****

**Do you have the permission of the family to make this referral. YES/NO**

*(Home-Start use; Date received ………………….. Family Number …………………….)*

Name of Family ………… …………………………………………………………….

Family Address………………………………………………………………………………………………………………

……………………………………………………………………… Postcode……………………………………………

 E-mail …… ………………………………………. ………... Phone No …………**………………………………**

 **Please provide some details about the adults caring for the child[ren]:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Main carer √ | Resident in household√ | Relationship to child/ren if applicable |
| Mother/partner |   |  |  |   |
| Father/partner |   |  |  |   |
| Other main carer[s]  |  |  |  |  |
| Other main carer[s] |  |  |  |  |

|  |  |
| --- | --- |
| Referrers Name…………………………………….Role……………………………………..……………Agency……………………………….……………..Address……………………………………………..E-mail ……..………………………………….. ……Tel………………………………………………….….Date of referral:  | Family Doctor……………………………………. Tel …………………………………………………..Health Visitor…………………………………….. Tel …………………………………………………..E-mail ……………………………………………….. |

**Other services involved.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Details** | **Named contact** | **Contact details** | **Who for?** |
| **Education** |  |  |  |
| **Health Visitor/School nurse** |  |  |  |
| **Specialist Childrens services.**  |  |  |  |
| **Adult services** |  |  |  |
| **Mental Health /Psychiatric support** **( Any diagnosis ?)** |  |  |  |
| **Police/ Housing etc.**  |  |  |  |

**Please √ all that apply to this family: Please state if historic**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lone parent  | Substance misuse  | Domestic abuse  | Mental health issues | Learning disabilities | Post natal depression | Communication needs | Teenage pregnancy 19yrs or younger | other please specify |

**Have you visited the family home? Yes/NO**

**Are there any Health and Safety issues that we need to consider when placing a volunteer with this family? …………………………………….**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Family needs -** So that we can offer the family the most appropriate support, please complete the following table.

 This information, together with information provided by the family, will be used to monitor how our support meets the family’s needs.

|  |  |  |
| --- | --- | --- |
| Family needs | √ | If you have ticked, please tell us why this is a need |
| 1.Managing child’s behaviour |  |  |
| 2.Being involved in the child(ren)’s development |  |  |
| 3.Coping with own physical health |  |  |
| 4.Coping with own mental health |  |  |
| 5.Coping with feeling isolated |  |  |
| 6.Parent’s self-esteem |  |  |
| 7.Coping with child’s physical health |  |  |
| 8.Coping with child’s mental health |  |  |
| 9.Managing the household budget |  |  |
| 10.The day-to-day running of the house |  |  |
| 11.Stress caused by conflict in the family |  |  |
| 12.Coping with multiple birth/multiple children under 5 |  |  |
| 13.Use of services |  |  |
| 14.Other (please describe) |  |  |
| 15.Parents own learning needs |  |  |

**Details required below**

**As an agency, what supportive action have you taken with this family?**

**Please give greater detail on the family needs and why you feel a referral is needed.**

**Details of Children**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of children and young people living in the household.****Eldest first****Insert full name below** | **Gender** | **Date of birth**  | **Immigration status** | **Considered to be disabled by main carer?** | **Asian or Asian British** | **Black or Black British** | **Chinese or Other Ethnic Group** |  |  |  | **Mixed** |  | **White** |  | **Who is the lead professional ?**  | **Child in need √** |  **Child Protection plan**  |
| Male | Female | Asylum seeker | Refugee | Pending | YES/NO | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean  | African | Other | Chinese | Other Ethnic | White and Asian | White and Black African | White and Black Caribbean  | Any mixed | British | Irish | European | Other White | **Subject to assessment of needs e.g. CAF ( √)** |
| Child 1.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| Child 2. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |   |   |  |  |  |  |
| Child 3. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| Child 4. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| Child 5. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| Child 6. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| Child 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enter Name below** | **Gender** | **Date of Birth** | **Immigration status** | **Consider themselves to be disabled** | **Asian or Asian British** | **Black or Black British** | **Chinese or Other Ethnic Group** |  | **Mixed** |  |  | **White** |
| Male | Female | Asylum seeker | Refugee | Pending |  YES/NO | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean  | African | Other | Chinese | Other Ethnic | White and Asian | White and Black African | White and Black Caribbean  | Any mixed | British | Irish | European | Other white |
| Main Carer: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |   |  |
| Partner living in household: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |   |  |

**Details of other members of the household with responsibilities for caring for the children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tick preferred support option: \*please note at point of contact we will triage. | **Embrace-** Parent and child ( 0-3) PIMH 6 week programme. | **Parents Together:** Volunteer home-visiting support | **Connection Cafés.** Facilitated, peer support, friendships and connections.  | **Empowered Parents Programme** Therapist delivered 7 week parenting programme.\*subject to funding |

Referrer’s signature ……………………………………….. Date …………………………………

Parent’s signature …………………………………………. Date ………………………………… (optional)

Please take some time to check that all fields are completed including full contact details for the family as incomplete applications will be returned to the referrer resulting in a delay for support.

Email office@home-starterewash.co.uk

Web [https://home-starterewash.co.uk](https://home-starterewash.co.uk/)

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