

# Referral Form Early Years and Family Wellbeing Service



INTERIM April 2021

For families who are residents of the London Borough of Merton

For further information on services available and a current delivery timetable visit [merton.gov.uk/childrenscentres](http://merton.gov.uk/childrenscentres)

All fields with a red asterisk \* must be completed; if they are not completed your form will be returned.

Please return your completed form to: [fsd@merton.gov.uk](mailto:fsd@merton.gov.uk) following your organisation's secure exchange protocol, along with copies of any relevant supporting information, such as CASA, Single Assessment, paediatric report

1. REFERRER INFORMATION		* BLOCK CAPITALS ONLY PLEASE *	
Family eStart / Mosaic ID		Referrer's agency/service*	
Referrer's name*		Referrer's telephone*	
Referrer's email* <i>This must be provided for the referrer to receive feedback</i>			

2. 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* <i>All booking information will be sent via email.</i>		Contact email* <i>All booking information will be sent via email.</i>	
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			

**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)*

Please outline what you or the family are worried about

**A) Parenting Programme Support**

<b>Supporting evidence - where applicable</b>	DLA / benefits <input type="checkbox"/>	Behaviour or SEN Support Plan <input type="checkbox"/>	CAMHS Care Plan <input type="checkbox"/>	Parental Mental Health or Health Assessment <input type="checkbox"/>	EHCP <input type="checkbox"/>	Other Specialist Assessment <input type="checkbox"/>
<b>Name of child requiring service</b>						
<b>Parenting programme</b>	<b>Age range</b>	<b>Eligibility Criteria</b>	<b>Key focus of programme</b>	<b>Select one</b>		
<b>Incredible Years (IY) Baby</b>	0 to 12mths	Family assessed / evidenced as having needs at the Green, Amber or Red level of need in the Effective Support Model <b>OR</b> Parent supported at London Continuum level 2, 3 or 4 and for all referrals section 3 (above) is complete with supporting information	Baby development, attachment and bonding	<input type="checkbox"/>		
<b>Triple P: 0-12</b>	0 to 12yrs		Child development and managing behaviour (current or potential issues)	<input type="checkbox"/>		
<b>Triple P: Teens</b>	13 to 18yrs		Child behaviour / behaviour prevention. Self-regulation. Planning around risky behaviours or activities	<input type="checkbox"/>		
<b>Triple P; Stepping Stones</b>	0 to 12yrs	Child with disability	Child development and managing challenging behaviour	<input type="checkbox"/>		
<b>Incredible Years (IY): ASD / Language</b>	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	<input type="checkbox"/>		
<b>Being a Parent (EPEC)</b>	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	<input type="checkbox"/>		

\* The EPEC pilot primary schools are: Bond, Gorrington 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.

**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.							
<b>Eligibility Criteria</b>		Family assessed/evidenced as having needs at the Green, Amber or Red level of need in the Effective Support Model <b>OR family meets eligibility criteria for a Short Breaks assessment ,</b> <b>OR</b> Parent supported at London Continuum level 2, 3 or 4 <b>and</b> for all referrals section 3 (above) is complete with supporting information <input type="checkbox"/>					
<b>Supporting Evidence, where applicable</b>	DLA/benefits <input type="checkbox"/>	Early Help Plan/ Assessment or CASA <input type="checkbox"/>	Behaviour or SEN Support Plan <input type="checkbox"/>	CAMHS Care Plan <input type="checkbox"/>	Parental Mental Health or Health Assessment <input type="checkbox"/>	EHCP <input type="checkbox"/>	Other Specialist Assessment <input type="checkbox"/>
<b>Name of child requiring service</b>							

**C) Portage and Family Support for children with SEND (0-5 years)**

Education and family support programmes for children with complex needs, SEND, developmental delay			
<b>Eligibility Criteria</b>		<b>Child with complex needs, SEND, developmental delay</b>	
<b>Supporting Evidence</b>	Paediatric Report / Assessment <input type="checkbox"/>	Specialist Report / Assessment (health visitor ASQ) <input type="checkbox"/>	
<b>Name of child requiring service</b>			

## 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

## 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

Verbal consent received - State Yes or No

Date:

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.