

# 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 live in Calderdale and have at least one child under the age of 5 years old

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

Address.....

..... Postcode .....

Tel. No ..... Mobile No .....

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

|                     | Name | Main carer<br>✓ | Resident<br>in<br>household<br>✓ | Relationship to child/ren<br>if applicable |
|---------------------|------|-----------------|----------------------------------|--|
| Mother/partner      |      |                 |                                  |  |
| Father/partner      |      |                 |                                  |  |
| Other main carer[s] |      |                 |                                  |  |
| Other main carer[s] |      |                 |                                  |  |

|   |  |
|---|--|
| <p><b>Referrer Details:</b></p> <p>Name .....</p> <p>Role .....</p> <p>Agency .....</p> <p>Address .....</p> <p>..... Postcode .....</p> <p>E mail .....</p> <p>Tel .....</p> | <p><b>Further Details:</b></p> <p>GP .....</p> <p>Tel .....</p> <p>Family Health Visitor (if not referrer)<br/>.....</p> <p>Tel .....</p> <p>E mail .....</p> <p>Other agencies involved .....</p> |
|---|--|

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

|             |                  |                |                      |                       |                       |                      |                                    |                      |
|-------------|------------------|----------------|----------------------|-----------------------|-----------------------|----------------------|------------------------------------|----------------------|
| Lone Parent | Substance Misuse | Domestic Abuse | Mental Health Issues | Learning Disabilities | Post Natal Depression | Interpreter Required | Teenage Pregnancy 19yrs or younger | Other please specify |
|-------------|------------------|----------------|----------------------|-----------------------|-----------------------|----------------------|------------------------------------|----------------------|

How well does the family engage with you/your agency?

.....  
 .....  
 .....

|  |
|--|
| <p>Does the family have a dog?</p> <p>YES / NO</p> |
|--|

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

.....  
 .....



## 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)                              |   |  |
| Parents own learning needs                           |   |  |

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

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

**Thank you for taking time to provide this information which will help us to process the referral but please note we are unable to accept this referral without a signature of consent from the main parent/carer.**

**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. We will also contact you when the support ends.**

Referrer's signature .....

Date .....

**PARENT/CARER CONSENT TO SHARE YOUR PERSONAL DATA**

- The service offered by Home-Start Calderdale has been fully explained to me by the agency submitting this form.
- I give my consent for my information as detailed in this form to be shared with Home-Start Calderdale.
- I understand that this information will be used to assess any and all support that they may be able to offer me and the information will be stored both in paper and electronic form for potentially up to 6 years by Home-Start Calderdale.

Parent's signature .....

Date .....

Send completed form to: **Home-Start Calderdale – Suite 3.9 Holmfield Mills, Holdsworth Road, Holmfield, Halifax HX3 6SN**

**If you would like to email a completed referral, please call the office for details on how we will accept these.**

If you have any issues or concerns about the referral process or support for the family please contact us on 01422 242124.

**To Referrers:** Please complete this in as much details as possible. If you would like to discuss anything on this form, please call our Halifax office on 01422 242124. Thank you.

| Risk Assessment completed by referrer for Home-Visiting   |   |  |        |  |
|---|---|--|--------|--|
| Have you visited the home?  | Yes   |  | No     |  |
| How is the home environment?<br>Consider: cleanliness health and safety, clutter, fire risks                          |   |  |        |  |
| What is the best way to communicate with the family?  | Please tick any and all that apply                          |  |        |  |
|   | Telephone   |  | Text   |  |
|   | Email   |  | Letter |  |
| Is the home easy to find with good well-lit access.<br>Is it on a public transport route?                             | Yes   |  | No     |  |
|   | Any comments?   |  |        |  |
| Does anyone in the household smoke?   | Yes   |  | No     |  |
|   | If yes, who?  |  |        |  |
| Are there any pets?   | Yes   |  | No     |  |
|   | If so, what are they and where are they kept?               |  |        |  |
| Does any family member have problematic substance misuse?   | Yes   |  | No     |  |
|   | If yes, are there other agencies supporting? E.G. CSMS, AA? |  |        |  |
| Does any family member take medication or have health issues?   | Yes   |  | No     |  |
|   | If yes, please comment                                      |  |        |  |
| Is any family member subject to domestic abuse or have they been in the past?   | Yes   |  | No     |  |
|   | If yes, please complete questions over the page.            |  |        |  |
| Are you aware if the family have had any past involvement with Care Services? (Child In Need Plan, Child Protection?) | Yes   |  | No     |  |
|   | If yes, please comment                                      |  |        |  |
| Is everyone in the house happy to have Home-Start support?  | Yes   |  | No     |  |
|   | Any comments?   |  |        |  |

|   | Yes           |  |  | No |
|---|---------------|--|--|----|
| Is there anything else we need to know about any family member?   | Any comments? |  |  |    |
| <p>If domestic abuse has been identified or suspected you may want to ask the following questions. Before doing so you should be sure that the victim:</p> <ul style="list-style-type: none"> <li>• Has time, is safe to talk, is alone, knows where the perpetrator and children are and understands why you are going through this risk assessment.</li> </ul> <p>Please provide as much detail as you can.</p> |               |  |  |    |
| Is the abuse taking place now or in the past  |               |  |  |    |
| What is the nature of the abuse?  |               |  |  |    |
| Is it safe for staff and/or a volunteer to visit 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?  |               |  |  |    |
| Have the children been present in the home when the abuse has taken place?  |               |  |  |    |
| Is Home-Start support a safety issue for the family?  |               |  |  |    |