**Referral Form**

**Please note that all referrals must be made with the consent of the family.**

**Family Friends supports pre-natal to 14 years old.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of family** |  | **Family Number** (scheme use) |  |
| **Address** |  |
|  |  | **Postcode** |  |
| **Telephone** |  | **Mobile** |  | **Email** |  |

**Is an interpreter required:** Yes / No

**Please provide some details about the adults caring for the child[ren]:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Main carer 🗸 | Resident in household 🗸 | Comments |
| Mother/partner |  |  |  |  |
| Father/partner |  |  |  |  |
| Other main carer[s]  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referred by** |  | Family DoctorSurgeryTelephone |  |
| Role |  |
| Agency |  |
| Address |  |  |
| School(s) and telephone number(s) |  |
| Postcode |  |
| Other Agencies or Significant family members Involved-Name/Contact |  |
| Telephone |  |
| Email |  |  |
| Please list what other agencies you have referred this family to: |

|  |  |
| --- | --- |
| Do you consider this family to have a high level of need who could be placed with a paid Family Support Worker?* Please tick
 | Do you consider this family to have a lower level of need that could be placed with a trained Volunteer?* Please tick
 |

**Please tick all that apply to this family**:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Depression and low self esteem  | Lone Parent | Substance misuse | Domestic abuse | Mental health issues | Learning disabilities | Physically or socially isolated  | EducationalIssues | Ethnic issues | Considered to be disabled |

**Which Family Friends projects do you think this family could benefit from?** Please tick 🗸

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🖵Volunteer/FamilySupport Worker weekly home visiting support | 🖵 Weekly well-being group for adults🖵 Weekly respite sessions | 🖵 ESOL support sessions 🖵 Attending Domestic Abuse programmes  | 🖵 Attending ‘Steps’ programme delivery (improve confidence and positive mind-set course)  | 🖵 Counselling for children 5-18🖵 Counselling for adults |

 **If you would like to access our free counselling sessions for either children or adults, please complete our separate counselling referral form or contact** ***familyfriendswrexham@gmail.com*****and we will be pleased to email one out to you.**

**For more information and details on courses and services we offer please check out our website**

**www.family-friends.co.uk**

**Please use the space below to add as much background information as possible to ensure we match the family with the right volunteer or/and Family Friends project. Please add an additional sheet if required.**

|  |
| --- |
|  |

|  |
| --- |
| **Are there any Health and Safety issues that we need to consider when placing a support worker/volunteer with this family?****Have you visited the family home? Yes /No****Please add any information you think we would find useful.** |

**Details of Family -** Please note the family must have at least one child between the ages of five to eleven years, (please include details of all children under 18)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Full name****Eldest first** | **Gender** | **Date of birth** |  | **Immigration status** | **Asian or Asian British** | **Black or Black British** | **Chinese or Other Ethnic Group** | **Mixed** | **White** | **Subject to assessment of needs e.g. CAF  🗸** | **LAC** | **Child in need 🗸** | **Child care/ protection plan 🗸** |
| Male | Female | Date of birth | Disabled ✓ | Asylum seeker | Refugee | Pending | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean  | African | Other | Chinese | Other Ethnic | Any mixed | British | Non British White | Looked After Child |
| C1. |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |  |  |
| C2. |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |  |  |
| C3. |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |  |  |
| C4. |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| C5. |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| C6. |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
| C7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Adult’s Details** | Male | Female | Date of Birth | Disabled ✓ | Asylum Seeker | Refugee | Pending | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other | Chinese | Other Ethnic | Any mixed | British | Non British White |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Family needs -** So that we can offer the family the most appropriate support, please complete the following table. 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.

|  |  |  |
| --- | --- | --- |
|  | 🗸 | If you have ticked, please tell us why this is a need |
| Managing child’s behaviour |  |  |
| Being involved in the child’s development |  |  |
| Coping with own physical health |  |  |
| Coping with own mental health |  |  |
| Coping with feeling isolated |  |  |
| Parent’s self-esteem |  |  |
| Coping with child’s physical health |  |  |
| Coping with child’s mental health |  |  |
| Managing the household budget |  |  |
| The day-to-day running of the house |  |  |
| Stress caused by conflict in the family |  |  |
| Coping with educational issues |  |  |
| Use of services |  |  |
| Coping with family relationships |  |  |
| Other (please describe) |  |  |

Referrer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Verbal consent - Please state date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when given

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 try to respond to you within two weeks to tell you about progress with this referral.
* We will remain in touch while supporting this family and will contact you when the support ends
* This form will be held in confidence but may be shown to the family if requested.
* If you have any issues or concerns about the referral process or the support for the family please contact Jo Hughes on 01978 366115

**Please return completed forms to:**

Family Friends for 5’s To 11’s

The Salvation Army

Garden Road,

Rhosddu,

Wrexham

LL11 2NU

Telephone: 01978 366115 Mobile: 07985 270015

Email: familyfriendswrexham@gmail.com