HOME-START GLOUCESTERSHIRE
REFERRAL FORM

Please note that all referrals must be made with the consent of the family and the family must have at least one child under the age of five years.

Please contact us if you need to check current availability or to discuss a referral. Contact details are at the end of this form.

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

Type of support requested (please tick next to all that apply) *	
Home Visiting Volunteer	☐
Antenatal Support Group (not available in Cotswolds)	☐
Postnatal Support Group	☐
Maternal Mental Health Support Group	☐
Dad Matters Dad/partner's tel.no and/or email:	☐

DETAILS OF FAMILY	
Full Name of main carer:	
Family's address:	
Family's home no.:	Mobile no.:
Email address:	

REFERRER'S DETAILS	
Name:	
Role:	Organisation:
Tel:	E-mail:

Agencies currently involved (please include **Health Visitor** and **Social Worker**):

Agency	Name of Contact	Email/Tel No

Have you referred the family to other services?:	Yes ☐ No ☐
If Yes, please list:	

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

Note there must be at least one child under the age of five years (please include details of all children under 18 living in the family home)

Name of Adults:	Gender (please x/click on box) Male	Gender (please x/click on box) Female	Date of Birth (or EDD)	Disabled? Y/N	Early Help Assessment (please state which e.g. MyPlan, EHCP)	Child Protection Plan Y/N	Child in Need Y/N	Ethnicity (please see key below for number to enter)
1.	☐	☐						
2.	☐	☐						
3.	☐	☐						
Name of children:								
1.	☐	☐						
2.	☐	☐						
3.	☐	☐						
4.	☐	☐						
5.	☐	☐						
6.	☐	☐						

1. Asian or Asian British – Bangladeshi
2. Asian or Asian British – Chinese
3. Asian or Asian British – Indian
4. Asian or Asian British – Japanese
5. Asian or Asian British – Pakistani
6. Black or Black British – African
7. Black or Black British – Caribbean
8. Black or Black British – Other Black Background
9. Did Not Wish To Disclose
10. Mixed – Other Mixed Background
11. Mixed – White and Asian
12. Mixed – White and Black African
13. Mixed – White and Black Caribbean
14. Not Stated
15. Other Ethnic Group
16. White – British
17. White – European
18. White – Irish
19. White – Other White Background

Are there any Health and Safety issues that we need to consider? We carry out risk assessments and have a duty of care when placing a volunteer with this family.

Have you visited this family at home?: Yes ☐ No ☐

So that we can offer the family the most appropriate support, please complete the following table. Families will not be prioritised based on how many categories are ticked.		
Family Needs	x/click on box	Please tell us briefly **why** this is a need
1. Managing child's behaviour	☐	
2. Being involved in the child(ren)'s development/learning	☐	
3. Physical Health	☐	
4. Mental Health	☐	
5. Loneliness and Social Isolation	☐	
6. Parent's confidence/self-esteem	☐	
7. Child's physical health	☐	
8. Child's mental health	☐	
9. Managing the household budget	☐	
10. The day-to-day running of the home	☐	
11. Stress caused by conflict in the family	☐	
12. Coping with extra work caused by multiple birth/multiple children under 5	☐	
13. Access to other services	☐	
14. Parent's own learning needs	☐	
15. Other (please describe)	☐	

Please tick if the family is affected by any of the following issues and, where relevant, record the name of the individual:					
Unsuitable Housing	☐		Substance Misuse	☐	
Family Member in Prison	☐		Domestic Abuse	☐	
Forces Family	☐		Disabilities	☐	
Refugee/Asylum Seeker	☐		Young Parent (under 25)	☐	
1+ Parents Employed	☐		Mental Health	☐	
Debt/Financial Issues	☐		MH Services	☐	
Speech & Language Issues	☐		Physical Health	☐	
Lone Parent	☐		Parent Care Leaver	☐	

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

Referrer's signature …….. ..... Date .....

Parent's signature (optional) ..... Date .....

* **Home Visiting**: We aim to contact the family within 2 weeks of receiving this form. A Coordinator will update you on the progress of the referral.

* **Dad Matters**: Referrals will be passed to the Dad Matters Coordinator, who will contact Dad and liaise with referrer directly.

* **Support Group**: Please contact us to enquire about location, dates, and availability.

Thank you for taking the time to provide this information.

Please return this form by email to the relevant regional office. You can check which office covers your area at www.home-startgloucestershire.org.uk/locations.

Home-Start Cotswolds
c/o Cirencester Baptist Church
Chesterton Lane
Cirencester 01285 885391
Gloucestershire GL7 1YE **office@home-start-cotswolds.org.uk**

Home-Start North & West Gloucestershire (covers Cheltenham, Tewkesbury + Forest of Dean)
Unit 25D, Cotteswold Dairy Estate
Northway Lane
Tewkesbury 07584 472025
Gloucestershire GL20 8JE **enquiries@homestartnwglos.org.uk**

Home-Start Stroud & Gloucester
Annexe 3&4, The Wheelhouse
Bond's Mill Estate 01453 297470
Bristol Road, Stonehouse **enquiries@homestartsd.org**
Gloucestershire GL10 3RF Group Referrals Only: **groups@homestartsd.org**