

DETAILS OF FAMILY BEING REFERRED - If there are more than 4 children, please list their details in 'Reasons for referral' on page 2

	First Name	Last Name	Ethnicity Codes	DOB dd/mm/yyyy	Gender M/F	In education? (name of pre/primary/secondary school, or college, or training provider)
(PC1) Parent/Carer 1						
(PC2) Parent/Carer 2						
(YP1) Child 1						
(YP2) Child 2						
(YP3) Child 3						
(YP4) Child 4						
Address (including postcode)			Email			
			Home Tel No.			
			Mobile			

WHICH OF THE FOLLOWING CRITERIA APPLY TO ANY OF THE FAMILY MEMBERS? – Please use (P1), (P2), (YP1) etc. codes to identify (use multiple codes where more than one family member qualifies for a particular selection)

	Identified as an issue		Identified as an issue		Identified as an issue
Crime / ASB: Parents &/or Children involved in Crime/Anti-social behaviour		Education: Children whom have not been attending school regularly		Children whom need help: Children of all ages whom need help. Identified as CIN/CP	
Unemployment & Debt: Adults out of work/at risk of financial exclusion/YP at risk of worklessness		Domestic violence: Families affected by domestic violence and abuse		Health: Parents and children with a range of health problems	

DETAILS OF PERSON MAKING THE REFERRAL

Name		Tel No.	
Job Title		Mobile	
Agency		Email	
Address (Including Postcode)	Please tick if you want us to contact you to discuss this referral before making contact with the family		
All Referrers:		CAF completed & attached?	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Who is the Lead Professional?	
Social Care Colleagues:		Is this a Step Down?	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Is your case remaining active?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE SEE OVER TO COMPLETE REFERRAL REASONS AND EXPECTED OUTCOMES

Please see page 4 for guidance and ethnicity codes.

REASON FOR REFERRAL - Full details required

Please provide detailed information regarding all the criteria you have indicated above.

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EXPECTED OUTCOME(S) OF REFERRAL

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OTHER ORGANISATIONS INVOLVED?

Name	Agency	Tel No.

PERMISSION - Tick all that apply *All information is recorded on our database.*

For you to make referral	<input type="checkbox"/>	For BCP to contact parent	<input type="checkbox"/>	For BCP to share data and information with other services for statistical analysis or additional support	<input type="checkbox"/>
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PERMISSION FROM

Parent/Carer Name		Signed		Date	
				dd/mm/yyyy	

Please return this form by email to: bcpreferrals@bromley.gov.uk, or by post to:
Bromley Children Project Referrals
3rd Floor, Central Library, High Street, Bromley BR1 1EX

BCP Home Visiting Risk Assessment Form



This Risk Assessment form is a vital tool for ensuring the safety and wellbeing of everyone providing support to this family. Your co-operation in completing this, to the best of your ability, is necessary and appreciated.

If you answer YES to any of the following, please provide full details in <i>Areas of Concern</i>	YES	NO	N/K
Apart from the service user does anybody else live in the home?			
Are the entrances /exits to the property easily accessible?			
Are there any dangers/hazards associated with the property ?			
Are you aware of any intimidating /threatening clients, relatives or friends living at or likely to visit the property?			
Is there any history of aggressive behaviour or potential violence?			
Are there pets in the household which are threatening?			
Is there safe, well lit parking available close to the home?			
Are there any safety concerns regarding the route from public transport stops to the home.			
Is the service user a risk to themselves?			
Are there any other risk factors or hazards (including mental health, substance/alcohol misuse?)			
Do you think contact should be made outside of the home ?			
Have you contacted all known agencies supporting this family to ask about risks?			

