



## **REFERRAL FORM**

**Home-Start Blackburn & Darwen**  
Suite 19, Kings Court, 33 King St,  
Blackburn BB2 2DH

tel: 01254 692613  
email: [hello@home-start-bnd.org.uk](mailto:hello@home-start-bnd.org.uk)

**PLEASE NOTE THAT ALL REFERRALS MUST BE MADE WITH  
THE CONSENT OF THE FAMILY.**

**Home-Start referral criteria – Families from pre-birth to having at least one child under the age of 5.**

**Please email referrals to: [hello@home-start-bnd.org.uk](mailto:hello@home-start-bnd.org.uk)**

**NHS Patient No- Youngest Child (NHS Referrals ) .....**

## FAMILY INFORMATION

Name of family		Date	
Address			
Postcode		Tel	
Name of mother		D.O.B.	
Name of father		D.O.B.	
Significant other			
Single parent    Yes <input type="checkbox"/> No <input type="checkbox"/>		Can person referred speak English    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which is their preferred language?	

Ethnicity of main carer:			
White	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other <input type="checkbox"/> Please specify			

Name of child and all other children in the home	D.O.B	M	F	School / Nursery / Childrens Centre attended

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

Referrer:	Organisation:
Tel No. Mobile No.	Email Address:
Position:	SN/HV Team:

CAF Open YES/NO	Agencies Involved
CAF Lead Professional:	
Contact Details:	
Family Doctor:	

## 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 this</u> is a need
1. Managing children's behaviour, listening to children (response to crying and infant demands)		
2. Being involved in the children's development/early learning and socialisation (relationship with parents - significant others (tummy, play, bath, reading etc		
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 - infant feeding, food/nutrition, health appts, V&I, safer sleep		
8. Coping with child's emotions - responsive to need -ICON		
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)		

a. Please tell us if the family has issues relating to (please circle):

Lone parent    Drug/Alcohol abuse    Domestic violence    Post-natal depression    Mental health

Please add specific information relating to the reason for this referral.

Please use extra sheet if necessary

Are there any health and safety issues including family violence or dangerous dogs, that Home-Start needs to be aware of?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Please give brief details
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***We (the family) give the referrer consent to share our information with Home-Start Blackburn and Darwen, so appropriate support may be provided.***

- ***Verbal consent can be given but the name of consenting person must be added to the signature line below with (verbal) added.***

***Family signature .....***

***Referrer signature .....***

## Confidentiality

*All personal information about parents and children is treated as confidential, to be discussed only as necessary with the Home-Start Co-ordinator in support of the volunteer and to assist the family. Any disclosure of confidential information to any other person may only be undertaken with the expressed permission of the parents for the purpose of assisting the family, except where it is considered necessary for the welfare and protection of a child when information shall be shared with the appropriate authority.*

**Please note:** Links will be determined on the availability of volunteers at the time of referral. Unfortunately, there are times when we are unable to link the referred family as quickly as we would like, which means they would have to go on a waiting list. We aim to respond, upon receipt of this referral, within 10 working days.