



Dear Referrer

Many thanks for your interest in making a referral to Family Action in Bradford. In the pages to follow are a series of questions that will help you to provide the information we need to fully assess your referral

We realise that at times, filling in forms like this can be difficult. In light of this we are always pleased to help in any way we can. Please do not hesitate to contact us on 01274 651652 should you need any help or support with this form.

Please complete all sections of the Referral Form in full. **If there are any sections that have limited information or are left blank we may have to return the form to you.** In light of this, if you leave a section blank please indicate on the form why this is the case.

If there are any Safeguarding/Child Protection concerns it is important that you share these with Family Action in full.

Please note that a case is not to be considered 'live' to Family Action until it is allocated to a named worker following an initial assessment meeting.

Please return your completed Referral Form to:

Operational Manager
Family Action Bradford
207 Cutler Heights Lane
Bradford
BD4 9JB

Please do not return this page

The Referral Process

A referral is received by Family Action in Bradford.
On receipt, the referral is date stamped.

The referral is passed to an Operational Manager who checks that all sections are completed.
There are three possible outcomes with regards to a referral. These are:

Referral returned as not meeting the service delivery criteria of Family Action in Bradford.

Referral meets service delivery criteria of Family Action in Bradford.

Referral incomplete and returned to referrer for more information

When a referral meets service delivery criteria both the referrer and the service user will be contacted by letter to inform them that this is the case.

This letter will also inform all parties that Family Action will make contact with the service user as soon as a worker is available.

The referral will be discussed at a Family Action Referral meeting. Following this meeting a Family Action worker will make contact with the service user. This will be, where possible, via telephone. During this telephone conversation a date and time for a Family Action initial assessment will be agreed upon. The worker will offer a brief outline of the initial assessment. A letter will be forwarded to the service user and referrer stating the date and time of the initial assessment meeting.

At the time and date agreed two workers for Family Action will attend for the assessment. At this stage we will provide more information as to the nature of the work that we can offer.

Following the meeting, Family Action will assess whether the referral meets service delivery criteria and which Project is best suited to meeting the needs of the person/family referred. A letter will be sent to both referrer and service user outlining the work to be offered. If a decision has been made that Family Action cannot provide a service the reasons for this will be fully shared with all parties.

If it has been assessed that Family Action can offer a service, a named worker will be allocated to the case, it is this worker who will provide the ongoing support. **At this stage the case will be considered 'live'**. The allocated worker will contact the service user and arrange a time and date for the first meeting. The referrer will be informed that work is due to start. If for any reason work does not start the referrer will be kept informed of this.

Due to waiting lists Family Action will be as clear as possible when work will commence.

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Family Action Bradford offers a range of interventions for families and young people. These include individual counseling, group work, recreational activities and parenting and family based support.

Alma Street Project

Supporting children who have been sexually abused. Also supports parents.

The Alma Street Project supports children and young people aged 5-17 years who have been sexually abused. We offer:

- Individual/group therapeutic recovery work for children/young people
- Witness support for children/young people giving evidence in court
- Advice/support for non abusing parents/carers
- Consultation/training for professionals

This service is available to children living in the Bradford district and includes Keighley

Building Bridges Project

Supporting families affected by mental health problems. Also supports parents.

The Building Bridges Project works with young people and their families to promote positive mental health. The Project focuses on strengths to enable families to discover solutions to their problems.

Children and Loss Project

Support for bereaved children.
Also supports parents.

The Children and Loss Project provides individual work with children who have experienced a bereavement The Project also offers information and advice to parents and professionals with regards to supporting the bereaved child/young person

HOPE Service

Supporting children who have witnessed or experienced domestic violence. Please contact us on 01274 651652 for more information regarding which agency delivers HOPE services in your area.

The HOPE Service offers support to children who have at some time experienced domestic violence or its effects. Children over 5 years of age may spend time individually with one of our workers or engage in group work.

The HOPE Service is a partnership between Family Action, Owlet Family Centre and DVS Keighley.

Family Action in Bradford will not share information regarding services with third parties unless we have permission from the individual to do so. The only exception to this is where we have reasonable cause to suspect that a child may be suffering or at risk of suffering harm. Where possible such concerns will be discussed with the family, unless to do so it would place the child at risk.

The child's interests must be the overriding consideration in making any decisions.

Please do not return this page

Family Action Bradford

Referral Form

Family Action believes that with support an individual or a whole family can achieve its potential, whether that is in a practical, emotional or a financial sense.



Family Action
207 Cutler Heights Lane
Bradford
BD4 9JB
Tel: 01274 651652
Fax: 01274 782020
email: bradford@family-action.org.uk
Web: www.family-action.org.uk

Family Action works to tackle some of the most complex and difficult issues facing families today – including financial hardship, domestic abuse, mental health problems, learning disabilities, or substance misuse and alcohol problems.

These issues can have a huge impact on the stability of family life, and will have a significant impact on the health, wellbeing and development of children. Family Action believes that families facing these difficulties should have the support they need to become stronger, happier and healthier. With the right kind of support, families can overcome their difficulties and give their children hope for a brighter future.

