*“Supporting vulnerable families to give their children the best possible start in life through early intervention, a holistic ‘whole family’ approach and partnership working.” Our Shared Vision*

The Cottage Family Centre, Home-Start and Fife Gingerbread are all established voluntary sector organisations with excellent reputations and experience supporting families. This service will be available Fife wide to support families with children aged 0-8 years offering additional level support to meet the needs of families facing multiple and complex challenges.

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| **For the Attention of:** | **Early Years Collective** |
| **Please indicate which locality in Fife you require:** |  |
| **Referrer information:** | **Organisation:**  **Name:**  **Position:**  **Contact Number:**  **Email Address:** |

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| **Criteria for Service:** | **Yes** | **No** |
| Is there a child(ren) aged 0-8 years living within in the family unit? |  |  |
| Have well-being concerns been identified?  (Wellbeing concerns outlined to illustrate need for [Stage 2 support](https://www.fva.org/downloads/c64_WellbeingPathway.pdf) within Child Wellbeing Pathway.) |  |  |
| Is the family in need of urgent/crisis support? |  |  |
| Are any of the children within the family placed on the child protection register? (If Yes, please give details below) |  |  |
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| Are any of the children within the family looked after?  (If Yes, please give details below) |  |  |
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| Where practical and emotional support is needed in identified areas to address families wellbeing concerns; these are the indication areas where the family may require targeted family support:   * Improving structure, boundaries and routines in the home * Understanding child development i.e. ages and stages * Developing positive interactions with child(ren) * Providing a safe and stable home environment * Decreasing social isolation * Practical help/support with nutrition * Practical help/support with budgeting * Assistance accessing education/employability opportunities |  |  |

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| Have you informed the named person/lead professional of this referral? | Yes/No |
| Has the parent/carer consented to this referral to the Early Years Collective? | Yes/No |
| Is the parent/carer aware it will be discussed at an allocation meeting? | Yes/No |

Please complete this form to make a referral to us for early years/family support.

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| **Details Main Parent/Carer:** | Full Name:  D.O.B:  House/Flat No:  Street:  Town:  Postcode:  Home telephone:  Mobile:  Relationship to children: |
| **Details of other adults living within the family home**: | Full Name:  Mobile:  Relationship to children: |

**Please list ALL children in the family**

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| **Name of Child** | **Date of birth** | **School/Nursery attended** |
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| **Emergency Contacts for Family** | 1)  Name:  Address:  Contact No:  Relationship to family:  2)  Name:  Address:  Contact No:  Relationship to family: |
| **What other Agencies/**  **Organisations**  **are involved with the family?**  **Please include names and email addresses.** | Social worker/Criminal Justice:  School/Nursery:  Health Visitor:  CPN:  Voluntary organisations:  Other: |

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| **Risk:** Are there any particular risks that individuals of the family may pose to others? (If Yes, please give details) |
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| **Anticipated Outcomes**: What do you expect this referral to achieve in respect of your concerns for this family? i.e. what are your ‘best hopes’ |
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| **Please give further information to support your referral:** |  |

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| Referrer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please return this form by email to one of the partners below:**  [administration@thecottagefamilycentre.org.uk](mailto:administration@thecottagefamilycentre.org.uk) **(Kirkcaldy & Dysart Area Only)**  [homestartkirkcaldy@yahoo.co.uk](mailto:homestartkirkcaldy@yahoo.co.uk)  [info@fifegingerbread.org.uk](mailto:info@fifegingerbread.org.uk)  This referral will be considered at the next allocation meeting and a representative from the allocated organisation will be in contact to confirm the support to be offered. |

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| **Internal Use Only:**  Referral received by:  Date received:  Referral accepted:  Referral declined:  **Organisation referral assigned to:**  C:\Users\lisahitchcock\Desktop\Lee\20819264_1998824683476723_7156602589184816334_o.jpg The Cottage Family Centre  C:\Users\kellyrodgers.COTTAGE\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\QTS75RB2\HomeStart_Logo_FullColour_RGB (2).jpg Home-Start  cid:image001.png@01D73CEF.C0830020 Fife Gingerbread |