

Surrey Family Support Referral Form

This form allows individual practitioners within agencies, organisations and multi-agency community groups to refer families into the Surrey Family Support Programme using its widened eligibility criteria. Guidance is available on the Family Support Programme website to aid your decision regarding a family's eligibility for the programme:
www.surreycc.gov.uk/familysupportprogramme

1. Details of referrer			
Name		Referral date	
Job title and team			
Referring agency			
Agency address			
Telephone		Mobile	
Email address			

2. Has the family consented to this referral and the associated sharing of information relating to it?			
Yes		No	
Family member name:		Family member signature:	
Role in family:		(required)	
3. Has an assessment been completed?			
Yes		No	
		Don't know	
<p>If you have answered 'No' or 'Don't know', please proceed to question 4.</p> <p>If you have answered 'Yes', please indicate type of assessment below (e.g. Child and Family or Early Help), <u>attach to this application</u> and proceed to question 10.</p> <p>Type of assessment completed:</p> <p>Has consent for multi-agency access been given for the attached assessment? _____</p>			
Please note: The above assessment MUST be attached to this application.			

4. Family details – Parents or adult carers

Name 1:			
Relationship			
Gender		Date of birth	
Address and postcode			
Telephone (Home)		Mobile	
Email Address			
Religion			
Ethnicity		NI number	
Disability (If yes, please describe)			
GP Name and Address			
Name 2:			
Relationship			
Gender		Date of birth	
Address and postcode			
Home Telephone		Mobile	
Email Address			
Religion			
Ethnicity		NI number	
Disability (if yes, please describe)			
GP Name and Address			

5. Children / Young People	Date of birth	Gender	SEND	Education Details / School
Name 1:				
Name 2:				

Name 3:				
Name 4:				
Name 5:				
Name 6:				
Name 7:				
Name 8:				
Name 9:				
Name 10:				

**6. Are there any other family members or significant people involved with the family?
(E.g. parents living outside the family home, grandparents, neighbours etc.)**

Yes		No	
-----	--	----	--

If 'Yes' please detail below.

	Gender	Relationship to family	Date of birth	Address and postcode	Contact no.
Name 1:					
Name 2:					
Name 3:					

7. Type of accommodation

Permanent		Temporary	
Local authority		Registered social landlord	
Private rented sector		Owner occupier	

Are the family facing any legal proceedings that threaten their housing?

Yes		No	
-----	--	----	--

If 'Yes', please provide detail:

--

8. Please list all known agencies engaged with the family.

Family member	Professional/Agency Name	Contact details

9. Is a Team Around the Family (TAF) already in place? If so, please indicate name and agency of Lead Professional (if known).

Yes	No
If yes, please state:	

10. Please provide relevant information about the family which directly supports your referral and may positively influence the Panel decision.

--

11. Eligibility Criteria – Family Weighting Tool

*In order to ensure that the most vulnerable families living in Surrey receive intensive support we ask that you complete as much known information about the family as possible. This will enable the multi-agency panel to effectively assess the level of need and direct resources appropriately. Please note that you are not expected to know **all** of the below information for the purpose of this referral. Please complete the information that you do/ you think know about the family- the FSP service will then verify the information you have provided with the appropriate agency.*

Presenting Issue			
1.Children who need help	Yes	No	Comments
Identified /assessed as needing early help in last 3 months			
E help attached (ID)			
Is there a child identified as Child in need			
Current CIN plan and CSS involvement			
Step down from CIN to FSP - CSS closing			
Is there a child identified as subject to an enquiry or child protection plan			
CP plan			
Enquiry			
Looked after child			
Temporary fostered child			
2.Risk of worklessness or financial exclusion			
Significant unmanaged debt			
Impending court action to recover debt			
Referred to a licensed debt management agency			
Payments missed			
In receipt of Out of Work benefits			
NEET (or risk of)			
NEET young person			
Homeless (or risk of)			
Family living in B&B or other short term accommodation			
Notice of Seeking Possession on home			
Notice to quit			
Possession order			
3.Problematic school attendance			
Persistent absence (+10% last 3 consecutive terms)			
Persistent absence (Please state % absent if known)			
Permanent exclusion or 10 days fixed term exclusion in last 3 consecutive school terms			
Permanent exclusion in the last 3 consecutive school terms			
Secondary: at least 5 school days of fixed term exclusion in last 3 consecutive terms			
Primary: 3 or more fixed term exclusion in last 3 consecutive terms			
Child in a PRU			

