

Referral form                      Date referral received (scheme use) \_\_\_\_\_



- Please note that all referrals must be made with the consent of the family. Have you discussed this referral with the family prior to completing this form? YES / NO
- The family must have at least one pre-school child.

Name of family..... Family Number (scheme use).....

Address.....

.....Postcode .....

Tel. No ..... Mobile No ..... E mail .....

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

	Name	Main carer ✓	Resident in household ✓	Comments
Mother/partner				
Father/partner				
Additional adult				
Additional adult				

**Referred by:**

**Date of referral:**

Name	Family Doctor
Role	Tel
Agency	Health Visitor
Address	Tel
E mail _____	E mail _____
Postcode	Other agencies involved
Tel	

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

Lone parent	substance abuse	domestic abuse	mental health issues	learning disabilities	post natal depression	interpreter required	teenage pregnancy 19yrs or younger	other please specify
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Does the family receive '2 year funding'?  Has the family applied for '2 year funding'?

**Are there any Health and Safety issues that we need to consider when placing a volunteer with this family:**

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**Have you visited the family home Y/N**

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

.....

**Details of children** - Please note the family must have at least one pre-school child (please include details of all children under 18)

Child's name Oldest first	Childs School	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 (✓)	Who is the lead professional?	Child in need ✓ / DATE	Child care/ protection plan (✓) DATE	
		Male	Female		DOB	Asylum seeker	Refugee		Pending	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British					Irish
C1.																										
C2.																										
C3.																										
C4.																										
C5.																										
C6.																										
C7.																										
C8																										
C9																										
C10.																										

**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:

Family needs	√	If you have ticked, please tell us <u>why</u> this is a need
Managing child's behaviour		
Being involved in the child(ren)'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 multiple birth/multiple children under 5		
Use of services		
Other (please describe)		

**Details of members of the household with responsibilities for caring for the children**

	Gender		Date of birth	Immigration status			Consider themselves to be disabled	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			
	Male	Female		Date of birth	Asylum seeker	Refugee		Pending	YES?	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other		Chinese	Other Ethnic	Any mixed	British
Main Carer																					
Partner living in household																					

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 01329 825858

Please return the form to  
**Home-Start Gosport & Fareham**  
**Delta House**  
**Salterns Lane**  
**Fareham**  
**PO16 0QS**

## Risk Assessment for Home-Start Gosport & Fareham

Risk assessment should be carried out at referral stage.

DATE: .....

Family Name .....

Area to consider	Comments
Home Environment: Visible hazards	
Who is expected to be in the home when the volunteer visits?	
What is the best way to communicate with the family?	
Does anyone in the household smoke?	
Are there any pets? If so, what are they and where are they kept?	
Is the home easy to find, with good access and well lit. Is it on a public transport route?	
Does any family member have problematic drug misuse? Or take medication?	
Does any family member have problematic alcohol misuse?	
Does anyone in the household have a diagnosed mental health condition?	
Is any family member subject to domestic abuse or have they been in the past? <b>If yes, complete part 2.</b>	
How does the family engage with other agencies?	
Is there a possibility the volunteer would be threatened by a member of the family?	
Are there any behavioural issues with any family member?	
Is there anything we need to know about any family member?	
Any other potential risks	

## Risk Assessment for Home-Start Gosport & Fareham

### Risk Assessment – Part 2 If Domestic Abuse Identified

Area to consider	Comments
Is it safe for staff to visit the family in the home?	
Is it safe for a volunteer to support the family in the home?	
Is the perpetrator likely to be in the home when the volunteer is due to visit?	
Does the perpetrator know about the Home-Start support?	
Is it safe to leave documents and literature about Home-Start with the family?	
Is abuse taking place now or in the past?	
What is the nature of the abuse?	
Have the children been in the same room when the abuse takes place?	
Have the children been involved in the abuse?	
Have the children heard the abuse or seen injuries?	
Has the behaviour of the children changed?	
Is Home-Start support a safety issue for the family?	