

Home-Start Barnet, Brent & Harrow

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Family Support Referral Form



This section is for office use only			
CL Number		DATES	
Volunteer Name		Coordinator's Initial visit	Volunteer Introduction
			Ending of support
Referral not taken up		Reason referral not taken up:	

Please note: All referrals must be made with the consent of the family and the form must be fully completed. Please refer to our website for our referral criteria.

We endeavour to respond to referrals within 2 weeks of receiving the referral to report progress. If you have any issues or concerns about the referral process or the support for the family please contact *Trupti Kavia* on 020 8371 0674 or admin@homestartbarnet.org

Have you discussed this referral with the Service User prior to completing this form? YES / NO?	
DATA PROTECTION Please password protect this referral prior to emailing it to us and send us the password in a separate email.	

Family details:

Family Name:		Date	
Address:			
Postcode:		E-mail:	
Tel:		Mobile:	
Name of mother/partner:		Parental Responsibility:	YES / NO?
Name of father/partner.:		Parental Responsibility:	YES / NO?
Parental Marital Status			
Is an interpreter is required for this family? YES/NO?		Main Language?	

Referrer details:

Other agencies involved:

Name:		Family doctor:	
Role:		Dr's Tel:	
Agency:		Health Visitor:	
Address:		HV's Tel:	
	Post code:		Others:
Tel:			
Email:			

- Are there any health and safety issues arising from your risk assessment that we need to be aware of?
- Have you visited the family home? YES / NO
- Please tell us if the family has issues relating to (please mark with an X):

Lone parent	Substance/Alcohol misuse	Domestic Abuse	Ante-natal/Post-natal depression	Mental health

- **Benefits:** Is the family drawing benefits? If so, which?
- Please add any background information that you think we would find useful (if necessary attach an extra sheet)

Family needs

In order to 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
1. Managing child's behaviour		
2. Being involved in the child(ren)'s development		
3. Coping with own physical health		
4. Coping with own mental health		
5. Coping with feeling isolated		
6. Parent's self-esteem		
7. Coping with child's physical health		
8. Coping with child's mental health		
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 birth/multiple children under 5		
13. Use of services		
14. Other (please describe)		

<u>Details of children</u> Please provide some details about the children and adults caring for them. Please note the family must have at least one child under the age of five years, (please include details of all children under 18)	Gender		Date of birth	EDD of unborn children	Immigration status		Considered to be disabled by main carer?		On Child Protection Register or subject to child protection plan?		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed			White			
	Male	Female			Asylum seeker	Refugee	YES	NO	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White			
Name of child																										
C1.																										
C2.																										
C3.																										
C4.																										

Details of any assessments for children's needs – Is any child subject to an assessment of needs such as CAF? Yes / No

Name of child	Name and agency of lead professional
1.	
2.	
3.	
4.	

Housing (Please mark with an X)

Private owned	Private rented	Household in social housing [owned by local authority or housing association]	Family in temporary accommodation (B and B, hostel)	Overcrowded housing [defined as more than 3 people per room]	Other Please specify:

Details of other members of the household with responsibilities for caring for the children	Gender		Date of birth	Immigration status		Does the Carer consider his/herself disabled?		Asian or Asian British				Black or Black British			Chinese or other Ethnic Grp		Mixed	White		
	Male	Female		Asylum seeker	Refugee	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White
Main Carer																				
Partner living in household																				
Other Carer, e.g. Grandparent																				

DATA PROTECTION: Home-Start Barnet, Brent & Harrow (“Home-Start”) will hold the information provided in this document in confidence, but it may be shown to the Service User if they request it. Information provided by the Referrer and Service User will be uploaded to our secure, cloud-based database and used only for the purpose of providing support to the Service User or, with their additional consent, for sign-posting to other service providers. Home-Start’s GDPR Policy will be explained to the Family, and consent obtained, at our initial visit.

Details of our support can be shown to the Service User and/or Referrer on request.

CONSENT for storage of Service User’s and Referrer’s details:

Service User’s consent given	Yes		No				
Service User’s signature					Print Name		Date
Referrer’s consent given	Yes		No				
Referrer’s signature:					Print Name		Date

Thank you for providing this information which will help us to process the referral and provide support.
 Consent for storage of data may be withdrawn at any time by contacting Home-Start Barnet, Brent & Harrow in writing.
 Data will be deleted from our system within 48 hours of consent being withdrawn.