



Referral Form

Please read the referral notes and criteria before completing this form. If you have any questions, please contact Family Support Manager at 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. Please select which services the family require.

Service	Description	Tick
Family Support Volunteer	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 able to support during school holidays).	<input type="checkbox"/>
Early Childhood Development Groups	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"/>
Domestic Abuse Support Group	We run the Freedom Programme, helping survivors of domestic abuse to recognise abuse, understand the impact on children and learn what healthy relationships are.	<input type="checkbox"/>
Stay and Play Groups	Our drop-in 'Room to Grow' 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 a service to a family, but 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 (the referrer) and the family 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 of the family to engage with HSSW staff or volunteers, will result in the withdrawal of support.
- 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.
- The referrer must have the consent of the family for us to process this referral. Please sign below to confirm you have discussed this referral with the family.

I confirm that I have discussed this referral with the family.

Referrer's name:

Referrer's signature:

Date:

Family Details

Name of family:

Address:

Tel:

Email:

Next of Kin Name:

Relationship:

Tel Number:

Referrer Details

Name:

Role:

Agency:

Address:

Tel:

Email:

Other agencies involved

Doctor Surgery:

Tel:

Health Visitor Name:

Tel:

Email:

Health Visiting Team:

Social Worker Name:

Tel:

Email:

Social Worker Team:

Other:

Have you visited the family home? Y/N**Are there any health and safety issues that we need to consider when placing a volunteer with this family?**

Please explain below:

Please explain any that apply	
Lone parent	
Substance misuse	
Domestic abuse	
Learning difficulties (parent/child)	
Interpreter required	
Teenage pregnancy (19 years or younger)	

Family members details – please complete for all family members

Carer	Name	DOB	Main carer (Y/N)	Disability (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 (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								

Family Needs – Please indicate in the table below which of the areas the family needs support or would like to make changes. This enables us to offer the most appropriate support for your family. This information, together with information provided by the family, will be used to monitor how our support meets the family’s needs.

Needs/circumstances	Tick	Please tell us why this is a need
Physical health – being able to organise and attend appointments with healthcare professionals, healthy eating, exercise and sleep for children and parent/carer	<input type="checkbox"/>	
Emotional wellbeing – feeling close and connected to children, managing parent/carers’ emotional wellbeing healthily	<input type="checkbox"/>	
Keeping children safe – ensuring the home is safe, protecting children from accidents, bullying, racial harassment and domestic abuse and providing appropriate supervision	<input type="checkbox"/>	
Social networks – having the people, social contact and support parents need and want, and children being able to make positive friendships and develop social skills through spending time with other children	<input type="checkbox"/>	
Boundaries and routines – having a supportive weekday routine, regular meal and bedtimes, suitable and clean clothes, spending time together. Having clear boundaries and being able to manage difficult behaviour, being a positive role model	<input type="checkbox"/>	
Child development – understanding the milestones in children’s development and practicing with them, helping pre-schoolers become more independent and ready for school	<input type="checkbox"/>	
Home, money and work – being able to provide the children with the security of an adequate and stable home and sufficient money to care for the children, being able to manage the household income and getting back into work, if appropriate	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

Thank you for taking the time to provide this information. 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 family and will contact you when support ends. If you have any issues, concerns or questions please contact our Family Support Manager at office@homestartsouthwarwickshire.org.uk or 07907 616 922.