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
All fields with a red asterix * must be completed; if they are not completed your form will be returned.
Please return your completed form to: 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

Family eStart / Mosaic ID
Referrer's ID*
Referrer’s name*
Referrer’s telephone*
Referrer’s email* This must be provided for the referrer to receive feedback

2. FAMILY INFORMATION

PRIMARY CARER 1 (e.g. mother/father) PRIMARY CARER 2 (e.g. mother/father)
Name*
Telephone*
Date of birth
Address and postcode*
Contact email* All booking information will be sent via email.
Relationship to child*
Lone parent?
Disabilities / Health needs
Special Educational Needs
Ethnicity
First Language
Is support required with speaking, writing or reading English?*

CHILDREN

Name: ____________________________
Date of Birth: ____________________
Gender: Male / Female
Disability / Health needs: Yes / No
Special Educational Needs: Yes / No
Name of Preschool/Nursery/School/Childminder

Name: ____________________________
Date of Birth: ____________________
Gender: Male / Female
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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)*

<table>
<thead>
<tr>
<th>Please outline what you or the family are worried about</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### A) Parenting Programme Support

<table>
<thead>
<tr>
<th>Supporting evidence - where applicable</th>
<th>DLA / benefits</th>
<th>Behaviour or SEN Support Plan</th>
<th>CAMHS Care Plan</th>
<th>Parental Mental Health or Health Assessment</th>
<th>EHCP</th>
<th>Other Specialist Assessment</th>
</tr>
</thead>
</table>

#### Name of child requiring service

<table>
<thead>
<tr>
<th>Parenting programme</th>
<th>Age range</th>
<th>Eligibility Criteria</th>
<th>Key focus of programme</th>
<th>Select one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incredible Years (IY) Baby</td>
<td>0 to 12mths</td>
<td>Family assessed / evidenced as having needs at the Green, Amber or Red level of need in the Effective Support Model OR Parent supported at London Continuum level 2, 3 or 4 and for all referrals section 3 (above) is complete with supporting information</td>
<td>Baby development, attachment and bonding</td>
<td>☐</td>
</tr>
<tr>
<td>Triple P: 0-12</td>
<td>0 to 12yrs</td>
<td>Child development and managing behaviour (current or potential issues)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Triple P: Teens</td>
<td>13 to 18yrs</td>
<td>Child behaviour / behaviour prevention. Self-regulation. Planning around risky behaviours or activities</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Triple P; Stepping Stones</td>
<td>0 to 12yrs</td>
<td>Child development and managing challenging behaviour</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Incredible Years (IY): ASD / Language</td>
<td>2yrs to end of Reception year</td>
<td>Child on the autism spectrum or with language delay</td>
<td>Challenging behaviour, emotional regulation, language and social skills, school readiness</td>
<td>☐</td>
</tr>
<tr>
<td>Being a Parent (EPEC)</td>
<td>9 to 11 yrs</td>
<td>Attendance at one of the pilot primary schools * Early Help level of need</td>
<td>Emotions, stress and behaviour management, listening, talking and play skills</td>
<td>☐</td>
</tr>
</tbody>
</table>

* 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.

### 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.

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Supporting Evidence, where applicable</th>
<th>DLA/benefits</th>
<th>Early Help Plan/ Assessment or CASA</th>
<th>Behaviour or SEN Support Plan</th>
<th>CAMHS Care Plan</th>
<th>Parental Mental Health or Health Assessment</th>
<th>EHCP</th>
<th>Other Specialist Assessment</th>
</tr>
</thead>
</table>

#### Name of child requiring service

### 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

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Supporting Evidence</th>
<th>Paediatric Report / Assessment</th>
<th>Specialist Report / Assessment (health visitor ASQ)</th>
</tr>
</thead>
</table>

#### Name of child requiring service
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

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

<table>
<thead>
<tr>
<th>Parent / carer signature</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal consent received - State Yes or No</td>
<td></td>
</tr>
</tbody>
</table>

Please check that you have completed the form fully before sending it securely to 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.