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**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 families’ needs.

* 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 allocation meeting.
* If you need space to provide additional information, please attach extra sheets.

**Note for Social Workers – Marie Porter will screen any referrals from Social Care prior to being submitted. Please ensure your referral has gone through Marie before sending it to Connecting families**

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| **Professional’s information** |
| **Your Name** |  | **Role** |  | **Service/Agency** |  |
| **Contact Details****Address, email, tel nos** |  |

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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 also detail the children who need help and any other information or concerns:** |
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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**

Sign: Date:

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| Please return the completed form to the appropriate **Connecting Families email address below. If you need to speak to someone in the team, please telephone 01225 396931****Internal to B&NES:** Connecting\_Families@bathnes.gov.uk **Secure email from outside B&NES:** **ConnectingFamilies\_Team@bathnes.gcsx.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 |

January 2016