



## 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. There is guidance available on the Family Support Programme website to aid your decision regarding a family's eligibility for the programme:

<https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/information-for-child-social-care-professionals/surrey-family-support-programme>

**We understand you may not know all details, but please complete as much of the following as possible, contacting other agencies involved with the family may assist you in gaining information required in completing the referral, we will also contact other agencies involved as part of our referral process. Once received the referral will undergo criteria checks, you will be advised of the outcome and if accepted the family will be allocated to a Family Support Coordinator.**

Details of referrer			
Name		Date of referral	
Job title and team			
Referring agency			
Agency address			
Telephone		Mobile	
Email address			
<b>If referring Agency is Children Services, please complete this section</b>	Is this referral a Step Up <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> A Step Down <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Is the intention for Children Services to Work alongside the FST <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Is the Intention for Children Services to be Lead Professional <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		

Family details - Parents/carers			
<b>Name 1:</b>			
Relationship			
Gender		Date of birth	
Address and postcode			
Telephone (Home)		Mobile	
Email Address			
Religion			
Ethnicity		NI number	
Disability <i>(If yes, please describe)</i>			

<b>Name 2:</b>			
Relationship			
Gender		Date of birth	
Address and postcode			
Telephone (Home)		Mobile	
Email Address			
Religion			
Ethnicity		NI number	
Disability <i>(If yes, please describe)</i>			

Children	Date of birth	M/F	SEND	Address	School attended
Name 1:					
Name 2:					
Name 3:					
Name 4:					
Name 5:					
Name 6:					
Name 7:					
Name 8:					
Name 9:					
Name 10:					

Type of accommodation (please tick)			
Local authority	<input type="checkbox"/>	Registered social landlord	<input type="checkbox"/>
Private rented sector	<input type="checkbox"/>	Owner occupier	<input type="checkbox"/>
Is this type of accommodation Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>			
Name of Housing Provider			

Other family members/significant others outside of family home	Gender (F/M)	Relationship to family	Date of birth	Address and postcode	Contact no.
Name 1:					
Name 2:					
Name 3:					

**Other known agencies engaged with the family**

Family member	Agency and contact	Work carried out to date or to be actioned

**Have you submitted a referral to any other agencies for the family?**

Family member	Agency and contact	Reason for referral

Assessments already undertaken:	Yes	No	Don't know	Please send a copy if available with the referral
Child and Family Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Early Help Assessment (EHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*(NB: Please note that where a child is subject to a Child Protection plan or is a CIN referral, the family will **NOT** be accepted without a Child and Family Assessment attached)*

**Please give background information about why you are referring including the desired outcomes from referring to this service:**

*Note: The Surrey Family Support Programme aims to work with families with multiple and complex needs that could benefit from a whole family approach*

## Reason for referral

(In order to be eligible for the programme the family should meet **two** of the eligibility criteria numbered 1-6 below)

<b>1 -Help: Is there a child in the family who</b>		Please give details of which family member meets the Criteria and any further information.
Identified/assessed as needing Early Help	Is identified and/or assessed as needing early help in last 3 months. <input type="checkbox"/> Is Currently involved in a TAF Action plan completed and delivered for child assessed as needing Early Help <input type="checkbox"/>	<i>Please give name of Lead Professional if known and date of next TAF</i>
Child in need/subject to an enquiry/Child Protection Plan	Is part of a Child Protection Plan <input type="checkbox"/> Is a looked after / Temporary fostered child <input type="checkbox"/> Is part of a family with a 'step down' to TAF in the last 3 months <input type="checkbox"/> Is child in need as per s17 Children Act 1989 (or equivalent) <input type="checkbox"/>	
Child reported missing	Regularly reported as missing from home in the last 3 months. <input type="checkbox"/> Child reported as missing on more than one occasion in the last 3 months <input type="checkbox"/> Previous episodes of being reported but none in the last 3 months <input type="checkbox"/>	
Risk of sexual exploitation	CSE (Child Sexual Exploitation) risk assessment indicates high risk <input type="checkbox"/> CSE risk assessment indicates medium risk <input type="checkbox"/> CSE risk assessment indicates low risk <input type="checkbox"/>	<i>Please send a copy of completed CSE risk assessment with referral</i>
<b>2-Work: Are the family or a family member</b>		Please give details of which family member meets the Criteria and any further information.
Significant unmanaged debt	Subject to Court action for recovery of debt <input type="checkbox"/> Involved in a referral to and early engagement with licensed debt/money management services <input type="checkbox"/> Engaging with arrears and/or debt plan with some missed payments <input type="checkbox"/>	
In receipt of Out of work benefits	An Unemployed adult <input type="checkbox"/> Working toward employment, education and or Support Programme <input type="checkbox"/> In paid or unpaid temporary work <input type="checkbox"/>	
NEET (or risk of)	A NEET young person <input type="checkbox"/> Working with support agency but not yet in in education, employment or training <input type="checkbox"/> Attending training or support programme/In work experience placement <input type="checkbox"/>	
Homeless (or risk of)	Living in B&B or other short term accommodation; In receipt of a Notice of Seeking Possession on home; Notice to quit; Possession order <input type="checkbox"/> Agreed tenancy arrears or debt repayment plan <input type="checkbox"/> Engagement with arrears and or debt plan <input type="checkbox"/>	<i>If there are rent arrears, please state amount.</i>
Children eligible for (FSM) free school meal	A child not receiving free school meals when eligible <input type="checkbox"/> Applied for free school meals <input type="checkbox"/>	

