

Home -Start Bristol Referral Form

Home-Start is one of the leading family support charities in the UK. Our paid family support coordinators assess families and match them with a local trained volunteer who provides emotional and practical befriending support.

Please note that all referrals must be made with the consent of the family and the family must have at least one child under the age of five years.

Please contact us if you need to check current availability or to discuss a referral. Contact details are at the end of this form.

Email this form to: admin@homestartbristol.org.uk



BHS Family No:

Type of support requested (Please put a cross against all that apply)

Groupwork	Mums in Mind (Bristol)	Best Start (South Glos)
1:1 family support		
Phone and digital support		

1. Details of Parent/Carers who live with children

First name	Surname	Relationship to child	DOB	Gender	Ethnicity	Disability/Learning need	First Language
Home Address:					Email:		
Landline					Mobile		

2. Other Significant Adults Living at this or another address

First Name	Surname	Relationship to child	DOB	Gender	Address	Parental Responsibility

3. Details of children (from oldest to youngest)

First Name	Surname	Relationship to main carer	DOB EDD	Gender	Ethnicity	Any special needs? Y/N	School? Preschool Child minder?	Plans in place? E.g. CP/CIN/EHAP /EHCP/TAF

Please put X against all that apply to this family so that we can assess suitability for our services and for monitoring purposes

Lone Parent	Young Parent (- 25)	Mental Health	Physical Health	Domestic abuse	Refugee/Asylum seeker	Multiple birth	Other (please specify)
Finance/debt	Care leaver	Perinatal Mental Health	Disability	Substance misuse	Interpreter needed?		

4. What is the current situation for this family? Please give a summary of issues and include family strengths

5 What are you worried about? What needs to change for this family? What has prompted this referral now? Are there any risk issues we need to be aware of? (Please attach any assessments or plans if available)

6. Details of person making referral

Referrer Name		Agency	
Position		Address	
Telephone		Email	
Referral Date		Signature	

Have you visited the family at home? When?

7. Details of other agencies working with the family (please continue on separate sheet if necessary)

Agency Contact person Email Telephone		Agency Contact person Email Telephone	
Agency Contact person Email Telephone		Agency Contact person Email Telephone	

8. Have you made any referrals to other services? If so, please list below so support can be coordinated.

9. Home-Start Bristol works in partnership with families once they have given their consent to receiving the service. Please do contact us to discuss a families' case if there are issues with obtaining consent.

What is the view of the parent/carer about this referral?				
Has the parent/carer given consent for this referral? <i>Please note that we will seek formal consent from the parent/carer at our initial visit.</i> Our Privacy Notice is available to read on our website www.homestartbristol.org.uk	Yes		No	

10. Other Comments or information that may support this referral

How can Home-Start Bristol Help?

Family Needs So that we can offer the family the most appropriate support and match the most suitable volunteer, please complete the following table, prioritising **the top 3 needs**. This information, together with information provided by the family, will be used to monitor how our support meets the family's needs.

I hope that Home-Start will help meet the family's needs in the following areas:	Tick Relevant rows	If you have ticked, please tell us what outcome you hope we can achieve with this family	Prioritise the top 3 needs
A: Parenting Skills			
Managing children's behaviour			
Being involved in children's development/learning			
B: Parental Well-being			
Helping parent cope with their own physical health needs			
Helping parent cope with their own mental health needs			
Coping with loneliness and social isolation			
Parents' confidence and self-esteem			
C: Child/ren's Well-being			
Concerns about children's physical health			
Concerns about children's mental health			
D: Family Management			
Managing family finances			
Household routines and healthy lifestyle			
Stress caused by conflict in the family			
Coping with multiple birth/children			
Engagement/use of other services			

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