support and Play Service (Southside & BAPP working in partnership),

Children Centre Services, (B&NES Council Bright Start Children Centre or Action for Children), CAMHS and B&NES Council Housing Support

If you think one of these services would be the right service, **please complete a direct referral to the service required**.

**To help us communicate better with the family**

Please select any / all that apply?

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|  | [ ]  **Sign Language**Which language do you require?Choose an item.[ ]  **Interpreter**If so which language, do you require?Choose an item.[ ]  **Other** |

**Are there any risks we should be aware of if we visit the family home?**

Please select all that apply.

[ ]  **Abusive and/or violent person**

[ ]  **Offender**

[ ]  **Pets**

*(Only tell us if there is a risk to staff or others)*

[ ]  **Property**

*(e.g., other people present at the home living/structural conditions)*

[ ]  **Other**

*(e.g., symptomatic of COVID-19 or other infectious disease)*

(Please state:)

**Do you know if there have been any assessments made in the last 6 months?**

*(e.g., Early Help Assessment, Specialist Assessment or Ages & Stages Questionnaire*)

[ ]  **Yes**

[ ]  **No**

Please tell us what assessment has been compiled. If you have the family’s permission, please attach a copy

**Do you know of any previous support accessed or offered in the past 12 months?**

[ ]  **Yes**

[ ]  **No**

By submitting this referral, you agree that, to the best of your knowledge, the details you provide are factually correct, the parents / carers consent to the request for support from the Connecting Families Team or EHAP services as listed above and the family is at a point where they feel they are ready to make changes. The family are aware we will contact them with a view to offering services to meet identified need.

**I can confirm that I have discussed this referral with the family, and they are happy for me to pass this referral onto you.**

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| Referrer’s name (in capitals): |
| Signature: | Date: |

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| **Please return the completed form securely via the appropriate method below. If you need to speak to someone in the team, contact us via:** **Telephone: 01225 396931 or email** Connecting\_Families@bathnes.gov.uk**Internal to B&NES or from a secure email address (e.g., nhs.net, gov.uk):** Connecting\_Families@bathnes.gov.uk **Via Globalscape:** For outside agencies without a secure email address. If you don’t have a link set up with Connecting Families, please contact the team. **By recorded delivery:** Send to Connecting Families Team, BANES Council, Lewis House, Manvers Street, Bath, BA1 1JG |