3 -School: Is there a child in the family who has/is.		Please give details of which family member meets the Criteria and any further information.
Persistent absence (+10% last 3 consecutive school terms)	Persistent absence (+50% absent) <input type="checkbox"/> Persistent absence (30-49.99% absent) <input type="checkbox"/> Persistent absence (20-29.99% absent) <input type="checkbox"/>	
Permanent exclusion or [(10 days fixed term exclusion secondary school) or (5 days fixed term exclusion primary school) in last 3 consecutive school terms	Permanent exclusion in the last 3 consecutive school terms <input type="checkbox"/> <b>Primary:</b> 5 or more school days of fixed term exclusion in last 3 consecutive terms OR 3 or more fixed term exclusion in last 3 consecutive terms <input type="checkbox"/> <b>Secondary:</b> 10 or more school days of fixed term exclusion in last 3 consecutive terms OR 3 or more fixed term exclusion in last 3 consecutive terms <input type="checkbox"/>	
Child in an AP (Alternative Provision)	A child in an AP as sole educational provision <input type="checkbox"/> A child in AP with between 30% and 50% mainstream provision <input type="checkbox"/> A child in AP with between more than 50% (but not yet fully integrated in) mainstream provision last term <input type="checkbox"/>	
Pupil of significant concern/subject to managed move or pupil support plan	A managed move/psp initiated by school <input type="checkbox"/> A managed move/ psp requested by family <input type="checkbox"/> A managed moved on a trial period or psp targets/actions progressing well <input type="checkbox"/>	
Child with SEMH (Social Emotional Mental Health) impacting on education	A child with History of Fixed Term Exclusion <input type="checkbox"/> A pupil open to STIP: Behaviour Support or Education Psychology <input type="checkbox"/> A pupil has an EHCP/Statement <input type="checkbox"/>	
Child not registered with a school or otherwise educated (CME)	A child not on school role and not receiving any education <input type="checkbox"/> A child receiving EHE (Elective Home Education) <input type="checkbox"/>	
Pre-school: Child eligible for Free Early Education for Two Year Olds (FEET)	A pre-school child not in early years' place <input type="checkbox"/> Has very poor or no attendance at early years' place <input type="checkbox"/> Is attending pre-school but less than entitlement <input type="checkbox"/>	
Pre-school: Child eligible for Early Years Pupil Premium	A child eligible for FEET funding but not applied <input type="checkbox"/> Applied for FEET funding <input type="checkbox"/> Applied for FEET funding and name down at a nursery <input type="checkbox"/>	

<b>4 -Crime: Is there a family member for whom</b>		Please give details of which family member meets the Criteria and any further information.
<b>Adult</b> with one or more offenses/ASB interventions in previous 12 months	The Police or other agency have received more than 3 reports/complaints of ASB or criminal offenses <input type="checkbox"/> The Police or other agencies have received between 2 and 3 reports/complaints of ASB or criminal offenses <input type="checkbox"/> The adult acknowledges the problem and is positively engaging with agencies <input type="checkbox"/> The Police or other agencies have received only 1 report/complaint of ASB or criminal offense <input type="checkbox"/>	
<b>Young offender</b> with one or more offenses/ASB interventions in previous 12 months	The Police or other agencies have received more than 3 reports/complaints of ASB or criminal offenses <input type="checkbox"/> The Police or other agencies have received between 2 and 3 reports/complaints of ASB or criminal offenses <input type="checkbox"/> The Young person acknowledges the problem and positively engages with agencies <input type="checkbox"/> The Police or other agencies have received only 1 report/complaint of ASB or criminal offense <input type="checkbox"/>	
Adult subject to licence/supervision in community	The Adult is not complying with conditions of license/supervision order <input type="checkbox"/> The Adult shows initial signs of complying with conditions of license/supervision order <input type="checkbox"/> The Adult shows good progress complying with conditions of license/supervision order <input type="checkbox"/>	
Family open to CIAG (Community Incident Action Groups)	Is subject to Fast track/monitoring at CIAG <input type="checkbox"/> The CIAG agree to remove from rolling agenda <input type="checkbox"/>	
Existing CBO (Criminal Behaviour Orders) and ABC (Acceptable Behaviour Contract) in place	A CBO/ABC in place <input type="checkbox"/> Is mostly compliant with terms of CBO/ABC <input type="checkbox"/> Has full compliance with CBO/ABC <input type="checkbox"/>	
<b>5 -Health: Is there a family member who</b>		Please give details of which family member meets the Criteria and any further information.
Mental health issue	Is not receiving appropriate health and social care support <input type="checkbox"/> Is not engaging with appropriate health and social care support i.e. missed appointments <input type="checkbox"/> Has inconsistent engagement with appropriate health and support <input type="checkbox"/>	
Drug problem	Is not receiving appropriate health and social care support and unable to manage health problems <input type="checkbox"/> Is not engaging with appropriate health and social care support i.e. missed appointments <input type="checkbox"/> Has inconsistent engagement with appropriate health and social care support <input type="checkbox"/>	
Alcohol problem	Is not receiving appropriate health and social care support and unable to manage health problems <input type="checkbox"/> Is not engaging with appropriate health and social care support i.e. missed appointments <input type="checkbox"/> Has inconsistent engagement with appropriate health and social care support <input type="checkbox"/>	

