

**EARLY INTERVENTION FAMILY SUPPORT REQUEST FORM**  
**Worcestershire Children’s Centres and Early Intervention & Targeted Support.**

*Notes for use: If you are completing form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an 'X' in those that apply.*

**Identifying Details**

*Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as “unborn baby” and mother’s name, e.g., unborn baby of Ann Smith*

Name	<input type="text"/>	AKA <sup>1</sup> /previous names	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	Date of birth or EDD <sup>2</sup>	<input type="text"/>
Address	<input style="width: 300px; height: 150px;" type="text"/>	Contact Tel No	<input type="text"/>
		Date request for service made	<input type="text"/>
		Unique pupil number	<input type="text"/>
		Consent obtained from parent/carer? <sup>3</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode	<input type="text"/>	Religion	<input type="text"/>

**Ethnicity**

White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other Ethnic group*	<input type="checkbox"/>
Any other White background*	<input type="checkbox"/>	Any other Black background*	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not given	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Any other Asian background*	<input type="checkbox"/>	Any other mixed background*	<input type="checkbox"/>		

\*If other, please specify  Immigration status

Child’s first language  Parent’s first language

Is an interpreter or signer required? Yes  No

Does the child have a disability? Yes  No

Does the child have any allergies? Yes  No

Details:

<sup>1</sup> Also known as

<sup>2</sup> Expected date of delivery

<sup>3</sup> Parent/carer must have given referrer consent prior to request being made

## Request for Service Information

What has led to this unborn baby, infant, child or young person being referred?

### Details of parents/carers

Name

Contact Tel No

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility? Yes  No

Name

Contact Tel No

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility? Yes  No

### Current family and home situation

(e.g., family structure including siblings, other significant adults etc., who live with the child and who do not live with the child)

**Reason for support being requested. Please tick any of the following:**

Relationship difficulties at home		Domestic abuse	
Relationship difficulties at school		Exclusion	
Behaviour: home/community		Parenting	
Behaviour: school		Child's development / learning	
Attendance		Housing and benefits	
Drug/ alcohol issues		Mental health	

**On a scale of 1 - 5 (1 = low and 5 = significant) could you please give your opinion below on:**

- The impact on the child/ family in terms of the referral issues stated above:**

1                      2                      3                      4                      5

**What are the desired outcomes for this child or young person using the elements below?**

<p><b>The health or learning of unborn baby, infant, child or young person:</b> (e.g. general health, physical development, communication, emotional and social development, behaviour, self esteem, family and social relationships, self care skills, aspirations, achievement in learning).</p>
<p><b>Parents and carers:</b> (E.g. basic care, safety, emotional warmth, guidance, boundaries and stimulation).</p>
<p><b>Family and environmental:</b> (E.g. family history, functioning and well being, wider family, housing, employment, social and community issues).</p>

**Have you referred to any of the following? (Please tick as appropriate).**

HomeStart		CPN	
Housing Support		Speech and Language	
Social Care		Portage	
Child Development Centre		Probation	
Psychology		Youth Inclusion	
Any other service.			

**Please tick as appropriate**

Have you received a police fax within the last year for this family?	yes	No
Has domestic violence been disclosed by this family?	yes	No
Does the child have a Child Protection Plan?	yes	No
Does the child have a Young Persons Plan?	yes	No
Are there any barriers or risk factors to home visiting? E.g. a recommendation to visit in pairs or health and safety issues including pets.	Yes	No

**Services working with this infant, child or young person**

GP	<input type="checkbox"/>	Details	<input type="text"/>	Tel	<input type="text"/>
Early Years or Education/training Provision/school	<input type="checkbox"/>	Details	<input type="text"/>	Tel	<input type="text"/>
Service	<input type="text"/>	Details	<input type="text"/>	Tel	<input type="text"/>
Service	<input type="text"/>	Details	<input type="text"/>	Tel	<input type="text"/>
Service	<input type="text"/>	Details	<input type="text"/>	Tel	<input type="text"/>

**Details of person undertaking referral**

Name	<input type="text"/>	Contact Tel No	<input type="text"/>
Address	<input type="text"/>	Role	<input type="text"/>
		Organisation	<input type="text"/>

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