

HOME-START BANBURY & CHIPPING NORTON

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Support and friendship
for families

REFERRAL FORM

Scheme code: BCN

Home-Start Family number:

Date received:

CC:

WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM

Please complete ALL sections in full

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

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

This form will be held in confidence but may be shown to the family if requested.

If you have any issues or concerns about the referral process or the support for the family please contact the Senior Organiser.

Name of family..... **Date**

Address

..... Postcode

Tel No Mobile No

Name of mother/partner Main carer YES/NO

Name of father/partner Main carer YES/NO

Please tell us if an interpreter is required for this family YES / NO

Referred by:	
Name Self	Family Doctors Surgery
Agency	Tel
Address	Health Visitor
.....	Tel
.....	Other Agencies involved
Postcode
Tel
Email(required).....	

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:

<i>Family needs</i>	✓	<i>If you have ticked, please tell us <u>why</u> this is a need</i>
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 the extra work caused by multiple birth/multiple children under 5		
13. Use of services		
14. Other (please describe)		

- Please tell us about any Health and Safety issues that we need to consider when placing a volunteer with this family:

- Please tell us if the family has issues relating to (please circle):
 Lone parent Drug/Alcohol abuse Domestic abuse Post-natal depression Mental health
- Please add any background information that you think we would find useful (if necessary attach an extra sheet).

Please provide the following details about the children and adults caring for them:

Details of children Please note the family must have at least one child under the age of five years (please include details of all children under 18)

Name of child	Gender		Date of birth	Immigration status		Considered to be disabled by main carer?		On Child Protection Register or subject to child protection plan?		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White		
	Male	Female		Asylum seeker	Refugee	YES	NO	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White
	1.																					
2.																						
3.																						
4.																						
5.																						
6.																						

Details of any assessments for children’s needs – Is any child subject to an assessment of needs such as CAF? Yes / No

Name of child	Name and agency of lead professional
1.	
2.	
3.	
4.	
5.	

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

	Gender		Date of birth	Immigration status		Do they consider themselves to be disabled?		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Grp		Mixed	White		
	Male	Female		Asylum seeker	Refugee	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White
Main Carer																				
Partner living in household																				
Other Please specify e.g. Grandparent																				

Referrer's signature Date

Parent's signature Date (optional)

Thank you for taking time to provide this information which will help us to process the referral. We will try to respond to you within two weeks to tell you about progress with this referral.

Office use only:

Allocated to: _____ Date _____

Has the family received Home- Start support previously? Yes/No

If Yes, when did Home-Start support cease?

Family to be offered: Home visiting by Volunteer/Other - please specify/Inappropriate Referral - please specify

Initial visit (date)

Support to start on:

End date:

Name of Volunteer: