

Home-Start Family Number (office use only):

Date Received:

**FORM**

**WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM**  
*This form will be held in confidence but may be shown to the family if requested*

I confirm that I have discussed this referral with the family prior to completing this form (tick)

YES   
 YES

NO   
 NO

I confirm I have obtained the family's consent for Home-Start to contact the Children & Families Hub (tick)

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

| FAMILY DETAILS  |            |  |                  |
|-----------------|------------|--|------------------|
| Name of Family: |            |  | Date of Referral |
| Address:        |            |  | Tel No:          |
|                 |            |  | Mobile No:       |
|                 |            |  | E Mail:          |
|                 | Post Code: |  | Other:           |

|   |                     |  |                      |  |                     |  |                      |  |
|---|---------------------|--|----------------------|--|---------------------|--|----------------------|--|
| How would you categorise the level of need for this family on the Essex Effective Support Windscreen? | Universal (Level 1) |  | Additional (Level 2) |  | Intensive (Level 3) |  | Specialist (Level 4) |  |
|---|---------------------|--|----------------------|--|---------------------|--|----------------------|--|

| PARENT/CARER DETAILS        |   |   |               |                |                           |                           |                     |          |
|-----------------------------|---|---|---------------|----------------|---------------------------|---------------------------|---------------------|----------|
|                             | M | F | Date of Birth | Main Carer Y/N | Resident in Household Y/N | Relationship to Child/ren | Interpreter Needed? | Language |
| Mother/Partner (name):      |   |   |               |                |                           |                           |                     |          |
| Father/Partner:             |   |   |               |                |                           |                           |                     |          |
| Other main carer (specify): |   |   |               |                |                           |                           |                     |          |
| Other main carer (specify): |   |   |               |                |                           |                           |                     |          |

| CHILDRENS DETAILS                 |   |   |               |   |   |                                      |
|-----------------------------------|---|---|---------------|---|---|--------------------------------------|
| PLEASE ENTER FIRST AND LAST NAMES | M | F | Date of Birth | Early Help Plan (EHP) or Shared Family Assessment (SFA) | Child in Need Plan (CIN) or Child Protection Plan (CPP) | Name and Agency of Lead Professional |
| C1                                |   |   |               |   |   |                                      |
| C2                                |   |   |               |   |   |                                      |
| C3                                |   |   |               |   |   |                                      |
| C4                                |   |   |               |   |   |                                      |
| C5                                |   |   |               |   |   |                                      |
| C6                                |   |   |               |   |   |                                      |

**REFERRER DETAILS**

|                                |  |          |  |
|--------------------------------|--|----------|--|
| Referrer Name / Self Referral: |  | Address: |  |
| Role:                          |  |          |  |
| Agency:                        |  |          |  |
| Tel No:                        |  |          |  |
| E mail:                        |  |          |  |

**FAMILY DOCTOR DETAILS****HEALTH VISITOR DETAILS**

|          |  |          |  |
|----------|--|----------|--|
| Name:    |  | Name:    |  |
| Surgery  |  | Surgery  |  |
| Address: |  | Address: |  |
| Tel No:  |  | Tel No:  |  |

**Family Needs**

So we can offer the family the most appropriate support and match the most suitable volunteer please complete the following table. With the information provided by the family, this will be used to ensure our support meets the family's needs.

|                              |  | √ | Please tell us why this is a need and how a volunteer could help |
|------------------------------|--|---|--|
| <b>Parenting Skills</b>      | 1. Managing the child(ren)'s behaviour   |   |  |
|                              | 2. Being involved in the child(ren)'s development                                  |   |  |
| <b>Parent's Well Being</b>   | 3. Coping with own physical health   |   |  |
|                              | 4. Coping with own mental health   |   |  |
|                              | 5. Coping with feeling isolated  |   |  |
|                              | 6. Parent's self-esteem  |   |  |
| <b>Children's Well Being</b> | 7. Coping with child's physical health   |   |  |
|                              | 8. Coping with child's mental health   |   |  |
| <b>Family Management</b>     | 9. Managing the household budget   |   |  |
|                              | 10. The day to day running of the house  |   |  |
|                              | 11. Stress caused by conflict in the family  |   |  |
|                              | 12. Coping with the extra work caused by multiple births/multiple children under 5 |   |  |
|                              | 13. Use of other services/ facilities in the area                                  |   |  |
|                              | 14. Other (please describe)  |   |  |
|                              | 15. Parents Own Learning Needs   |   |  |

