 Home-Start East Sussex Intake Form
Who’s in Charge? Programme

**The Who’s in Charge? programme is suitable for parents of children aged 8-17 whose behaviour is violent, abusive or seems out of control.**

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| Client Ref No:  | Programme Coordinator:  |
| Intake date: Repeat referral?  | **Self-referral** [ ] How did you hear of the programme? | **Professional referral** [ ] **Referred By**Name: Job Title: Agency: Email: Tel: Please confirm:Client is aware of the service [ ] Client consents to this referral [ ]  |
| Do you have sufficient mobile data/minutes or Wifi to access weekly Zoom meetings? Yes/NoDo you have a device that can use the Zoom software? Yes/NoAre you working with any other agencies/support services at the moment? Yes/NoIf yes, please detail:  |
| **Abuse experienced:** (Feel free to add further detail)Name calling or aggressive language (verbal abuse) Yes/NoManipulation or emotional abuse Yes/NoDestruction of property Yes/NoPhysical abuse to parent Yes/NoPhysical abuse to other family members Yes/NoFinancial demands Yes/NoHave you got more than one child whose behaviour is violent? Yes/NoIf yes, how many:How long has this been going on for? Please detail anything else you may have experienced or would like us to know: |
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| Client Information | Name: Pronouns:  |
| Date of birth:  | Gender:  | Gender assigned at birth:  |
| Address:  |
| Tel:  | Email:  |
| Preferred method of contact?  | \*Ethnicity:  |
| \*Religion:  | \*Sexuality: Please tick Lesbian [ ]  Gay [ ]  Heterosexual/straight [ ]  Bisexual [ ]  Pansexual [ ]  Asexual[ ]  Queer [ ]  Prefer not to say [ ]  Other (please specify) [ ]  |
| Primary language: |
| UK national? Y/N Any immigration concerns? |
| Employment status (please give detail):  |
| Relationship status: *If in a relationship,*Are you living with the person? Y/NAny concerns with domestic abuse? Y/NAre you a lone parent? Y/N |

*\*Equality and diversity questions marked with an asterisk are optional. We are strongly committed to creating a safe space that is welcoming and inclusive of everyone within our services. The information below helps us to see where we could be doing better as an organisation. Please help us serve you and the community better by answering these questions, to the best of your ability.* |
|  |
| Children’s Information (UNDER 18) | Gender | DOB | School | Brief description of their behaviour, or the impact of their sibling’s behaviour on them |
| Name |
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| Is client or partner pregnant? Yes/No | Due date and any other relevant info:  |
| Living arrangements of children if different from your home address:  |
| Are your children likely to be at home on a weekday morning while you attend the programme? Yes/NoDo you have children/stepchildren over 18 living with you or at another address? Yes/NoIf yes how many:  |
| Children’s Services Involvement: Yes/No  | How are they involved?  |
| Do you have a disability or difficulties with reading and writing? Yes/NoPlease describe:How can we best support you to get the best out of the Zoom group support? |

**Email completed form to info@hses.org.uk**

[The ethnic groups:](https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups)

**Asian or Asian British**

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background

**Black, Black British, Caribbean or African**

* Caribbean
* African
* Any other Black, Black British, or Caribbean background

**Mixed or multiple ethnic groups**

* White and Black Caribbean
* White and Black African
* White and Asian
* Any other Mixed or multiple ethnic background

**White**

* English, Welsh, Scottish, Northern Irish or British
* Irish
* Gypsy or Irish Traveller
* Roma
* Any other White background

**Other ethnic group**

* Arab
* Any other ethnic group