



**Bath & North East Somerset Connecting Families**

**Referral Form**

The Connecting Families Team supports families with complex needs to make positive change. We encourage and develop new ways of working by co-ordinating local services to work together to meet the whole family’s needs. The team are now working with a wide range of families, so this referral form will be discussed at the Early Help Allocation Panel and if Connecting Families Team are full, or it is more suitable to another service, it may be allocated to that service instead.

All referrals will need to be made using this form. You will receive an acknowledgment of your referral and the date of the next allocation meeting within 5 working days of receipt of receiving this form. You will be notified of the outcome within 5 working days of the EHAP, these are held every 2 weeks throughout the year.

**Note for Social Workers – Marie Porter** **marie\_porter@bathnes.gov.uk** **will screen any referrals from Social Care prior to being submitted. If it is a step down, this may be able to be done at a hand over meeting or TAF rather than referral. Please ensure that you have had a discussion with Marie before submitting, as this could delay the process.**

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| **Professional’s information** |
| **Your Name** |  | **Role** |  | **Service/Agency** |  |
| **Contact Details:****Address, email and/or telephone number(s)** |  |

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| **Family Name** |  |
| Family’s Address |  |
| Family’s Contact Telephone number(s) |  |

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| Name (All family members in household) | Gender | DOB | Age | Relationship | Ethnicity  | Detail Employment, Training or Education (All family members) | **Detail any Youth Crime / Anti-Social Behaviour?** | **Details of any health concerns?** |
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| **Connecting Families Criteria*****(The family would need to meet at least 3 of the criteria to be considered by the team, please put a cross in the box next to those criteria that the family meets)*** **Families Affected By:**. |
| **1** | **Anti-social behaviour and crime** |  |  |
| **2** | **Poor school attendance, engagement with education** |  |  |
| **3** | **Worklessness, and at risk of financial exclusion** |  |  |
| **4** | **Domestic violence and abuse** |  |  |
| **5** | **Children of all ages who need help and are identified as a child in need or subject to a child protection plan** |  |  |
| **6** | **A range of health issues, including mental ill health and drug and alcohol misuse** |  |  |
| **The Troubled Families National Criteria is available on the web page below.**<http://www.bathnes.gov.uk/services/children-young-people-and-families/connecting-families> The document is called ‘Phase Two Criteria and Outcomes Measures’ and appears under the documents section on the right hand side |

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| **Please add further details about the particular issues for the applicable criteria and which family members they relate to. Please give as much detail of possible of the child/ ren who need additional help and support and any other information or concerns that will help us to allocate the family the right Early Help service:** |
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**I can confirm that I have discussed this referral with the family, and they are happy for me to pass this referral onto you**

Signed: 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, please telephone 01225 396931****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 |

Additional information