**Home for Ukraine – Immediate Needs Assessment Form**

Date of visit;

Address;

**Guest section**

1. **Basic information** **(Guest)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family name |  | | | | | | |
| Lead family member | Name | | Gender | | DOB | | Age |
| Lead family member mobile no |  | | | | | | |
| Lead family member email address |  | | | | | | |
| Family composition |  | | | | | | |
| Guest 1 | Name | | Gender | DOB | Age | Relationship to lead family member | |
| Guest 2 | Name | | Gender | DOB | Age | Relationship to lead family member | |
| Guest 3 | Name | | Gender | DOB | Age | Relationship to lead family member | |
| Guest 4 | Name | | Gender | DOB | Age | Relationship to lead family member | |
| Are all the children in the family unit with one of their parents, legal guardian or close relative? | | Yes/No | | | | | |
| If not, summary of child/rens relationship to lead family member | |  | | | | | |
| Private fostering referral required? | Yes/No | | | | | | |

1. **Communication needs (Guest)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your preferred language? |  | | | |
| Do you speak English? | Very well | Well | Not well/a little | Not at all |
| Do you read English? | Very well | Well | Not well/a little | Not at all |
| Would you like information about ESOL courses? | Yes/No | | | |
| Link to ESOL registration required? | Yes/No | | | |

1. **Health needs (Guest)**

|  |  |
| --- | --- |
| Do you have medical needs that you need help with urgently? | Yes/No |
| If yes give summary |  |
| Any urgent health-related referrals required? Provide NHS translated material + A and E contact details |  |
| Have you registered with a GP? | Yes/No |
| Links to GP registration process required? |  |
| Do you want or need information about COVID vaccination? | Yes/No |
| Links to translated COVID vaccination information required? |  |
| Do you need any support to access help for pregnancy or for a baby? | Yes/No |
| Links to health visiting/midwifery registration required? |  |
| Do you need any immediate items for baby? | Yes/No |
| Referral to Little Village required? |  |

1. **Financial needs (Guest)**

|  |  |
| --- | --- |
| Have you received initial financial support payments (£200 per refugee guest) from the Council? | Yes/No |
| Do you need any help to get signed up for benefits and Universal Credit? | Yes/No |
| Links to DWP benefits registration process required? |  |
| Do you need any help opening a bank account? | Yes/No |
| Links to information about opening a bank account required? |  |
| Are there any other urgent financial issues we have not mentioned that you need help with? | Yes/No |
| If yes please give a summary |  |

1. **Adult employment and training needs (guests)**

|  |  |
| --- | --- |
| Would you like any support to access employment or training whilst you’re in Camden? | Yes/No |
| Link to Good Work Camden referral process required? |  |

1. **Children education/early years needs (Guest)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are the children of school/college/nursery age? | Yes/no | | | | | | | | |
| Have the children been in school, college or nursery before and would you like them to start attending here? | Yes/no | | | | | | | | |
| Do you need any help accessing a school or nursery place? | Yes/no | | | | | | | | |
| **COMPLETE FOLLOWNG BOXES ONLY IF HELP REQUIRED TO ACCESS SCHOOL PLACE** | | | | | | | | | |
| Child 1 DOB |  | | | | | | | | |
| What level of school is needed | Nursery | Reception | | | | | Primary | Secondary | College |
| Does the child speak English? | Very well | | | Well | | | | Not well/a little | Not at all |
| Does the child read English? | Very well | | | Well | | | | Not well/a little | Not at all |
| Does the child have any additional learning/educational needs? | Yes/No | | | | | | | | |
| If yes give summary |  | | | | | | | | |
| What would help the child to settle into school? |  | | | | | | | | |
| Child 2 DOB |  | | | | | | | | |
| What level of school is needed | Nursery | | Reception | | | | Primary | Secondary | College |
| Does the child speak English? | Very well | | | | Well | | | Not well/a little | Not at all |
| Does the child read English? | Very well | | | | Well | | | Not well/a little | Not at all |
| Does the child have any additional learning/educational needs? | Yes/No | | | | | | | | |
| If yes give summary |  | | | | | | | | |
| What would help the child to settle into school? |  | | | | | | | | |
| Child 3 DOB |  | | | | | | | | |
| What level of school is needed | Nursery | | Reception | | | | Primary | Secondary | College |
| Does the child speak English? | Very well | | | | Well | | | Not well/a little | Not at all |
| Does the child read English? | Very well | | | | Well | | | Not well/a little | Not at all |
| Does the child have any additional learning/educational needs? | Yes/No | | | | | | | | |
| If yes give summary |  | | | | | | | | |
| What would help the child to settle into school? |  | | | | | | | | |
| Child 4 DOB |  | | | | | | | | |
| What level of school is needed | Nursery | | Reception | | | | Primary | Secondary | College |
| Does the child speak English? | Very well | | | | | Well | | Not well/a little | Not at all |
| Does the child read English? | Very well | | | | | Well | | Not well/a little | Not at all |
| Does the child have any additional learning/educational needs? | Yes/No | | | | | | | | |
| If yes give summary |  | | | | | | | | |
| What would help the child to settle into school? |  | | | | | | | | |
| Link to Schools Admissions process required? | Yes/no | | | | | | | | |
| Link to nursery/childcare application process required? | Yes/no | | | | | | | | |
| Lin to Connexions required? | Yes/no | | | | | | | | |

