



Please note that all referrals must be made with the consent of the family. Have you discussed this referral with the family prior to completing this form? YES / NO

The family must have at least one child who will be engaging with pre-school provision or primary school within the next 6 months.



PLEASE STATE WHICH OF THE FOLLOWING IS THE MOST SIGNIFICANT NEED FOR SUPPORT

(PLEASE REFER TO OUR WEBSITE FOR CLARIFICATION:)

Home Readiness		Parental Readiness		Child Readiness	
----------------	--	--------------------	--	-----------------	--

Name of family.....**Family Number (scheme use)** _____

Address.....

..... **Postcode**

Tel. No **Mobile No** **E mail**

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

	Name	Main carer ✓	Resident in household ✓	Comments
Mother/partner				
Father/partner				
Other main carer[s]				Relationship to family
Other main carer[s]				Relationship to family

Referred by:

Date of referral:

Name: Role: Agency: Address: E mail: Postcode: Tel:	Family Doctor Tel Health Visitor Tel E mail _____ Other agencies involved Name and address of pre-school provision or school
---	---

Please ✓ all that apply to this family:

Lone parent	substance abuse	domestic abuse	mental health issues	learning disabilities/ difficulties - parent	post natal depression	interpreter required	teenage pregnancy 19yrs or younger	Parental literacy
-------------	-----------------	----------------	----------------------	--	-----------------------	----------------------	------------------------------------	-------------------

Are there any Health and Safety issues that we need to consider when placing a volunteer with this family:

.....

Please add any background information that you think we would find useful (if necessary attach an extra sheet).....

.....

Details of children - Please note the family must have at least one child under the age of five years.

If your referral is for a child with **Special Educational Needs**, or is waiting to be assessed, a further discussion may be needed before the referral is accepted. This is to ensure the threshold for support and the child's needs can be met by a Big Hopes Big Future Volunteer.

Child's name Eldest first	Gender		Date of birth	Immigration status			Considered to be disabled by main carer? ✓ if yes	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			Subject to assessment of needs e.g. CAF/ UNOCINI (✓) Pls ask for copy	Who is the lead professional?	Child in need ✓	Child care/ protection plan (✓)
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		Any mixed	British	Irish				
C1.																								
C2.																								
C3.																								
C4.																								

Please complete those boxes which apply to any of the children

Note: the terms above are nation-specific - not all will be relevant in your area

Family needs - So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the

following table. Please note that there is not a 'points' system. Families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the family, will be used to monitor how our support meets the family's needs.

I hope that Home-Start will help meet needs the family has in the following areas:

Family needs	√	If you have ticked, please tell us <u>why</u> this is a need
1. Managing children's behaviour, listening to children and respecting their rights		
2. Coping with daily routines		
3. Coping with reading to the child		
4. Coping with ideas to encourage child's early learning and development		
5. Coping with hygiene and using the toilet		
6. Coping with recognising numbers and letters		
7. Coping with interacting with others		
8. Coping with listening and/or communication skills		
9. Coping with transition to nursery/primary school		
10. Coping with child's physical health		
11. Coping with child's mental health		
12. Coping with multiple births and children under 5		
13. Other (please describe)		
14. Parents own learning needs		

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

	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?	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British
Main Carer																				
Partner living in household																				

	RELIGION OR BELIEF									SEXUAL ORIENTATION		
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	Rather not say	Hetero sexual	Lesbian, gay man, bisexual	Rather not say
Main Carer												
Partner living in household												

Referrer's signature

Date

Parent's signature

Date

Thank you for taking time to provide this information which will help us to process the referral.

We are unable to process your referral until we have received this form. We will try to respond to you within two weeks to tell you about progress with this referral.

We will remain in touch while supporting this family and will contact you when the support ends. If you have any issues or concerns about the referral process or the support for the family please contact Gabby Fisher or Sam O'Connor.