

Home- Start West Lothian Initial Visit Form for Self Referrals

(For all other referrals please use the form Initial Visit Form)

Date input on MESH:

Section A

Home- Start Family No.: -----

Scheme code: WLO

Manager/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:

Parents'/carers' details:

	Name	Main carer please tick	Resident in household please tick	Comments
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:

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 eg. do you have a dog?

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

Details of children - Please note the family must have at least one child under the age of five years, (please include details of all children under 18)

Child's name Eldest first NB Refer to guidance when allocating nos. for new babies/children	Gender		Date of birth	Immigration status			Considered to be disabled by main carer? ✓	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			Subject to assessment of needs e.g. CAF/ UNOCINI (✓)	Who is the lead professional?	Child in need ✓	Child care/ protection plan (✓)	
	Male	Female		Asylum seeker	Refugee	Pending		YES?	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	British	Irish					Other White
C1.																									
C2.																									
C3.																									
C4.																									
C5.																									
C6.																									
C7.																									
C8.																									
C9.																									
C10.																									

Please complete those boxes which apply to any of the children

Note: the terms above are nation-specific - not all will be relevant in your area

Section B

<u>Needs identified</u>	✓ 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).....										

Use of Services	Which services are the family currently using? Please ✓	Services needed and not available locally. Please code: 1 = service needed but does not exist 2 = service needed but recently closed 3 = service needed but too far away	How can Home- Start help the family to make better use of available services?					Other: please specify
			Signposted - provided address and contact details	Transported to service	Accompany family to appointment	Discussed the service prior to or after use	Looked after children while family attended appointment	
1. Family GP								
2. Health Visitor								
3. Social worker								
4. Mother & Baby Clinic								
5. Children's centre								
6. CAMHS								
7. CPN/Mental health								
8. CAB								
9. Debt counselling								
10. Turn2Us online and/or helpline services								
11. Housing advice/support								
12. Benefits department								
13. Legal support								
14. Job Centre Plus								
15. Adult education								
16. Parent & Tots group/ Nursery/Schools								
17. Parenting programme								
18. Dentist								
19. Other statutory services (specify)								
20. Other voluntary services (specify)								
21. Other (specify)								

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

	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	Chinese		Other Ethnic	Any mixed	British
Main Carer																				
Partner living in household																				

Hardiker level of need: please circle the appropriate level for this family: Level 1 Level 2 Level 3 Level 4

Housing (✓ tick all appropriate)

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 2 people per bedroom]	Other Please specify:
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Transport (✓ tick all appropriate)

House with available car	Household with no available car	On public transport route	Not on public transport route	Public transport too expensive/difficult to access with children under 5	Other Please specify:
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Employment Is anyone in the household in paid employment If 'Yes', which family member? _____

Is any household member employed by the armed forces Is any main family carer in prison

Has the family received Home-Start support previously? YES / NO If yes, when did Home-Start support end? Date:

Is any household member employed by the armed forces
Has the family received Home-Start support previously? YES / NO

Is any main family carer in prison
If yes, when did Home-Start support end? Date:

The following written/verbal information was given to the family (please tick box):

- Scheme information Information on confidentiality Complaints procedure
 Family group information Safeguarding information Other information (please specify):

The family has also been informed that Home-Start retains essential information about their support which is used by the scheme and Home-Start UK for monitoring and evaluation purposes. These records are kept securely and are subject to the provisions of the Data Protection Act and the Home-Start confidentiality policy.

Manager's/ Co-ordinator's signature: Parent's signature: Date:

Is support offered? YES / NO

Date:

If no, what is the reason? (please ✓ one):

- Family declines support
- HS not appropriate for family
- Support postponed
- Inappropriate referral
- Other

If yes, what support will be offered? (please circle **one**)

Home-Visiting

Group (date starts)

Both

Other

Comments: