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| 1. **REFERRER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | ***\* BLOCK CAPITALS ONLY PLEASE \**** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family eStart / Mosaic ID | | | | | | | | | |  | | | | | | | | | | | | | | Referrer’s agency/service\* | | | | | | | | | | | | |  | | | | | | | | | | | |
| Referrer’s name\* | | | | | | | | | |  | | | | | | | | | | | | | | Referrer’s telephone\* | | | | | | | | | | | | |  | | | | | | | | | | | |
| Referrer’s email\* *This must be provided for the referrer to receive feedback* | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  |  | |  |  |  |  |  | | |  |  | | |  |  |  |  |  |  | |
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| 1. **FAMILY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | ***\* BLOCK CAPITALS ONLY PLEASE \**** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMARY CARER 1** (e.g. mother/father) | | | | | | | | | | | | | | | | | | | | | |  | | **PRIMARY CARER 2** (e.g. mother/father) | | | | | | | | | | | | | | | | | | | | | | | | |
| Name\* | | | | | | | | | |  | | | | | | | | | | | |  | | Name\* | | | | | | | | | | | |  | | | | | | | | | | | | |
| Telephone\* | | | | | | | | | |  | | | | | | | | | | | |  | | Telephone\* | | | | | | | | | | | |  | | | | | | | | | | | | |
| Date of birth | | | | | | | | | |  | | | | | | | | | | | |  | | Date of birth | | | | | | | | | | | |  | | | | | | | | | | | | |
| Address and postcode\* | | | | | | | | | |  | | | | | | | | | | | |  | | Address and Postcode\* | | | | | | | | | | | |  | | | | | | | | | | | | |
| Contact email**\*** *All booking information will be sent via email.* | | | | | | | | | | | | | | | | | | | | | |  | | Contact email**\*** *All booking information will be sent via email.* | | | | | | | | | | | | | | | | | | | | | | | | |
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| Relationship to child\* | | | | | | | | | |  | | | | | | | | | | | |  | | Relationship to child\* | | | | | | | | | | | |  | | | | | | | | | | | | |
| Lone parent? | | | | | | | | | |  | | | | | | | | | | | |  | | Lone parent? | | | | | | | | | | | |  | | | | | | | | | | | | |
| Disabilities / Health needs | | | | | | | | | |  | | | | | | | | | | | |  | | Disabilities / Health needs | | | | | | | | | | | |  | | | | | | | | | | | | |
| Special Educational Needs | | | | | | | | | |  | | | | | | | | | | | | Special Educational Needs | | | | | | | | | | | |  | | | | | | | | | | | | |
| Ethnicity | | | | | | | | | |  | | | | | | | | | | | | Ethnicity | | | | | | | | | | | |  | | | | | | | | | | | | |
| First Language | | | | | | | | | |  | | | | | | | | | | | | First Language | | | | | | | | | | | |  | | | | | | | | | | | | |
| Is support required with speaking, writing or reading English?\* | | | | | | | | | | | | | |  | | | | | | | | Is support required with speaking, writing or reading English?\* | | | | | | | | | | | | | | | | |  | | | | | | | |
| **CHILDREN** | | | | | | | | | | | | | | | | | | | | | **Gender** | | | | | | | | | **Disability /**  **Health needs** | | | | | | | | | | **Special Educational Needs** | | | | | | | |
| **Child 1***\** | | Name: | | | | | | | | | | | | | | | | | | | *Male / Female* | | | | | | | | | *Yes / No* | | | | | | | | | | *Yes / No* | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | |
| Ethnicity: | | | | | | | | | | | | | | | | | | |
| Name of Preschool/Nursery/School/Childminder | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child 2***\** | | Name: | | | | | | | | | | | | | | | | | | | *Male/Female* | | | | | | | | | *Yes / No* | | | | | | | | | | *Yes / No* | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | |
| Ethnicity: | | | | | | | | | | | | | | | | | | |
| Name of Preschool/Nursery/School/Childminder | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child 3***\** | | Name: | | | | | | | | | | | | | | | | | | | *Male / Female* | | | | | | | | | *Yes / No* | | | | | | | | | | *Yes / No* | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | |
| Ethnicity: | | | | | | | | | | | | | | | | | | |
| Name of Preschool/Nursery/School/Childminder | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child 4***\** | | Name: | | | | | | | | | | | | | | | | | | | *Male / Female* | | | | | | | | | *Yes/No* | | | | | | | | | | *Yes / No* | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | |
| Ethnicity: | | | | | | | | | | | | | | | | | | |
| Name of Preschool/Nursery/School/Childminder | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **3. REFERRAL INFORMATION This section must be fully completed with as much detail as possible \*** |
| **Please outline what is currently working well for the family** *(continue on additional sheet if necessary)* |
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| **Please outline what you or the family are worried about** |
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| **A) Parenting Programme Support** | | | | | | | | | |
| Supporting evidence - where applicable | DLA / benefits | | Behaviour or SEN Support Plan | CAMHS Care Plan | | Parental Mental Health or Health Assessment | EHCP | Other Specialist Assessment | |
| Name of child requiring service |  | | | | | | | | |
| Parenting programme | **Age range** | **Eligibility Criteria** | | | **Key focus of programme** | | | | **Select one** |
| Incredible Years (IY) Baby | 0 to 12mths | Family assessed / evidenced as having needs at the Amber (targeted) or Red (specialist) level of need in the Effective Support Model  *and* section 3 (above) is complete with supporting information | | | Baby development, attachment and bonding | | | |  |
| Triple P: 0-12 | 0 to 12yrs | Child development and managing behaviour (current or potential issues) | | | |  |
| Triple P: Teens | 13 to 18yrs | Child behaviour / behaviour prevention. Self-regulation. Planning around risky behaviours or activities | | | |  |
| Triple P; Stepping Stones | 0 to 12yrs | Child with disability | | | Child development and managing challenging behaviour | | | |  |
| Incredible Years (IY): ASD / Language | 2yrs to end of Reception year | Child on the autism spectrum or with language delay | | | Challenging behaviour, emotional regulation, language and social skills, school readiness | | | |  |
| Being a Parent (EPEC) | 9 to 11 yrs | Attendance at one of the pilot primary schools \*  Early Help level of need | | | Emotions, stress and behaviour management, listening, talking and play skills | | | |  |

