

Please stick return address sticker here. Thank you

About the family

Child's full name:	Child's DOB:M or F	
Mother's full name:	Child's Age:.....	
Father / Partner's full name:	Mother's DOB:	
Family address:	Father/Partner DOB:	
.....	How is it best for us to contact you?	
.....Postcode:	Email to:	
Father's Name & Address (if different from above):	Phone on:	
.....Postcode:	Text to:	
Child's ethnicity?	Mother's ethnicity?	Father's ethnicity?

Please give details of any other children under 18yrs living at the family address: (continue on separate sheet if necessary)

Other Child's full name	DOB	M or F	Other child's ethnicity?

Does this family need an interpreter? (please include signing or other language): If yes please give details:	YES / NO
Is the key adult a lone parent?	YES / NO
Are there any potential risks for workers who may visit the family home? If yes please give details:	YES / NO
Are there <u>any other</u> agencies supporting this family? If yes please give details:	YES / NO
Is there <u>anyone</u> in the family that is affected by disability, allergies or medical issues? If yes please give details (Continue on separate sheet if necessary):	YES / NO

About you as the referrer

Your Name & Job Title:.....	Date :
Your phone number:.....	Your Email address:.....
What is your relationship with the family?	
Name of Health Visitor/GP if known:	
We will be making contact with this family. Please confirm that you have gained the parent/carers verbal or written consent for this referral?	
YES / NO	

About the referral – please continue on an extra sheet if useful

What is working well for this family?

What is worrying you about this family?

What is your continuing involvement with this family?

What goals do you hope to achieve for this family by referring them to the Children’s Centre?

What Children’s Centre support would you like the family to receive?

Please tick the issues that the family requires support with:

R1	Pre-birth preparation/support (Inc. antenatal issues, vulnerable expectant parents, Pathway)	
R2	Support to Breast feed	
R3	Child health and family lifestyle (Inc. diet & nutrition, activity, smoking cessation)	
R4	Development Concerns (Inc. physical development, developmental delay, play skills, play and stimulation)	
R5	Parental mental health difficulties (Inc. anxiety, low mood, bereavement, low confidence, isolation, lone parents, young parents, depression)	
R6	Infant mental health/attachment issues (Inc. quality of relationships, capacity for reciprocity)	
R7	Concern about communication of an under 5 (Inc. language development, communication difficulties/skills)	
R8	Support to home learning environment. Child at risk of poor education achievement (Inc. readiness for nursery, FEEE 2 and 3)	
R9	Advice on learning needs in adults (Inc. skills for life, lack of qualifications, adult learning)	
R10	Child/family poverty – debt issues, benefit issues (Inc. worklessness, benefit issues, debt)	
R11	Housing needs (Inc. risk of eviction, homelessness, temporary housing)	
R12	Gaps in parenting knowledge and skills (Inc. setting boundaries, routines, behaviour management, skills of parents)	
R13	Vulnerable adults in parenting role requiring additional support (Inc. parent or partner in prison, parent with learning difficulties, recent care leaver, teenage parent, drug and alcohol use)	
R14	Safeguarding Concerns. – (Inc. Work with Social Care, child protection plan, disciplinary style, presences of some risk factors, parent drug and alcohol use)	
R15	Domestic abuse support	
R16	Child with a disability (developmental delay)	
R17	Key adult under 21 at start of involvement	

For office use only: Please circle type of involvement to be opened below and complete details where appropriate.

121 Involvement (Specify name of worker)	121 Brief Contact (Specify name of worker)	Group (Specify name of Group)	Pathway Involvement	Involvement rejected
Reach area in which work to be done:.....			Involvement start date:.....	

Priority Assessment Score:	Low	Medium	High
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