**FLEMING GARDENS REFERRAL FORM**

Please note: It is a requirement of YWCA Yorkshire, Fleming Gardens Project, that an Early Help Assessment is completed for all Young Parents at the point of entering the service

**Date Received:**

P**lease tick which part of the service you require:**

□ **Accommodation** (Age 16-25 young parents’ or mum’s to be).

□ **Floating Support** (Age 16-25 young parents’ or mum’s to be).

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Alias: |  |
| Date of Birth: |  | Age: |  |
| NI Number: |  | First Language: |  |
| Tel Number: |  | Gender: |  |
| Married/Couple/Single: |  | Disability:(Mental/Physical) |  |
| Sexuality: |  | Preferred pro-noun: |
| No. of children or expected date of delivery: |   | Religion: |  |
| Address:Email address : |  | Ethnicity:(Please tick) | White/BritishWhite/OtherBlack CaribbeanBlack AfricanBlack OtherIndianPakistaniBangladeshiChineseOther |

 **Applicant**

**Partner/ Children (please continue on back page if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relation to applicant | Age: | D.O.B | Address or/and Contact Number if different to applicant: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Referring Agent Details**

|  |  |
| --- | --- |
| Name:  | Position: |
| How long have you known the applicant: | Address:Contact Number:Email address: |
| Has an EHA been completed for any of the children/young people? Yes / No (please circle) | Which child/ren or young person has an EHA and who is the lead professional? |

**Housing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Situation** | **Yes** | **No** | **N.A** |
| If aged 16/17 do you have an allocated Social Worker? If you have indicated Yes please provide Social Worker’s Name and Contact Details? |  |  |  |
| Are you in the process of being evicted? |  |  |  |
| Do you require support due to overcrowding? |  |  |  |
| Are you at risk of becoming homeless |  |  |  |
| Do you require support in dealing with repairs or landlord issues |  |  |  |
| Are you in the process of moving? |  |  |  |
| Do you or your partner have any rent arrears or owe money to housing benefit? |  |  |  |
| Do you have a current landlord? If you answer Yes please indicate who this is and their contact details: |  |  |  |

**Education, Employment and Income Details**

|  |  |
| --- | --- |
| **Currently in Employment:**   | **Employer Details if applicable:** |
| **In receipt of Benefits:**   | **Please indicate which benefits:** |
| **Currently in Training or Education:**  | **Please indicate what training/course and where?** |

**Support Needs –** Please indicate the area(s) you require support with: (Tick as applicable)

You will be asked for more details at interview stage.

|  |  |  |  |
| --- | --- | --- | --- |
| Parenting Support |  | Alcohol or Drug Issues |  |
| Child Protection |  | Mental Health Issues |  |
| Home Safety |  | Managing your home  |  |
| Personal Safety |  | Healthy Eating |  |
| Benefits |  | Sexual Health Support |  |
| Budgeting/Debt/ Arrears |  | Accessing other services |  |
| Acquiring Furniture |  | Community Involvement |  |
| Community Involvement |  | Confidence & Self Esteem |  |
| Education/ Training/ Employment |  | Religious / Cultural support |  |

**Risk Assessment & Support**

Please indicate any risk associated with the applicant. Further information will be requested at interview. Information collected is used to ensure the right level of support is given to manage the risks identified.

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Risks:** | **Yes** | **No** | **Details** |
| Support with violence and aggression towards others including domestic violence |  |  |  |
| Support with Abuse and/or Harassment towards others |  |  |  |
| Support with child protection concerns |  |  |  |
| Issues regarding sexual assault |  |  |  |
| Support with mental health issues |  |  |  |
| Historic or Current Self Harm |  |  |  |
| History of being abused, harassed or exploited |  |  |  |
| Historic or current alcohol misuse |  |  |  |
| Historic or current drug misuse |  |  |  |

Are there any risks associated with lone working? Yes / No

If yes, please give more details below:

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 **Communication needs**

Do you have any information or communication needs that we need to be aware of to support you at interview stage?  If so please identify:

**Other Information**

|  |
| --- |
| Please use this section to provide us with any other relevant information:  |

**Confidentiality & Consent to Share Information**

The information collected about you and your family is for the sole purpose of providing the most appropriate support for you and your family. The information you tell us will be shared within the team and other services currently involved with your family once you tell us that you are happy for us to do this by the completion and signing of this consent form.

Fleming Gardens has a duty to inform Statutory services of any known illegal activity, or safeguarding concerns involving children or vulnerable adults.

In order Fleming Gardens to provide the right support package for you and your family relevant safeguarding checks are carried out with Social Care, housing and benefit services.

**Telephone Referral**

**I .................................................................. (Applicant) give my consent for Fleming Gardens to liaise with the relevant professionals and share information with other services to access the best support to meet both mine and the needs of my family.**

**I .................................................................. (Partner) give my consent for Fleming Gardens to liaise with the relevant professionals and share information with other services to access the best support to meet both mine and the needs of my family.**

**I .................................................................. (Parent of child under 13 years) give my consent for Fleming Gardens to liaise with the relevant professionals and share information with other services to access the best support to meet the needs of my child, ……………………………………………………...(child’s name)**

**I .................................................................. (Parent of child under 13 years) give my consent for Fleming Gardens to liaise with the relevant professionals and share information with other services to access the best support to meet the needs of my child, ……………………………………………………...(child’s name)**

 **Early Help Assessment**

The Early Help Assessment is a national document that professionals complete when working with children & families who require support with multiple needs. A young parent accessing the support of YWCA Yorkshire Fleming gardens is seen as having a number of support needs e.g. housing, parenting, accessing education, health, debt etc. The areas you have indicated within this application will therefore require an assessment for both you and your child/ren.

As you enter our service your key worker will complete an Early Help Assessment to find out the areas you require support with. Within this process we will also look at other professionals who could support you to meet the needs you have identified.

Every 3 months we will review your support needs and the progress you are making by holding Team Around the Family Meetings.

A copy of the Early Help Assessment and future review meetings will be stored on RMBC database and the team will ensure that as a service we are meeting your needs and working with other services to ensure you receive the best possible support.

The information stored on RMBC database can only be accessed by professional workers. The Early Help Assessment will support all professionals in ensuring your needs are met to the fullest.

Please sign and date below to inform the project that you agree to an Early Help Assessment being undertaken should you be supported by the project.

|  |
| --- |
| **Signature of Young Parent: Date:** |

Thank you for taking the time to complete our referral form. If the young parent(s) meets our criteria

we will contact them to organise an initial assessment. If we feel the young parent(s) doesn’t meet our criteria we will inform you in writing, inclosing our appeals procedure.

Referral forms can be posted or hand delivered to –

Fleming Gardens Team, 11 Fleming Gardens, Flanderwell, Rotherham, S66 2EY

or emailed to Claire.pearson@ywcayorkshire.org.uk & rebecca.lockwood@ywcayorkshire.org.uk