

Home-Start Wandsworth - Referral Form

Home-Start Wandsworth connect families with a trained volunteer who carries out weekly visits to support a family with identified support goals over about 6 months. The volunteers may offer emotional and practical support, enhance wellbeing, connect effectively with other services, and build up their ability to cope independently. A coordinator supervises the volunteer and makes review visits with the family.

You will automatically receive a full summary of your referral by email upon submission. We aim to respond to all referrers to report progress within 3 weeks from receiving the referral.

If you have any questions or would like to contact us prior to referral, please email enquiries@homestartwandsworth.org.uk.

* Indicates required question

1. Email *

Eligibility Criteria

The family must live in the borough of Wandsworth and have at least one child under the age of 5 (or be more than 12 weeks pregnant). We do not accept referrals for families on a Child Protection Plan, or referrals made without the family's consent.

2. Do you have consent from the family to make this referral? *

Mark only one oval.

Yes

No *Skip to section 17 (Ineligible referral)*

Eligibility Criteria

3. Is the family resident in Wandsworth borough? *

Mark only one oval.

Yes

No *Skip to section 17 (Ineligible referral)*

Eligibility Criteria

4. Is there a child under 5 years old, or a pregnant mum in the family? *

Mark only one oval.

Yes

No *Skip to section 17 (Ineligible referral)*

Eligibility Criteria

5. Does the family have a Child Protection Plan or Child In Need status? *

Mark only one oval.

- No *Skip to question 10*
- Child Protection Plan *Skip to section 17 (Ineligible referral)*
- Child In Need *Skip to question 6*

Skip to question 10

Child in Need supplementary questions

We are primarily an early intervention service supporting families. We consider Child in Need (CIN) families on a case by case basis to ensure that we are able to offer appropriate support.

Please answer the following questions to help us understand the family's situation:

6. Which of the following options best describes the status of this family? *

Mark only one oval.

- Increasing concerns/level of statutory involvement (e.g. recently stepped-up)
- Decreasing concerns/level of statutory involvement (e.g. recently stepped down)
- Continuing to receive long-term support (support needs remain relatively constant)

7. How long has the family had CIN status? *

8. What are the main reasons why the family is considered CIN? *

9. In brief, what CIN support are the family receiving? E.g. focus of support plan and other professionals involved. *

Skip to question 10

Referrer / professional information

10. Referrer name *

11. Referrer email address *

12. Referrer contact telephone number *

13. Referrer Job Title

14. Referring organisation or service *

15. Please describe the support you are providing to the family. *

16. Family GP Surgery

17. Health Visitor name and contact details

Family information - Parent/Carer 1

Please ensure you have correct contact details for the family.

18. Family home address *

19. Postcode *

20. Full name of Parent/Carer 1 *

21. Gender of Parent/Carer 1 *

Mark only one oval.

Female

Male

Other: _____

22. Contact telephone number (Parent 1) *

23. Email address (Parent 1)

24. Does Parent/Carer 1 speak English? *

Tick all that apply.

Yes.


No. Please specify their main language in 'other' below.

Other: _____

25. Date of Birth (Parent 1) *

Example: 7 January 2019

26. Ethnicity (Parent 1) *

 Dropdown

Mark only one oval.

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- Caribbean
- African
- Any other Black, Black British or Caribbean background
- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed or multiple ethnic background
- English, Welsh Scottish Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White Background
- Arab
- Any other ethnic group

27. Does the parent/carer 1 have a Neurodiversity diagnosis? (i.e. *Autism Spectrum Disorder (ASD)*, *Attention Deficit Hyperactivity Disorder (ADHD)*, *Dyspraxia*, *OCD*, *Tourette's Syndrome*, *Dyslexia*, *Dyscalculia*). If so please state which. *
-

28. Is the parent/carer 1 on the pathway to diagnosis? If so, please explain what the parent is going to be assessed for *
-

29. Is there another parent/carer living at home?

Mark only one oval.

- Yes
- No *Skip to question 39*
- Unknown *Skip to question 39*

Family information - Parent/Carer 2

Please ensure you have correct contact details for the family.

30. Full name of Parent/Carer 2
-

31. Gender (Parent 2)

Mark only one oval.

Female

Male

Other: _____

32. Contact telephone number (Parent 2)

33. Email address (Parent 2)

34. Does Parent/Carer 2 speak English?

Tick all that apply.

Yes.


No. Please specify their main language in 'other' below.

Other: _____

35. Date of Birth (Parent 2)

Example: 7 January 2019

36. Ethnicity (Parent 2) *

 Dropdown

Mark only one oval.

