Family No: ……..

(Office use only)

Last updated: Jan 2024

Home-Start Spelthorne
REFERRAL FORM

- Please note that all referrals must be made with the consent of the family and have at least one child under 5.
- Have you discussed this referral with the family prior to completing this form? **YES / NO**
- Have you carried out a home visit with this family? **YES / NO**

To enable your referral to be processed please ensure that all 3 pages are fully completed in **Black Ink or clearly online and return to**: **Home-Start Spelthorne, The Resource Centre, Staines Park, Commercial Road, Staines, Middlesex. TW18 2QW or Email via Egress to:** info@home-startspelthorne.org

Reg. Charity No: 116002

Name of family: ……

Main Carer: ……

Address : ……

…… Postcode: ……

Tel No: …… Mobile No: ……

E mail:……

Referred by:	
Name: ……	Family Doctor: ……
Role/title: ……	Surgery: ……
Agency: ……	Health Visitor: ……
Address: ……	Tel: ……
Postcode: ……	E mail: ……
Tel: ……	Other agencies involved:
E mail: ……	……

Please √ all that apply to this family:

Lone parent	Substance abuse	Domestic abuse	Mental health issues	Learning disabilities	Postnatal depression	Teenage pregnancy under 19yrs

Are there any **Health & Safety** issues we need to consider when placing a volunteer with this family? (please give details, i.e. dogs, other pets, substance usage, hording, history of violence, etc):

……

……

……

Has an Early Help Assessment been completed for this family? **YES/ NO**

If Yes, **Lead Professional** name: ……

Agency: …… Tel: :……Email: ……

*Please provide details of **all** people resident in the household*:

	Names of family:	Gender: **M / F**	Date of Birth	Asylum Seeker ✓	Refugee ✓	Considered to be disabled? (by self / main carer) ✓	Ethnicity? **(See Codes below)**	Child Protection Plan? **Y/ N**	Child in need? **Y / N**	Early Help Assessment or other assessment? **Y/N**
Adults that live with the children	Mother/ partner:									
	Father/ partner:									
	Other adult(s) living in household: (e.g. grandparent)									
Children incl surname	**Children** - Eldest to youngest please C1.									
	C2.									
	C3.									
	C4.									
	C5.									
	C6.									

Asian / Asian British:	**White:**	**Black/ Black British:**	**Mixed Ethnic Background:**
Indian = I Pakistani = P Bangladeshi= B Chinese = C Asian Other = AO	British = WB Irish= WI White Other = WO Travellers = T	African = BA Caribbean= BC Black Other = BO	White/Black African= MB White/Black Caribbean: MC White and Asian: MA Mixed Other: MO

FAMILY NEEDS So that we can offer the family the most appropriate support please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised based on 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:

		✓	*If you have ticked, please tell us why this is a need and how a volunteer might be able to help*
1	Managing the child(ren)'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/ emotional 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		
13	Use of services		

Please add any background information that you think we would find useful overleaf.

To process this referral, consent **must** be given for this information to be processed lawfully under the GDPR guidelines. A privacy notice is available to view at www.home-startspelthorne.org.uk.

Referrer's signature …….. Date ……

Parent's signature …….. Date ……

We will respond to you within two weeks to tell you about the progress with this referral.
We will remain in touch while supporting this family and will contact you when the support ends. Please let us know if your involvement ends. If you have any issues or concerns about the referral process, or the support for the family please contact us on **Tel: 01784 463200 or E-mail:** info@home-startspelthorne.org Referrer feedback welcome: https://forms.gle/3ARkogbV8LzEzN3o8