

(Office use only) Home-Start Family No.....

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# HOME-START EAST LoTHIAN REFERRAL FORM



Support and friendship for families



Phoning Home-Start before making a paper referral is part of our process. Please put the date that you phoned the co-ordinator about this referral

[ ] DATE

Please note that all referrals must be made with the consent of the family. Home-Start will seek the ongoing consent of the family as our support continues.

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

Date: .....

Name of Family: .....

Address: .....

..... Post code .....

Early Years Centre, Sanderson's Wynd, Tranent, EH33 1DA  
T 01875 616 066  
E admin@homestarteastlothian.co.uk

Tel No: .....

Mob No: .....

E-mail .....

Name of mother/partner: ..... Main Carer.....YES / NO Age..... DOB..... Resident in House.....

Name of father/partner: ..... Main Carer.....YES / NO Age..... DOB..... Resident in House.....

Other main carer(s) : ..... Main Carer .....YES / NO Age..... DOB..... Resident in House.....

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

Names of children under 5	Date of Birth	Age	M/F

Names of children over 5	Date of Birth	Age	M/F

## HOME-START EAST LoTHIAN REFERRAL FORM (cont)

**Referred by:**

Name: .....

Agency: .....

Address: .....

.....

..... Tel No: .....

Self referral: .....

E-mail address:.....

Family Doctor: .....

Tele No: .....

Health Visitor .....

Tel No .....

Other Agencies involved:.....

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Please ✓ all that apply to this family.

Lone parent	Substance misuse	Domestic Abuse	Mental Health Issues	Learning Disabilities	Post Natal Depression	Interpreter required	Teenage Pregnancy	Illness	Disability	Other Please describe
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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 families needs.

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

<i>Description</i>	<i>Tick (✓) if appropriate</i>	<i>If you have ticked, please tell us why this is a need and how a volunteer may be able to help</i>
Managing child(ren's) behaviour		
Being involved in the child(ren's) development		
Coping with own physical health		
Coping with own mental health		

Coping with feeling isolated		
Parents self-esteem		
Coping with the child(ren's) physical health		
Coping with the child(ren's) mental health		
Managing the household budget		
The day-to-day running of the house		
Stress caused by conflict in the family		
Coping with multiple birth/multiple children under 5		
Use of other services		
Other (please describe)		

**Have you visited the family home?**

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

**For example Domestic Violence or large animals?**

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

Please provide some 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)

Child's name Eldest first	Gender		Date of birth	Immigration status			Considered to be disabled by main carer? ✓ YES/NO?	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			GIRFEC Please tick any identified needs							Child care/ protection plan (✓)								
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		British	Irish	Other White	Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible		Included							
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C2.																																				
C3.																																				
C4.																																				
C5.																																				
C6.																																				
C7.																																				
C8																																				
C9																																				
C10.																																				

**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 Group		Mixed	White		
	Male	Female		Asylee	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 .....

Parents'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 respond to you if any problems arise contacting the family and/or when support begins.**
- **We will contact you when support ends or if any issues arise during our support with family.**
- **If you have any issues or concerns about the referral process or the support for the family please contact us.**
- **Please ensure that you inform Home-Start East Lothian of any changes to the family situation that would affect the suitability of the family to have a Home-Start volunteer befriender.**

Home-Start East Lothian Early Years Centre Sanderson's Wynd Tranent EH33 1DA  
Tel: 01875 616066 E-mail: [admin@homestarteastlothian.co.uk](mailto:admin@homestarteastlothian.co.uk)