

Families Together Hub – Referral Form

Family Referral

Date of referral:

Please send this form via egress or password protected to Early.intervention@redbridge.gov.uk or advice on completing a referral form resulting in an Early Help Assessment please contact the CAF team on 02087082612.

Unborn/baby/child/young person and family members (that should be considered in any assessment, including those not in the home)

Full Name	Gender	Ethnicity	Date of Birth or EDD	Full address	Postcode

Details of parents/carers

Relationships	Full Name	Ethnicity	PR*	Date of birth	Full address (including postcode)	Contact number/ Email (if appropriate)
Father (if not included state reason)			<input type="checkbox"/>			
Mother (if not included state reason)			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

*PR= Parental responsibility

Does the child/young person have a private fostering arrangement or legal order directing placement?
If yes, please give details.

Person making the referral

Name	Role/Establishment	Address	Contact number	email

Special Requirements

Additional Cultural Information (useful for example for linking with other services/home visits)					
Parents first language		Childs first language		Religion	
Immigration status:					
Does child/young person have a disability <input type="checkbox"/> If yes, please give details of the disability, include the name of which child/young person and the support they require.					
Detail below any special requirements (for child and or their parent) for example, signing, interpretation or access needs					

London Borough of
Redbridge

Please identify other services already involved (e.g. GP, EP, Health Visitor, School Nurse, EWMHS, Speech & Language Therapy, SENCO, YOT, Adult Mental Health, R3 etc.)			
Service	Name of professional	Service	Contact Details
Nursery/school/college			
GP			
Health Visitor			
Other Services (EP, SALT, CC, CAMHS, SW etc)			

Please note the information above will be stored securely on our early help system.

Reasons for the referral:

** If you have ticked 'no' please follow LSCB child protection guidance and refer to social care immediately**

Which of the following services do you think would be appropriate (more than one can be chosen)?

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Family Support Worker Team (FSW)		Junior Family Intervention Team (JFIT)	
Children with Disabilities Early Help Offer		Freedom Programme	
Parenting Programme Group Intervention <i>Current concerns with child's behaviour <u>must</u> be included in above reasons.</i>		Freedom for Children	
Supporting Families Employment Advisor (SFEA)		Other (please specify)	