

Referral/Initial Visit Form for Self Referrals
 (for all other referrals please use Referral and Initial Visit Forms)

Section A

Home-Start Family No.: _____

Scheme code: _____

Organiser/Co-ordinator name: _____

Who is answering the questions: Mother/Father/Other (please identify)

Name of family:	Date:	Tel No:	Mobile No:
Address:		Post Code:	E-mail:

Please give details of adults caring for the children:

	Name	Main carer please tick	Resident in household please tick	Relationship to child/ren if applicable.
Mother/partner				
Father/partner				
Other main carer[s]				
Other main carer[s]				

How did you hear about Home-Start?

1= Friends/family/neighbour 2= Health visitor 3= Social worker 4= other

	Name	Phone number
Family GP		
Health Visitor		

Please all that apply to this family's circumstances: See Guidance for definitions *

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

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

Details of other members of the household with responsibilities for caring for the children (Please ensure all details are completed)

	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		Asylum seeker	Refugee	Pending		YES?	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African			Other	Any mixed	British
Main Carer																			
Partner living in household																			

Section B Date of Visit Interpreter used Yes/No Who is answering the questions: Mother/Father/Other (please specify)

Needs identified	✓ needs identified	Please complete the 4 Section headings for A, B, C & D. Level of coping today 0 = not coping very well 5 = coping very well							Outcome: What would it be like if it was better?	Please record below & code for the online system. How Home-Start can help me achieve this? Please code: 1. Practical support 2. Activities with children 3. Emotional support 4. Support to use other service 5. Other (specify).
		0	1	2	3	4	5	NG		
A. PARENTING SKILLS										
1. Managing children's behaviour										
2. Being involved in the children's development/learning										
B. PARENTING WELL-BEING										
3. Coping with physical health										
4. Coping with mental health										
5. Coping with feeling isolated										
6. Parent's self-esteem										
C. CHILDREN'S WELL-BEING										
7. Coping with child's physical health										
8. Coping with child's mental health										
D. FAMILY MANAGEMENT										
9. Managing the household budget										
10. The day-to-day running of the home										
11. Stress caused by conflict in the family										
12. Coping with extra work caused by multiple birth/children under 5										
13. Use of services										
14. Other (specify).....										