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| **CAMDEN FUTURES 2016 REFERRAL FORM** |

**For more information please contact Camden Futures on:**

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**evi@elfridacamden.org.uk**

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|  **Date Received:** |
| **A REFERRER DETAILS** |
| **Contact Name: Job title:** **Organisation Name:****Contact telephone Number: Mobile:****Email:** **Address: Postcode:** |
| **B CAMDEN FUTURES ELIGIBILITY CHECKLIST**Please check that you can tick yes to **all** of the questions 1 – 5 below. | **YES** |
| **1** | **Is there a child between 0-18 years old?**  |  |
| **2** | **Is the family living in Camden?** |  |
| **3** | **There are no other key workers, social workers or lead professionals providing intensive support to the whole family** |  |
| **4** | **The child(ren) in the family have or have experienced at least *one* of the following problems.** *You must be able to tick at least one of the following***:** |
| a | Children displaying behavioural problems which make them or others vulnerable to harm or to statutory/criminal justice intervention |  |
| b | Children who are vulnerable because of emotional or mental health difficulties or the risk of mental health problems |  |
| c | Children experiencing bullying, isolation or damaging family relationships or worries about health |  |
| d | Children experience poor parenting skills |  |
| e | Child has a disability, long-term health problem, or special educational needs |  |
| **5** |  **The parents/guardian in the family can be described as at least *one* of the following.**  *You must be able to tick at least one of the following:* |
| a |  Long-term unemployed,and /or experiencing financial difficulties |  |
| b | Having a disability, long-term health problem, depression, or special educational needs |  |
| c | Homeless, threatened with homelessness, or living in overcrowded housing |  |
| d | Single parent or recently separated families |  |
| e | Newly arrived in UK (within the last 12 months) |  |
| f | Refugee, traveller and black/ethnic minority communities  |  |
| g | Experiencing drug and alcohol abuse  |  |
| h | Experiencing domestic violence |  |

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| C FAMILY DETAILS |
|  PARENT/GUARDIAN |
| Parent/Guardian’s Surname: | First Name: |
| Date of Birth: |
| Address: Postcode: |
| Telephone (Home): | Mobile: |
| Language(s) Spoken:  | Ethnicity: |
| **Any disability or support needs:** |
|  **CHILDREN** |
|  | **First Name** | **Surname** | **Date of Birth**  | **Gender** |
| **Eldest Child** |  |  |  |  |
| **Child 2** |  |  |  |  |
| **Child 3** |  |  |  |  |
| **Child 4** |  |  |  |  |
| **Child 5** |  |  |  |  |
| **Language(s) Spoken:** |
| **Ethnicity(ies):** |
| **Any disabilities or support needs:** |
| **D REFERRAL DETAILS** |
|  **What is the reason for the referral? (Please include any strengths that the family has or particular concerns.)**  |
| **Is there any other support that you think that would benefit the family?** |
| **E PERMISSION** |
| **Has the parent given you permission to make the referral?** | **Yes** |  | **No** |  |
| **Can we contact the family directly?** | **Yes** |  | **No** |  |
| **Signature of Referrer:** **Date:**  |

**RISK ASSESSMENT**

**3: Type of risk** (*Tick as many as apply*)

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| Schedule 1/Dangerous Offender\* |  |
| Verbal abuse |  |
| Aggressive or intimidating behaviour |  |
| Physical aggression/violence |  |
| Non-Cooperation with staff |  |
| Issues around mental illness |  |
| Issues around drug or alcohol use |  |
| Issues around street activity |  |
| Issues around criminal or anti-social behaviour |  |
| Discriminatory verbal abuse |  |
| Damage to property |  |
| History of rape or sexual assault |  |
| Accidental fire setting |  |
| Arson |  |
| Lone working considered unsafe  |  |
| Female lone working considered unsafe |  |
| Hoarding |  |
| **Please use the space below to specify any risk factors linked to the behaviours identified above:**  |  |
| **Risk to self:****Risk to others:****Issues raised in tick boxes:** |  |