1. **Religious needs (Guest)**

|  |  |
| --- | --- |
| If you practice a religion, do you need any items to support that (e.g. bible, prayer mat, Qu’ran, siddur)? | Yes/no |
| If yes, give details |  |
| Would you like to be connected to a local place of worship or faith organisation? | Yes/No |
| If yes, which religion |  |

1. **Social Needs (Guest)**

|  |  |
| --- | --- |
| Do you have any links to family or friends here in London or elsewhere in the UK that you would like any help connecting with? | Yes/No |
| Headlines if yes |  |
| What would help you and the children feel settled in these first few days and weeks? |  |
| Would you like contact details for Ukrainian organisations in London? | Yes/no |
| Any other links to meet settle in needs required |  |

1. **Household Arrangements / Living Agreement (Guest)**

|  |  |
| --- | --- |
| Is a household arrangement agreement in place (e.g. use of eating, washing, sleeping and socialising areas)? | Yes/no |
| Do you need assistance to explore what this may look like? | Yes/No |
| Example living agreement required? |  |

1. **Other Needs (Guest)**

|  |  |
| --- | --- |
| Is there anything else we could do to help you right now? | Yes/no |
| If yes provide summary |  |
| Would you be happy for us to come back for another visit in 2 weeks to make sure we’ve given you the information you’ve asked for and to see if there is anything else you need? Or would you prefer us to call you? | Yes/no |
| If yes, arrange day/time |  |

**Host section**

1. **Basic information (Host)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family name |  | | | | | |
| Lead family member | Name | Gender | | DOB | | Age |
| Lead family member mobile no |  | | | | | |
| Lead family member email address |  | | | | | |
| Family composition |  | | | | | |
| Household member 1 | Name | Gender | DOB | Age | Relationship to lead family member | |
| Household member 2 | Name | Gender | DOB | Age | Relationship to lead family member | |
| Household member 3 | Name | Gender | DOB | Age | Relationship to lead family member | |
| Household member 4 | Name | Gender | DOB | Age | Relationship to lead family member | |
| Have enhanced Disclosure and Barring Service (DBS) checks started for all members of host household aged 18+? | Yes/No | | | | | |
| Link to DBS online registration required? |  | | | | | |

1. **Financial needs (Host)**

|  |  |
| --- | --- |
| As a Host Family are you aware of your entitlement to a £350 monthly support payment? | Yes/no |
| Have you received information about how to register and receive the monthly support payment? | Yes/no |
| Link to £350 thank you payment registration process required? |  |

1. **Household Arrangements / Living Agreement (Host)**

|  |  |
| --- | --- |
| Is a household arrangement agreement in place (e.g. use of eating, washing, sleeping and socialising areas)? | Yes/no |
| Do you need assistance to explore what this may look like? | Yes/No |
| Example living agreement required? |  |

1. **Other Needs (Host)**

|  |  |
| --- | --- |
| Is there anything else you need help with immediately? | Yes/no |
| If yes provide summary and links needed |  |
| Are there other people who can help you with as your support circle with hosting? | Yes/no |
| Would you like more information about our ‘support for Ukrainian refugee hosts’ including peer support, trauma training, cultural awareness training? | Yes/no |
| Would you be happy for us to come back for another visit in 2 weeks to make sure we’ve given you the information you’ve asked for and to see if there is anything else you need? Or would you prefer us to call you? | Yes/no |
| If yes, arrange day/time |  |

**To be completed by officer at end of visit**

**Visit Information and Outcome (officer only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of visit |  | | | |
| Name of officers who attended the visit |  | | | |
| Category of visit | Initial visit | Follow up visit | | 2nd follow up visit |
| Who was present during the visit? |  | | | |
| Were you able to enter the property? | Yes/No | | | |
| Do you have any safeguarding or welfare concerns after the visit? | Yes/no | | | |
| Summary if yes |  | | | |
| Do you have any housing suitability concerns after the visit? | Yes/no | | | |
| Summary if yes |  | | | |
| Has the concern been raised with the appropriate LA lead? | Yes/no | | | |
| Did you provide the all-pay card to the guests? | Yes/no | | | |
| What actions are needed following the visit? Make sure to transfer all answers in blue boxes to this section | Action 1 | | action 2 | |
| Action 3 | | Action 4 | |
| Action 5 | | Action 6 | |
| Action 7 | | Action 8 | |
| Action 9 | | Action 10 | |
| Visit outcome: |  | | | |
| No immediate support required |  | | | |
| Immediate support required/follow up action needed |  | | | |
| No further home visits required (after follow up visit only) |  | | | |
| Further visits required (after follow up visit only/consider family casework referral |  | | | |
| Visit to be rescheduled |  | | | |