\* The EPEC pilot primary schools are: Bond, Gorringe Park, Harris Primary Academy Merton, Haslemere, Liberty, SS Peter and Paul, Stanford, St Thomas of Canterbury, The Sherwood. Note: Children do not have to be Merton residents for this EPEC course.

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| **B) Family Support (including Short Breaks)** | | | | | | | | |
| Families who would benefit from working alongside a Case Practitioner (for between 3 to 6 months) will have their needs assessed to inform an agreed family plan to be coordinated by the practitioner across the professional network. | | | | | | | | |
| Eligibility Criteria | | | Family assessed/evidenced as having needs at the Amber (targeted) level of need in the Effective Support Model  *OR family meets eligibility criteria for a Short Breaks assessment* | | | | | |
| Supporting Evidence, where applicable | DLA/benefits | Early Help Plan/ Assessment or CASA | | Behaviour or SEN Support Plan | CAMHS Care Plan | Parental Mental Health or Health Assessment | EHCP | Other Specialist Assessment |
| Name of child requiring service | | |  | | | | | |

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| C) Portage and Family Support for children with SEND (0-5 years) | | | |
| Education, family support and group parenting programmes for children with complex needs, SEND and/or developmental delay that needs a Green (early help), Amber (targeted) or Red (specialist) approach in accordance with the Effective Support Model | | | |
| **Eligibility Criteria** | | **Child with complex needs, SEND and/or developmental delay** | |
| Supporting Evidence | Paediatric Report / Assessment | | Specialist Report / Assessment (health visitor ASQ) |
| Name of child requiring service | |  | |

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| **5. PARENT / CARER VIEWS** \* |
| **Use this space for the family to record their views about how the service or services requested will support them and what they hope to gain from this** |
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| 6. CONSENT \* | | | |
| Data Protection Agreement | The information you provide will be held by Merton Council and may be used by the Council and other Early Years, Family Wellbeing and Early Help Service partner organisations. This information will be used to help keep you informed about services for you and your family in your local area, it will also be used to help us monitor and improve those services in the future. If you have any further questions about how your information will be used, please speak to a member of Early Years, Family Wellbeing and Early Help Service staff or visit [*www.merton.gov.uk/childrens\_centre\_database*](http://www.merton.gov.uk/childrens_centre_database) | | |
| WE MAY CONTACT YOU BY PHONE TO DISCUSS THIS REFERRAL AND / OR TO BOOK YOU ONTO A PROGRAMME **PLEASE NOTE THAT YOUR TELEPHONE WILL SHOW THIS CALL AS COMING FROM AN UNKNOWN NUMBER** | | | |
| Parent / carer signature |  | **Date:** |  |
| Verbal consent received -  State Yes or No |  |

Please check that you have completed the form fully before sending it securely to [fsd@merton.gov.uk](mailto:fsd@merton.gov.uk)

Please note that some services will require further assessment to determine suitability. The referrer and parent / carer will always be advised of the outcome and will receive confirmation of the service(s) offered.