Working in partnership, we aim to improve families' access to early years family support services.

Joint Referral Form

(you can also make this referral by phone on 0131 553 7819)

Referral is for :

Antenatal Support Service (Edinburgh Only)	
Early Years Home Visiting Family Support	
Access to Group Support	
Save The Children Building Blocks	

Referred by: **Date:**

Designation:

Address:

Postcode:

Tel: **Mobile:** **Email:**

Data Protection:

I have discussed this referral with the family. They understand that the information on this form may be shared securely by the three services to identify the best available support. The family will then be informed which service they will be supported by and that service will then take ownership of their information and hold it in confidence. This information may be shown to the family if requested.

Please tick to confirm ☐

Family Details:

Mother's name: _____ **DOB**_____

Partner's name: _____ **DOB**_____

Address: _____

Postcode: _____**Email:** _____

Home Tel:_____ **Mobile:** _____

Date Baby is Due: _____

Details of Children:

Name of Child	Gender	DOB	School/Nursery/Playgroup

Ethnicity of Family: _____

Reasons for Referral

In order to offer the family the most appropriate support, please provide clear explanation of the reason for referral using the Wellbeing Indicators below, including relevant information.

Safe: Are the children protected from abuse, neglect or harm? Any previous domestic abuse? Barriers to parents providing a safe environment for the children/unborn child? **Comments:**
Healthy: Do the family access health care? Are there any issues with physical/mental health within the family? Do the family have/need support in learning to make healthy choices? **Comments:**
Achieving: Are the children supported and guided in their learning and developing skills, confidence and self-esteem? **Comments**:
Nurtured: Is the family home a nurturing place to live? **Comments:**
Active: Do the parents play with the children, take them to outdoor activities. Are there any barriers to the family being active? **Comments:**
Respected: Do the family feel they are given the opportunity to be heard and included in decisions about them? **Comments:**
Responsible: Are there barriers to the family being responsible for the children/unborn child's needs and providing appropriate guidance and supervision? Are the children encouraged to take responsibility for their actions? **Comments:**
Included: Are the family accepted in the community where they live , do they feel able to access local resources? Do they have support to overcome any inequalities? **Comments:**

As the Referrer, what would you like to see the family achieve from the support provided?

Are the family willing to engage with this service? Yes ☐ No ☐

Are there barriers which would affect their ability to engage?

Alcohol misuse ☐ Substance misuse ☐ Mental Health Child ☐ Parent ☐

Poor engagement with universal services ☐ Learning difficulty/disability Child ☐ Parent ☐

Physical ill Health/Disability Child ☐ Parent ☐ Isolation ☐ Other ☐

Additional Support Need Child ☐

Please give details of the issue and the extent of the effect.

Is English the family's first language? Yes ☐ No ☐

If no, which is the first language, and what is the level of spoken English?

Other Agencies Involved

Are the family currently allocated to a Social Worker? Yes ☐ No ☐

Name: based at ---------- SW Centre

Contact telephone number:

Agency	✓	Name and Contact Details
GP		
Midwife		
Health Visitor		
Community Mental Health services/CPN		
Family Support Services		
Housing/Tenancy Support		
Substance/Alcohol Misuse Support		
Voluntary Organisations		
ASL Service (SALT / OT etc.)		
Other		

Risk Assessment: Staff and volunteers usually support the families in their home. Please give details of:

Any issues identified in relation to Lone Working or Health and Safety?

Additional Information: Any other information which would be helpful (continue overleaf if necessary)

Please return completed form to: admin@homestartleith.co.uk

Secure email: anne.nixon3@nhs.scot