Family with a young carer	<p>Is a non-identified young carer <input type="checkbox"/></p> <p>Has been identified as young carer and awaiting support from appropriate agencies <input type="checkbox"/></p> <p>Family with Young Carer receiving some support <input type="checkbox"/></p>	
Poor health impacting on whole family e.g. obesity	<p>Family function severely affected by health need <input type="checkbox"/></p> <p>Family function moderately affected by health need <input type="checkbox"/></p> <p>Family Function lightly affected by health need <input type="checkbox"/></p>	
Family behind on immunisations	<p>Is behind with immunisations with one or more child <input type="checkbox"/></p> <p>For whom some health milestones are not up to date <input type="checkbox"/></p>	
Frequent unplanned health interventions	<p>Has had frequent unplanned health interventions for non-accidental injuries <input type="checkbox"/></p> <p>Has had frequent unplanned health interventions - inappropriate use of health services <input type="checkbox"/></p> <p>Has had occasional unplanned health interventions - inappropriate use of health services <input type="checkbox"/></p>	
No registration with GP	Is not registered with GP <input type="checkbox"/>	
<b>6 -Domestic Violence and Abuse: The Family</b>		Please give details of which family member meets the Criteria and any further information.
<p><b>(FAMILY AT RISK)</b> Family with known perpetrator/victim of domestic violence</p> <p><b>(SUBJECT TO DVPN-DVPO)</b> Family with known perpetrator/victim of domestic violence</p> <p><b>(MARAC)</b> Family with known perpetrator/victim of domestic violence</p>	<p>Is at risk because of known perpetrator living in family home or in contact with the family <input type="checkbox"/></p> <p>Has Initial engagement with DA (Domestic Abuse) support services and/or programmes <input type="checkbox"/></p> <p>Has sustained engagement with DA services and programmes <input type="checkbox"/></p> <p>Contains an adult subject to a DVPN (Domestic Violence Protection Notice)/DVPO (Domestic Violence Prevention Order) <input type="checkbox"/></p> <p>Has a victim in a refuge or similar <input type="checkbox"/></p> <p>Has been Referred to MARAC (Multi Agency Risk Assessment Conference) <input type="checkbox"/></p>	
Family self-reporting Domestic Abuse to non-specialist DA services	<p>Have self-reporting DA but with no engagement with support agencies <input type="checkbox"/></p> <p>Have Initial engagement with DA support services and/or programmes <input type="checkbox"/></p> <p>Have Sustained engagement with DA services and support <input type="checkbox"/></p>	
Police call out for one or more domestic incidents in last 12 months	<p>Have significant concern from police in relation to domestic abuse <input type="checkbox"/></p> <p>Have positive engagement with police and/or DA support services and/or programmes <input type="checkbox"/></p> <p>Have sustained engagement with police and/or DA support services and/or programmes <input type="checkbox"/></p>	
Child to Parent Violence (CPV) reported	<p>Have self-reported CPV but with no engagement with support agencies <input type="checkbox"/></p> <p>Have Initial engagement with agencies addressing CPV (missed appointments etc.) <input type="checkbox"/></p>	

**If you have specialist knowledge of any of the above, please give more detail below:**

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**Please include detail below of any further issues of equivalent concern, not listed in the table above, which relate to this family:**

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**Do any of the family members require any special arrangements, such as an interpreter?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state:			

**Risk management**

Are you aware of any dangers or risks associated with home visits to this family? (Pets, syringes, violent family members etc)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Has the family consented to this referral and the associated sharing of information relating to it?**

Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Please note we cannot accept the referral without family consent</b>		<b>Date consent obtained</b>	
Name of family member giving consent.		Signature	

Once complete, please return this form to the MASH. MASH email address: [csmash@surreycc.gcsx.gov.uk](mailto:csmash@surreycc.gcsx.gov.uk)