Child in a PRU as sole educational provision			
Pupil of significant concern/subject to managed move or pupil support plan			
Managed move under consideration when other strategies exhausted			
Child with SEMH impacting on education attendance			
Child not registered with a school or otherwise educated			
Child not on school role and not receiving any education			
Pre-school children not in early years place			
Very poor or no attendance at early years place			
Attending pre-school but less than entitlement			
Pre-school: Child eligible for Early Years Pupil Premium			
4.Crime/anti-social behaviour			
Adult with one or more criminal convictions/ASB interventions in previous 12 months			
Police or other agency receive multiple reports/complaints of ASB			
Police or other agencies receive between one and three report/complaints of ASB			
Adult prisoner with caring responsibilities on release			
Adult subject to licence/supervision in community			
Adult not complying with conditions of licence/supervision order			
Family open to CIAG			
Fast track/monitoring at CIAG			
Community Trigger			
Family subject to a Community Trigger			
Existing CBO in place			
CBO/ABC in place			
5.Health Issues			
Mental health issue			
Family not receiving appropriate health and social care support			
Family inconsistent or not engaging with appropriate health and social care support i.e. missed appointments			
Drug problem			
Family not receiving appropriate health and social care support and unable to manage health problems			
Family not engaging with appropriate health and social care support i.e. missed appointments			
Inconsistent engagement with appropriate health and support			
Family with a young carer			
Family with non-identified young carer			
Poor health impacting on whole family			
Family function severely affected by health need			
Family function moderately affected by health need			
Family Function lightly affected by health need			

Family behind on immunisations			
Family behind with immunisations with one or more child			
Frequent unplanned health interventions			
Frequent unplanned health interventions for non-accidental injuries			
Frequent unplanned health interventions - inappropriate use of health services			
6.Domestic Abuse			
Family with known perpetrator/victim of domestic violence			
Convicted or known perpetrator living in family home or in contact with the family			
Family self-reporting Domestic Abuse to non-specialist DA services			
Family self-reporting DA but with no engagement with support agencies			
Police call out for one or more domestic incidents in last 12 months			
Regular police call outs			
Child to Parent Violence (CPV) reported			
Family self-reporting CPV but with no engagement with support agencies			
Adult subject to a DVPN/DVPO			
Family unsafe			
Victim in refuge or similar			
Referral to MARAC			

12. Please highlight a maximum of 5 key areas where you think our service could help this family (be as specific as possible).

1. 2. 3. 4. 5.

13. Do any of the family members require special arrangements? (e.g. an interpreter)

Yes		No	
-----	--	----	--

If yes, please state:

14. Are you aware of any dangers or risks associated with home visits to this family? (E.g. pets, syringes, violent family members etc.)

Yes		No	
-----	--	----	--

If yes, please give details:

REFERRER NAME: _____
(please print)

SIGNATURE: _____

DATE: _____

Surrey Family Support Team Managers – Contact Details

Family Support Team	Manager	Telephone	Email	Address
Surrey Heath and Runnymede	Jacqueline Riddles	01276707333	family.support@surreyheath.gov.uk For referrals: family.support@surreyheath.gcsx.gov.uk	Surrey Heath Borough Council, Surrey Heath House, Knoll Rd, Camberley, GU15 3HD
North East	Charlene	01372	elmbridgeFSPreferral@elmbridge.gov.uk	Elmbridge Borough Council,

(Epsom & Ewell, Elmbridge and Spelthorne)	Edwards	474382	For referrals: elmbridgeFSPreferral@elmbridge.gcsx.gov.uk	Civic Centre, High Street, Esher, Surrey, KT10 9SD
Guildford	Helen Dowlatshahi	01483 444089	For referrals: guildfordFSPreferral@guildford.gcsx.gov.uk	Guildford Borough Council, Millmead House, Millmead, Guildford, Surrey, GU2 4BB
South East (Reigate & Banstead, Mole Valley and Tandridge)	Duane Kirkland	017372763 16	familysupport@reigate-banstead.gov.uk For referrals: familysupport@reigate-banstead.gcsx.gov.uk	The Town Hall, Castlefield Road, Reigate, RH2 0SH
Waverley	Julie Shaw	01483 523245	For referrals: fsupport@waverley.gcsx.gov.uk	Waverley Borough Council, Council Offices, The Burys, Godalming, Surrey, GU7 1HR
Woking	-Adam Thomas	01483 743812	For referrals: familysupport@woking.gcsx.gov.uk	Woking Borough Council, Civic Offices, Gloucester Square, Woking, Surrey, GU21 8YL