



## **Referral Form**

Please read the referral notes and criteria before completing this form. If you have any questions, please contact the Family Support Manager, at [office@homestartsouthwarwickshire.org.uk](mailto:office@homestartsouthwarwickshire.org.uk) or 07907 616 922.

### **Our Services**

Home-Start South Warwickshire can offer the following support services to families who meet the referral criteria below. For more information, please visit [www.homestartsouthwarwickshire.org.uk](http://www.homestartsouthwarwickshire.org.uk). Please select which services you require.

| Service                                   | Description   | Tick                     |
|---|---|--------------------------|
| <b>Family Support Volunteer</b>           | A befriending volunteer will be able to offer weekly (Mon-Fri 9am-5pm) visits and/or phone calls to a family for a period of between 6-12 months, providing emotional, practical and parenting support. (*Some volunteers may not be available during school holidays). | <input type="checkbox"/> |
| <b>Early Childhood Development Groups</b> | Our term-time 'PEEP' group aims to develop the relationship between parent and child, enhance early development and the home learning environment. These courses are for parents/carers and their child/ren aged 1.5-2 years old (up to 3 years with SEND).             | <input type="checkbox"/> |
| <b>Domestic Abuse Support Group</b>       | Our Freedom Programme helps survivors of domestic abuse to recognise abuse, understand the impact on children and learn what healthy relationships are.   | <input type="checkbox"/> |
| <b>Stay and Play Groups</b>               | Our drop-in stay and play groups are for parents and children up to 4 years of age to play, learn and socialise.  | <input type="checkbox"/> |

### **Eligibility Criteria**

HSSW offer support services for families in **South Warwickshire** with at least **one child aged under 5**.

### **Notes**

- While we aim to provide the support requested, we cannot guarantee this, and will offer the most appropriate support as and when we can.
- All our services may operate a waiting list during times of high demand. We will inform you of this upon receipt of this referral.
- All our volunteers are Enhanced DBS checked and are trained for the role they support in. They are not parenting experts or offer specific expertise.
- Failure to engage with HSSW staff or volunteers once support has commenced, will result in support being withdrawn.
- This form must be completed in full otherwise we are unable to process it. If you have any problems or questions while completing the form, please contact the Family Support Manager.
- Please sign below to confirm you have read and understood the information above.

**I confirm that I have read and understood the information above.**

**Name:**

**Signed:**

**Date:**

**Family Details**

Name of family:

Address:

Tel:

Email:

Next of Kin Name:

Relationship:

Tel Number:

**How did you hear about Home-Start  
South Warwickshire?**

Friend

Health Visitor

Social Worker

Social media (please specify):

Other:

**Other agencies involved**

Doctor Surgery:

Tel:

Health Visitor Name:

Tel:

Email:

Health Visiting Team:

Social Worker Name:

Tel:

Email:

Social Worker Team:

Other:

**Please select any that apply**

Lone parent

Substance misuse

Domestic abuse

Learning difficulties (parent/child)

Interpreter required

Teenage pregnancy (19 years or younger)

**Please tell us about why you need the support you have requested?**

**Family members details** – please complete for all family members

| Carer            | Name | DOB | Main carer (Y/N) | Disability or medical issues (Y/N) | Resident in household (Y/N) | Relationship to child/ren | Ethnicity |
|------------------|------|-----|------------------|------------------------------------|-----------------------------|---------------------------|-----------|
| Mother           |      |     |                  |                                    |                             |                           |           |
| Father           |      |     |                  |                                    |                             |                           |           |
| Other main carer |      |     |                  |                                    |                             |                           |           |
| Other main carer |      |     |                  |                                    |                             |                           |           |

| Child # | Name | Gender (M/F) | DOB | Disability or medical issues (Y/N) | Early Help Plan (Y/N) | Child in Need (Y/N) | Child Protection (Y/N) | Ethnicity |
|---------|------|--------------|-----|------------------------------------|-----------------------|---------------------|------------------------|-----------|
| C1      |      |              |     |                                    |                       |                     |                        |           |
| C2      |      |              |     |                                    |                       |                     |                        |           |
| C3      |      |              |     |                                    |                       |                     |                        |           |
| C4      |      |              |     |                                    |                       |                     |                        |           |
| C5      |      |              |     |                                    |                       |                     |                        |           |
| C6      |      |              |     |                                    |                       |                     |                        |           |
| C7      |      |              |     |                                    |                       |                     |                        |           |
| C8      |      |              |     |                                    |                       |                     |                        |           |

Thank you for taking the time to complete this form. We aim to respond within two weeks to discuss next steps. If you have any issues, concerns or questions please contact our Family Support Manager at [office@homestartsouthwarwickshire.org.uk](mailto:office@homestartsouthwarwickshire.org.uk) or 07907 616 922.