AREAS OF CONCERN

SECTION BELOW IS ONLY TO BE COMPLETED BY BCP STAFF

Action(s) to eliminate/reduce risk?						By whom?		
Have you put in place appropriate safety measures to reduce the risks?								
PID?	Which Risk Assessment is this ? (tick as appropriate)		Initial	Review 1	Review 2	Review 3		
FSPP (sign and date)			Senior FSPP (sign and date)					

Family Support Referral Form Guidance Notes



BCP FAMILY SUPPORT REFERRAL FORM



DETAILS OF FAMILY BEING REFERRED - If more than 4 children please complete a continuation form

	First Name	Last Name	Ethnicity	DOB	Gender M/F	In education? (name of school/primary/secondary school, or college, or training provider)
(PC1) Parent/Carer 1	Mary	Brown	A1	09/08/75	F	
(PC2) Parent/Carer 2	Paul	Stevens	A2	15/07/78	M	
(YP1) Child 1	Chardonnay	Stevens-Brown	A1	01/06/00	F	Bromley School
(YP2) Child 2	Jonny	Smith	A1	05/02/03	M	Not in Education
(YP3) Child 3						
(YP4) Child 4						
Address (including postcode)	1 Bromley Road Bromley BR1 1AA		Email		marybrown@gmail.com	
			Home Tel No.		0208 333 8845	
			Mobile		0786 448 4557	

You need to provide full details including the ethnicity code for the individuals as listed below

DO ANY OF THE FOLLOWING APPLY TO ANY OF THE FAMILY MEMBERS? – Please use (P1), (P2), (YP1) etc. codes to identify individuals (use multiple codes where more than one candidate qualifies for criteria)

	Identified as an issue		Identified as an issue		Identified as an issue
Crime / ASB: Parents &/or Children involved in Crime/Anti-social behaviour	PC1 PC2	Education: Children whom have not been attending school regularly	YP1 YP2	Children whom need help: Children of all ages whom need help. Identified as CIN/CP	
Unemployment & Debt: Adults out of work/at risk of financial exclusion/YP at risk of worklessness		Domestic violence: Families affected by domestic violence and abuse	PC1 PC2 YP1 YP2	Health: Parents and children with a range of health problems	YP2

You need to identify referral criteria for the individuals (Use multiple PC1, PC2, YP1 codes if necessary)

DETAILS OF PERSON MAKING THE REFERRAL

Name	Tel No.		
Job Title	Mobile		
Agency	Email		
Address (including Postcode)	Please tick if you want us to contact you to discuss this referral before making contact with the family		
All Referrers:	CAF completed & attached?	YES	NO
	Who is the Lead Professional?		
Social Care Colleagues:	Is this a Step Down?	YES	NO
	Is your case remaining active?	YES	NO

To advise you of the outcome – we need your full details

REASON FOR REFERRAL - Full details required
Where applicable include information about school attendance, crime & anti-social behaviour, parenting, etc.
If you are hand writing this referral and need more space, please attach additional sheets. If you are typing, your text will shrink as you type.

We need the background & details in order to effectively plan any support! (simply stating refer to CAF is not enough!)

EXPECTED OUTCOME(S) OF REFERRAL

What does the family want to achieve?

OTHER ORGANISATIONS INVOLVED?

Name	Agency	Tel No.

Who else can we speak to?

PERMISSION - Tick all that apply

For you to make referral	For BCP to contact parent	For BCP to share data and information with other services for statistical analysis or additional support
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PERMISSION FROM

Parent/Carer Name	Signed	Dated
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Verbal consent is accepted

Please return this form by email to: bcprefferrals@bromley.gov.uk, or by post to:
Bromley Children Project Referrals
3rd Floor, Central Library, High Street, Bromley BR1 1EX

Ethnicity Codes:

A-White

- A1 – English/Welsh/Scottish/Northern Irish/British
- A2 – Irish
- A3 – Gypsy or Irish Traveller
- A4 – Any other White Background

B-Mixed/multiple ethnic groups

- B1 – White & Black Caribbean
- B2 – White & Black African
- B3 – White & Asian
- B4 – Any other Mixed/multiple ethnic background

C-Asian/Asian British

- C1 – Indian
- C2 – Pakistani
- C3 – Bangladeshi
- C4 – Chinese
- C5 – Any other Asian background

D-Black/African/Caribbean/Black British

- D1 – African
- D2 – Caribbean
- D3 – Any other Black/African/Caribbean background

E-Other

- E1 – Arab
- E2 – Any other ethnic group

Where possible please type into the electronic form. If completing by hand please use block capitals for your referrals.