If you need any help with the completion of this form please do hesitate to contact Family Action: Bradford on 01274 651652

Family Action
Family Action Central Office, 501-505 Kingsland Road, London E8 4AU
Phone number 020 7254 6251 Registered charity number: 264 713

Web: www.family-action.org.uk

To which of our Projects do you wish to make a referral? If you are unsure of which Project you would like support from please contact us on 01274 651652.

Referral to: Project

Referral Source (please tick)

Self Friend or Family Family Action Health
Education Children's Services Other Statutory Voluntary Services

Date of Referral: Name of the person you are referring:

Is this person an adult or a child? Adult Child

Names and Signatures

Details	Name	Sign	Date
Referrer:			
Family Member:			
Family Member:			
Family Member:			
Family Member:			

Please note that form needs to be signed by both referrer (if appropriate) and family members. If the service is for a child, a parent's signature is required.

Are all members of the household aware of this referral and agree to it being made?

YES NO If NO please give more details

Is it safe to contact the service user at home: (Please tick) YES NO

If **NO** please could you explain why?

As part of our assessment Family Action will visit the person/family being referred at home. Can you think of anything which would suggest that a home visit may not be a good idea?

Details of household (include all adults and children). Please list the person you are referring first

<p>*Person being referred:</p> <p>_____</p> <p>Address: _____</p> <p>_____ Postcode: _____</p> <p>Tel: _____ Mobile: _____</p> <p>E Mail: _____</p> <p>Parent/Carers Name (if appropriate): _____</p>	<p>Referrers Name: _____</p> <p>Referring Agency: _____</p> <p>Address: _____</p> <p>_____ Postcode: _____</p> <p>Tel: _____ Mobile: _____</p> <p>E mail: _____</p>
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First Name	Surname	Dob	Relationship to the person being referred	Same address as referred? (Y/N)	Gender (M/F)	Ethnicity	Disability (Y/N)	School Attended	Waged Y/N
(*Person being Referred)									

Is an interpreter needed with regards to the individuals listed above? **YES**

NO

If YES, which language?

Please provide full information with regards to the following questions:

If you are filling in this form for yourself it is called a 'SELF REFERRAL'. If this is the case you can start at question number 3. If it is not a self referral please start at question number 1.

If this is NOT a self referral, please note that Family Action is not able to offer a service in all cases and thus we request that you do not close your involvement until a decision has been made with regards to the appropriateness of this referral.

1. If this is **NOT** a self referral and you are making the referral on behalf of somebody else, how do you know the person or family you are referring? For example are you a family member, a social worker, learning mentor and so on? Please give brief details of your involvement.

2. If this is **NOT** a self referral and you are making the referral on behalf of somebody else, following the referral what ongoing contact will you have with the family/person you have referred?

If this is a **SELF REFERRAL** please start the form from here

3. Can you tell us why you are asking for some input from Family Action: Bradford?

It might be useful to provide a short history, outlining what you feel are some of the important issues that have led to this referral.

4. What do you think Family Action could do to help, what could we provide that would be useful?

5. We aim to make getting support from Family Action as easy as possible. Can you think of anything that would affect Family Action providing a service?

For example does the person being referred not have their own transport and therefore would find it difficult to get to the Family Action building? Are there any childcare issues, and so on?

We may not be able to help with everything but please let us know if there any problems that would stop the person being referred from getting support.

6. Please add any other comments you feel are appropriate with regards to this referral

Safe Guarding/Child Protection & Risk Assessment

Safe Guarding and Child Protection means that we work towards:

- Protecting children from abuse and neglect
- Ensuring the positive health and development of those young people we work with
- Making sure that children receive safe and effective care

By protecting children we work to support them to grow up to be confident, healthy and happy adults.

To help us safeguard the children we work with please provide full details of any past or ongoing risk assessment and/or safeguarding concerns/issues. Please provide clear and concise information.

- Are there any Safe Guarding concerns - past or present? YES NO
- Are there any children on the Safe Guarding register? YES NO
- Are the children subject to any court orders? YES NO
- Are there any adults subject to court orders? YES NO
- Would you say that there any Risk Assessment issues? YES NO

If you answered **YES** to any of the above, please provide full details below:

What were/are these concerns regarding? Please give details and a short history

Who was/is involved in the management of these concerns?

Name:

Role

Contact Details

What were/are the outcomes with regards to such case management/investigations?

Family Action may contact any of the named above in the course of our assessment

7. What other services are involved with this family? What other services have been involved in the past? We would like to get a good overview of the services that other organizations are providing, please provide as much information as possible

Please be aware that we may contact the services you list below. If you do not want us to make contact with such services please indicate

Please note that in case of emergency we require GP details

Please Circle

Role/Occupation	Name	Organisation and Contact Tel No	What is the involvement? Please provide brief details	Is the work ongoing	May we contact them?
G.P.		Tel:		YES NO	YES NO
School		Tel:		YES NO	YES NO
Social Worker		Tel:		YES NO	YES NO
Health Visitor/Nurse		Tel:		YES NO	YES NO
Other		Tel:		YES NO	YES NO
Other		Tel:		YES NO	YES NO
Other		Tel:		YES NO	YES NO