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

|             |                  |                |                      |                       |                       |                      |                   |                        |
|-------------|------------------|----------------|----------------------|-----------------------|-----------------------|----------------------|-------------------|------------------------|
| Lone Parent | Substance Misuse | Domestic Abuse | Mental Health Issues | Learning Disabilities | Post Natal Depression | Interpreter Required | Teenage Pregnancy | Other (Please Specify) |
|             |                  |                |                      |                       |                       |                      |                   |                        |

**Are there any Health and safety issues that we need to consider when placing a volunteer with this family (i.e. restricted access, access via stairs, pets, parking difficulties)**

|   |
|---|
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|   |
| <b>Have you visited the family home? Yes / No</b> |

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

|  |
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|  |

| DETAILS OF MEMBERS OF THE HOUSEHOLD WITH RESPONSIBILITIES FOR CARING FOR THE CHILDREN (Please ensure all details are completed) |        |   |               |   |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |              |                    |               |         |
|---|--------|---|---------------|---|----|--|---------------|-------|-------------|-----------|------------------------|-----------|-------------|------------------------|-----------|---------|----------------|---------|--------------|--------------------|---------------|---------|
|   | Gender |   | Date Of Birth | Do they consider themselves to be disabled? |    | Details of any disabilities or special needs | White         |       |             |           | Asian or Asian British |           |             | Black or Black British |           |         | Chinese/ Other |         |              | Immigration Status |               |         |
|   | M      | F |               | Yes   | No |  | White British | Irish | Other White | Traveller | Indian                 | Pakistani | Bangladeshi | Other Asian            | Caribbean | African | Other Black    | Chinese | Other Ethnic | Mixed              | Asylum Seeker | Refugee |
| Main Carer:   |        |   |               |   |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |              |                    |               |         |
| Partner living in household:  |        |   |               |   |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |              |                    |               |         |
| Other Carer (specify):  |        |   |               |   |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |              |                    |               |         |
| Other Carer (specify):  |        |   |               |   |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |              |                    |               |         |

| DETAILS OF CHILDREN (Please include details of all children under 18) |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |
|---|--------|---|---------------|--|----|--|---------------|-------|-------------|-----------|------------------------|-----------|-------------|------------------------|-----------|---------|----------------|---------|-----------------|--------------------|---------------|---------|
|   | Gender |   | Date Of Birth | Considered to be disabled by main carer? |    | Details of any disabilities or special needs | White         |       |             |           | Asian or Asian British |           |             | Black or Black British |           |         | Chinese/ Other |         |                 | Immigration Status |               |         |
|   | M      | F |               | Yes                                      | No |  | White British | Irish | Other White | Traveller | Indian                 | Pakistani | Bangladeshi | Other Asian            | Caribbean | African | Other Black    | Chinese | Other Ethnic Gp | Mixed              | Asylum Seeker | Refugee |
| C1  |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |
| C2  |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |
| C3  |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |
| C4  |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |
| C5  |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |
| C6  |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |
| C7  |        |   |               |  |    |  |               |       |             |           |                        |           |             |                        |           |         |                |         |                 |                    |               |         |

**RECENT LIFE EVENTS – If the family have had a recent life event, please complete the details below.**

| No | Life Event   | Date | Details |
|----|--|------|---------|
| 1  | Recent Bereavement - immediate family/extended family/close friend |      |         |
| 2  | Change in Employment Status  |      |         |
| 3  | Reduction in Income (e.g. Benefits, tax credits, salary)           |      |         |
| 4  | Change in relationship (Separation / new partner / marriage)       |      |         |
| 5  | Serious Illness (parent or child)                                  |      |         |
| 6  | New Child in the family  |      |         |
| 7  | A&E Visit-Adult or children  |      |         |
| 8  | Becoming a carer   |      |         |
| 9  | Change in housing  |      |         |
| 10 | Change in immigration status                                       |      |         |
| 11 | Domestic Violence/abuse  |      |         |
| 12 | Other (specify)  |      |         |

**Family's Use of services**

Please describe the family profile by ticking one of the following options:

Not using other services

Having difficulty using / accessing other services

Reluctant to use other services

Using available services

**Please list below any other agencies involved with the family**

|  |
|--|
|  |
|--|

Please return the completed form to:

If you have any issues or concerns about the referral process or the support for the family, please contact:

Thank you for taking time to provide this information which will help us to process the referral. We will respond to you within two weeks to inform you of progress. We will remain in touch while supporting this family and will contact you when the support ends.