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- Caribbean
- African
- Any other Black, Black British or Caribbean background
- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed or multiple ethnic background
- English, Welsh Scottish Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White Background
- Arab
- Any other ethnic group

37. Does the parent/carer 2 have a Neurodiversity diagnosis? (*i.e. Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Dyspraxia, OCD, Tourette's Syndrome, Dyslexia, Dyscalculia*). If so please state which

*

38. Is the parent/carer 2 on the pathway to diagnosis? - If so, please explain what the parent is going to be assessed for

*

Family Information - Children

39. Is Mum currently pregnant? *

Mark only one oval.

Yes

No

40. If yes, please provide estimated due date.

Example: 7 January 2019

41. Number of children in the family *

 Dropdown

Mark only one oval.

1

2

3

4

More than 4

Pregnant with first child *Skip to question 53*

Family Information - Child(ren)

Please complete details for all dependant children living at home.

42. Child 1 (eldest) - Name, gender and ethnicity *

43. Child 1 (eldest) - Date of Birth

Example: 7 January 2019

44. Child 2 - Name, gender and ethnicity

45. Child 2 - Date of Birth

Example: 7 January 2019

46. Child 3 - Name, gender and ethnicity

47. Child 3 - Date of Birth

Example: 7 January 2019

48. Child 4 - Name, gender and ethnicity

49. Child 4 - Date of Birth

Example: 7 January 2019

50. Please add details of other children if necessary.

51. Does the child or children have a Neurodiversity diagnosis? *
(i.e. Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Dyspraxia, OCD, Tourette's Syndrome, Dyslexia, Dyscalculia). If so, please state which
-

52. Is the child/children on the pathway to diagnosis? - If so, please *
explain what the parent is going to be assessed for
-

Skip to question 53

Family Circumstances

53. Please tick any circumstances that apply to this family: *

Tick all that apply.

- Lone parent
- Mental health issues
- Previous postnatal depression
- Physical disabilities
- Learning disabilities
- Substance misuse (current)
- Substance misuse (in the past)
- Domestic abuse (current)
- Domestic abuse (in the past)
- Limited English
- Teenage pregnancy (19yrs or younger)
- Low income
- Temporary housing
- None of the above

54. Please add relevant background information about the family's circumstances: *

Disability or health conditions

55. Does anyone in the family have a disability or a long-term health condition? *

Mark only one oval.

- Yes *Skip to question 56*
- No *Skip to question 58*
- Unknown *Skip to question 58*

Disability or health conditions

56. Who in the family has a disability or health condition?

Tick all that apply.

Parent/Carer 1

Parent/Carer 2

Child 1

Child 2

Child 3

Child 4

Child 5

Other: _____

57. Type of disability or health condition

Family Support

58. Areas of Need *

So that we can offer the family the most appropriate support, and match the most suitable volunteer, please indicate areas of need where Home-Start might be able to support the family. Please note that there is not a 'points' system. Families will NOT be prioritised on the basis of how many categories are ticked.

Tick all that apply.

- Managing child(ren)'s behaviour
- Being involved in the child(ren)'s development
- Parent's physical health
- Parent's mental/emotional health
- Parent's self esteem
- Isolation and loneliness
- Support network (lack of)
- Child(ren)'s physical health
- Child(ren)'s mental/emotional health
- Managing the household budget
- Day-to-day running of the house
- Stress caused by conflict in the family
- Coping with multiple birth/multiple children under 5yrs
- Use of services
- Attending antenatal appointments
- Coping with pregnancy related anxiety
- Coping with existing children and pregnancy
- Other: _____

59. Please add relevant details to explain your choices above and/or highlight priority areas: *

60. Please outline your expectations of how Home-Start could support this family: *

61. Are there any Health and Safety issues that we need to consider if placing a volunteer with this family? If yes, please give details. *

Services or other professionals

Please use this section to indicate other services and professionals involved in supporting the family.

62. Other services/professionals involved in supporting the family *
(tick all that apply):

Tick all that apply.

- Early Help
- Mental health service
- Specialist health service
- Occupational or other therapies
- Speech and language therapies
- Drug or alcohol support
- Social worker
- Domestic abuse support
- None of the above
- Unknown
- Foodbank
- Other: _____

63. Other professionals involved? Include contact details if possible.

Ineligible referral

Unfortunately we cannot accept this referral. To be eligible for Home-Start support, families must be:

- resident in Wandsworth
- pregnant and/or have a child under 5 yrs old living at home
- not on a Child Protection Plan

We do not accept referrals made without the family's consent.

Thank you for thinking of Home-Start Wandsworth.

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