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| **FAMILY SERVICES REFERRAL FORM** |

**For more information please contact us on:**

**Telephone:** 02074241601

**Email:** referrals@elfridacamden.org.uk

**Website:** www.elfridacamden.org.uk

**evi@elfridacamden.org.uk**

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| **Date Received:** | | |
| 1. **ELIGIBILITY CRITERIA**   Please check that you can tick yes to **all** of the questions 1 – 5 below before you make a referral. | | **YES** |
| **1** | **Are there children between 0-18 years old AND living in Camden?** |  |
| **2** | **There are no other key workers, social workers or lead professionals providing intensive support to the whole family** |  |
| **3** | **There are family support AND financial inclusion advice needs** |  |
| **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***:** |  |
|  | Behavioral problems |  |
| Emotional or mental health difficulties or at risk of deterioration of mental health |  |
| Victim of bullying, isolation or damaging family relationships |  |
| Disability, long-term health problem, or special educational needs |  |
| Disruption due to construction of High Speed 2 Rail Line |  |
| **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:* |  |
|  | Long-term or currently unemployed |  |
| Having a disability/learning difficulties/long-term mental or physical illness |  |
| Homeless, threatened with homelessness, or living in overcrowded housing |  |
| Single parent or recently separated families |  |
| Newly arrived in UK |  |
| Refugee, traveller and black/ethnic minority communities |  |
| Experiencing or past drug and alcohol abuse |  |
| Experiencing or past domestic violence |  |
| **Please note** that we will not take referrals where we believe there is a need for statutory assessment, monitoring or casework where we think there are ongoing safeguarding concerns or risks or where children may be suffering or at risk of suffering significant harm (based on current *thresholds criteria for Children’s Services* – LB of Camden).  We will carry out a **risk assessment** for all referrals received including requesting information from referrers. All casework will be conducted in accordance with those risk assessments and controls identified as well as ERC protocols for staff safety. | | |

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| FAMILY DETAILS | | | | | | | | | | |
| PARENT/GUARDIAN | | | | | | | | | | |
| Parent/Guardian’s Surname: | | | First Name: | | | | | | | |
| Date of Birth: | | | | | | | | | | |
| Address: Postcode: | | | | | | | | | | |
| Telephone (Home): | | | Mobile: | | | | | | | |
| Language(s) Spoken: | | | Ethnicity: | | | | | | | |
| **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:** | | | | | | | | | | |
| 1. **REFERRER DETAILS (if this is a self-referral, please go to the next section)** | | | | | | | | | | |
| **Contact Name: Job title:**  **Organisation Name:**  **Address and Postcode:**  **Contact Telephone Number: Mobile:**  **Email:** | | | | | | | | | | |
| 1. **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?** | | | | | | | | | | |
| 1. **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:** | | | | | | | | | | |
| 1. **SERVICE –** we have several family support services at Elfrida Rathbone Camden. So we can best direct your referral, please tick the service most suited to your need. | | | | | | | | | | |
| **Building Relationships for Stronger Families** | | | | | | | | |  | |
| **Within My Reach** | | | | | | | | |  | |
| **Family Check Up** | | | | | | | | |  | |
| **Creative Therapy** | | | | | | | | |  | |
| **Families Together Project ( Family Support)** | | | | | | | | |  | |
| **Support for families affected by the High Speed 2 railway construction ( Family Support)** | | | | | | | | |  | |