**Home-Start Jersey referral form**

Please note that all referrals must be made with the consent of the individual or family. Please ensure you have discussed this referral with the individual / family prior to completing this form.

Please send completed referral form to: [steve@brightly.je](mailto:steve@brightly.je)

Name of individual / family………………………..………….………………………………………………………..…….……………………..

Address………………………………………………………………………….………………………………………………..…………..…………………

…………………………………………………………………………..…………Postcode ………………………………….………………..……………

Tel. No ………………….…………Mobile No ……………………....………E mail …………………………………………………………………

Date that Home-Start Jersey was discussed with them……………………………………………………………………………………………

|  |
| --- |
| **Please explain how Home-Start Jersey will be helpful to this individual / family, if possible, include specific examples of the kind of support required** |

**Please provide some details about the individual care leaver or the adults caring for the child[ren]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Main carer √ | Resident in household √ | Relationship to child/ren if applicable |
| Mother/partner |  |  |  |  |
| Father/partner |  |  |  |  |
| Other main carer[s] |  |  |  |  |
| Other main carer[s] |  |  |  |  |
| Care leaver |  |  |  |  |

|  |  |
| --- | --- |
| Refers name  Role  Agency  Address  E mail  Postcode  Tel | Family Doctor  Tel  Health Visitor  Tel  E mail  Please list any other agencies involved |

**Please √ all that apply to this care leaver / family**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lone parent | Substance misuse | Domestic abuse | Mental or physical health issues | Learning disabilities | Post-natal depression | Teenage pregnancy 19 years or younger | Interpreter required | Other, please specify |

|  |
| --- |
| **Are there any health and safety issues that we need to consider when placing a volunteer with this individual/family?** |

**Have you visited the family home? Y/N**

**Care leaver or family needs -** So that we can offer the individual/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. Individuals/families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the individual/family, will be used to monitor how our support meets the individual’s/family’s needs.

**Home-Start Jersey will help meet needs the individual/family has in the following areas:**

|  |  |  |
| --- | --- | --- |
| **Individual/family needs** | **√** | **If you have ticked, please tell us why 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 |  |  |
| Parent’s self-esteem / confidence |  |  |
| Coping with child’s physical health |  |  |
| Coping with child’s mental health |  |  |
| 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 or access to services |  |  |
| Coping with loneliness / isolation |  |  |
| Parents or individual’s own learning needs |  |  |
| Seeking employment / training |  |  |
| Help with particular skills e.g. cooking, household budgeting, etc |  |  |
| Establishing helpful routines |  |  |
| Other (please describe) |  |  |

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

**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 |  | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other | Chinese | Other Ethnic | Any mixed | British | Irish | Other White |
| Main carer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Partner living in household |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Details of children**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name**  **Eldest first** | **Gender** | | **Date of birth** | **Immigration status** | | | **Considered to be disabled by main carer?**  **Y/N** | **Asian or Asian British** | | | | **Black or Black British** | | | **Chinese or Other Ethnic Group** | | **Mixed** | **White** | | | **Who is the professional lead?** | **Child in need √** | **Child in care/on a protection plan √** | **Child on a child protection plan √** |
| Male | Female |  | Asylum seeker | Refugee | Pending | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other | Chinese | Other Ethnic | Any mixed | British | Irish | Other White |
| C1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Referrer’s signature: Optional**

**Individual’s or parent’s signature:**

Thank you for taking time to provide this information which will help us to process the referral.

We are unable to process your referral until we have received this form

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 individual/family and will contact you when the support ends

If you have any issues or concerns about the referral process or the support for the care leaver/family please contact the Home-Start Jersey Coordinator [steve@brightly.je](mailto:steve@brightly.je) or ring 07797796392.

**For Home-Start Jersey use**

Date referral received:

Date contact made with refer:

Date contact made with the individual / family:

Date initial visit made to the individual / family:

Date Home-Start Jersey volunteer matched:

Other: