

Date: _____

Co-ordinator name: _____

Who is answering the questions: **Mother/Father/Other** (please identify)

Name of family.....**Family Number** (Scheme use).....

Address.....

..... **Postcode**.....

Tel No..... **Mobile No**..... **E Mail**.....

Have you visited the family home **Yes / No**

Parents'/carers' details:	Name	Main carer	Resident in household	Date of Birth	Consider self to have a disability	Ethnicity (Asian/Asian British, Black/Black British, Chinese, Other Ethnic, Mixed, White British, Irish, Other)	Religion None, Christian, Buddhist, Hindu, Jews, Muslim, Sikh, Other	Sexual Orientation (Hetrosexual, Lesbian, Gay Man, Bisexual)
		YES/NO	YES/NO		YES/NO			
Mother/partner								
Father/partner								
Other main carer[s]								
Other main carer[s]								

How did you hear about Home-Start?

1= Friends/family/neighbour 2= Health visitor 3= Social worker 4= other

	Name	Phone number
Family GP		
Health Visitor		

Please tick all that apply to this family:

Lone parent	substance abuse	domestic abuse	mental health issues	learning disabilities	post natal depression	teen preg 19yrs or younger	Benefits	Other please specify
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Are there any Health and Safety issues that we need to consider when placing a volunteer with your family eg. do you have a dog?

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Please add any background information that you think we would find useful (if necessary attach an extra sheet)

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Details of children - Please note the family must have at least one child under the age of eight years, (please include details of all children under 18)

Child's name Youngest first	Gender		Date of birth	Immigration status			Considered to be disabled by main carer? ✓ if yes	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			Subject to assessment of needs e.g. CAF/ UNOCINI (✓) Pls ask for	Who is the lead professional?	Child in need ✓	Child care/ protection plan (✓)
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		British	Irish	Other White				
C1.																								
C2.																								
C3.																								
C4.																								
C5.																								
C6.																								

Please complete those boxes which apply to any of the children

Note: the terms above are nation-specific - not all will be relevant in your area

Family needs - So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. Please note that there is not a 'points' system. 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.

I hope that Home-Start will help meet needs the family has in the following areas:

OUTCOME ONE		
Improve life skills, create better life chances by providing access to structured groups and programmes for families, including fathers. Give families the confidence to re-enter the work place, education and/or training.		
Indicator One	<i>Families will have improved life skills through participating in structured advice groups.</i> Are you aware of any groups that will help to improve your life skills?	YES / NO
Indicator Two	<i>Families will have increased life chances through attending bespoke programmes.</i> Are you aware of any courses that will increase your opportunity to return to work, education or training?	YES / NO
Indicator Three	<i>Fathers will report reduced isolation.</i> Do you feel you (the father) or your partner feel included in family and community life?	YES / NO
OUTCOME TWO		
Improve community participation for families enabling them to access services and develop needs led interventions to integrate into community life.		
Indicator One	<i>Families will have improved confidence to access local services.</i> Are you confident in using local services?	YES / NO
Indicator Two	<i>Families will report an increased sense of belonging and inclusion in community life.</i> Do you feel part of your local community?	YES / NO
Indicator Three	<i>Families will have increased self-confidence by attending needs led interventions to improve their own learning needs.</i> Are you able to identify what you need to do to improve your chances of returning to work, education and/or training?	YES / NO
OUTCOME THREE		
Family management will be enhanced by peer support/volunteers allowing all member of the family to become stronger emotionally and socially.		
Indicator One	<i>Families with complex needs will have improved self-confidence and improved family management skills.</i> Are you able to identify how to address any difficulties with running the family home?	YES / NO
Indicator Two	<i>Families will be emotionally stronger, reducing stress and conflict in the family.</i> Are you able to cope with stress and conflict within your family?	YES / NO
Indicator Three	<i>Volunteers will support families to increase their day to day running of the home and finances.</i> Can you easily manage your budget and day to day household tasks?	YES / NO

Referred by:

Name: Role:

Agency: Address:

E mail: Tel No:

PLEASE USE THIS SPACE TO GIVE US MORE INFORMATION ABOUT THIS REFERRAL

Date of referral:

Referrer's signature Date

Parent's signature Date

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
- If you have any issues or concerns about the referral process or the support for the family please contact 01303 244836.