|  |  |  |
| --- | --- | --- |
| **Referral form** **January 2024**  | **Office use only – family number:**  | **HomeStart_Reading_Centre_Main_CMYK - smaller 2 - Copy** |
| **ELIGIBITY CRITERIA:** * The family must have at least one child under the age of five and not in full time education
* The family must live within the Reading Borough boundary
* Third party referrals must only be made with the consent of the family
 |

Due to funding restrictions, meeting the above criteria is not a guarantee that we will accept your referral. We assure you that all requests for support are given thorough consideration however the volume of referrals and resources we have available may impact our decision.

**Is the referral for yourself? Yes / No** (Delete as appropriate)

**If no, do you have the main carer’s consent to make this referral?   Yes / No** (Delete as appropriate)

**Which support services are you applying for?** (Mark with a ✓)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home-visiting volunteer**  |  | **Mums in Mind**  |  | **Antenatal parenting support**  |  |

**Main carer’s details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Tel** |  | **Email** |  |
| **Address** |  |

**Details about the adults caring for the child/children**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Are they the main carer?** | **Do they live in the household?** | **If absent from the household, do they have regular contact with the child/children?** | **Comments** |
| **Mother/parent 1** |  |  |  |  |  |
| **Father/parent 2** |  |  |  |  |  |
| **Other main carer** |  |  |  |  |  |

**Referrer’s details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Role** |  | **Agency** |  |
| **Email** |  | **Tel** |  |
| **Address** |  |

**Main reason(s) for this referral** (Mark with a ✓)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Isolation**  | **Multiple births**  | **Domestic abuse**  | **Mental wellbeing** | **Learning disabilities** | **Chronic physical illness** | **Parenting or routines** | **Practical help** | **Pregnant mum** | **Other (please specify)** |
|  |  |  |  |  |  |  |  |  |  |

**Any risks associated with this family that we need to consider when placing a volunteer**

|  |
| --- |
|  |

**Important family information**

|  |  |
| --- | --- |
| **Doctor’s surgery** |  |
| **Health visitor** |  | **Email** |  | **Tel** |  |
| **Other agencies involved** |  |

**If this is not a self-referral, have you visited the family home? Yes / No** (Delete as appropriate)

**Are the child(ren)’s immunisations up to date? Yes / No** (Delete as appropriate)

**Please add any background information that you think we would find useful**

|  |
| --- |
|  |

**Please include details of ALL the children in this household** (Mark with a ✓)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name**(Make sure to include ALL children in the household, including babies expected, marking them as unborn)**Eldest child first** | **Gender** | **Date of birth or due date**  | **Considered disabled by main carer** | **Immigration status** | **Asian or Asian British** | **Black or Black British** | **Other minority ethnic group** | **Mixed** | **White** | **Subject to a CAF assessment of needs or similar** | **On a Child in Need Plan** | **On a child protection plan** | **In care or subject to a care order or interim care order** | **Who is the lead professional?** |
| Male | Female | Other | Asylum seeker | Refugee | Other | Indian | Pakistani | Bangladeshi | Chinese | Other | Caribbean  | African | Other |  | British | Irish | Other |  |
| C1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C2.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C2.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C4.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C5.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C8.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C9. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Family’s needs**

Please complete the following table to give us a clearer picture of the family. This will enable us to offer them the most appropriate support and match them with the most suitable volunteer/services available.

Please note that we don’t operate a ‘points’ system – families are not prioritised based on how many categories are ticked.

**Please let us know about the difficulties affecting the family** (Mark with a ✓ and provide some detail on each)

|  |  |  |
| --- | --- | --- |
| **Managing child’s behaviour** |  |  |
| **Being involved in the child(ren)’s development** |  |  |
| **Coping with own physical health** |  |  |
| **Coping with own mental wellbeing** |  |  |
| **Coping with feeling isolated** |  |  |
| **Parent’s self-esteem** |  |  |
| **Coping with child’s physical health** |  |  |
| **Coping with child’s mental wellbeing** |  |  |
| **Managing the household budget** |  |  |
| **The day-to-day running of the home** |  |  |
| **Stress caused by conflict in the family** |  |  |
| **Coping with multiple birth/multiple children under 5** |  |  |
| **Use of services** |  |  |
| **Parents’ own learning needs**  |  |  |
| **Other (please describe)** |  |  |

**Details of members of the household with responsibilities for caring for the children** (Mark with a ✓)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Gender** |  Date of birth | **Considered disabled by main carer** | **Immigration status** | **Asian or Asian British** | **Black or Black British** | **Other minority ethnic group** | **Mixed** | **White** |
| Male | Female | Other | Asylum seeker | Refugee | Other | Indian | Pakistani | Bangladeshi | Chinese | Other | Caribbean  | African | Other |  | British | Irish | Other |
| **Mother/parent 1**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Father/parent 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other main carer** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Confirmation**

**By signing below, I confirm that all the information above is correct to the best of my knowledge**

**If this referral is not for myself, I have the main carer’s consent to make this referral**

(If you’re completing the form digitally you can either paste in an image of your signature or type in your name)

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**Submitting your referral**

Thank you for taking time to provide this information, which will help us to process your referral. Please email the completed form katerina@home-start-reading.org.uk

We’ll aim to contact the family within 14 days of processing the referral to arrange a time to visit them in their home. If you’re a third party referrer we’ll stay in touch with you once we’re supporting the family and will let you know when the support is ending.

You can find more information in our [referrers’ guide](https://www.home-start-reading.org.uk/sites/homestartreading/files/2021-12/Referrers%E2%80%99%20guide.pdf). If you have any concerns about the referral process or the support available, please contact us:

|  |  |
| --- | --- |
| **Telephone:** | 0118 956 0050 |
| **Email:**  | katerina@home-start-reading.org.uk |
| **Website:** | [www.home-start-reading.org.uk](http://www.home-start-reading.org.uk) |
| **Address:** | Home-Start Reading7 Southcote ParadeSouthcote Farm LaneReadingRG30 3DT |