Referral Form for Home-Start Kernow

Referrers Name	
Referral Date	
Service and Role	
Contact Details (including email and phone numbers)	Address: Email: Telephone:

Our peer support volunteers offer practical and emotional support, either at the family home or in a group setting for roughly two hours per week, typically for six months. Support is most successful when offered early, when the needs of the family are appropriate for volunteer support and when the family engages well.

We maintain the distinction between the peer-support we offer and professional interventions from other services. Therefore, we do not accept referrals for families under Child Protection for home-visiting support. Where there is a Child in Need status, referrals will be considered according to need and a professional from a statutory service must be the lead professional. Our groups are open to all families. It is often the case that families with complex, enduring needs are not suitable for volunteer support. Please consider this when making your referral.

SECTION 1- Family Information

Family Name	
Contact Details (Including address, email and phone numbers)	Address: Email: Telephone:

Adult's Full Names	Date of Birth	Relationship to Child/ren	Gender	Disability Y/N and info	Main Carer Y/N	Resident in Home Y/N

Referral Form for Home-Start Kernow

Children's Full Names	Date of Birth	Gender	Disability Y/N and info	Resident in the Home Y/N

SECTION 2- Family Circumstances

Our support is offered by volunteers who typically visit the family at home or support in a group setting for two hours a week for approximately six months. How do you think Home-Start could help the family?		
Please give details of people or services currently supporting the family. (To include name, role, contact number)	Please tick to give consent for HSK to share relevant information with this person/organisation.	
Which other services have you referred the family to in the last three months?	In Process ✓	Declined ✓

Do any of the following needs apply to members of the family? (Please tick/highlight all that apply)			
Coping with own mental health		Coping with own physical health	
Managing child's behaviour		Support with children's development/learning	

Referral Form for Home-Start Kernow

Coping with loneliness & social isolation		Parent's confidence/self esteem	
Disability		Coping with child's physical health	
Domestic violence		Coping with child's mental health	
Lone Parent		Managing the household budget	
Young Parent		Day to day running of the house	
Naval/Forces Family		Stress Caused By Conflict in the Family	
Coping with extra work caused by multiple birth/children under five		Use of Services	
New baby		Parent's Own Learning Needs	
Other, please state			

Please note, we do not accept referrals for families under Child Protection for home-visiting support. Where there is a Child in Need status, referrals will be considered according to need and a professional from a statutory service must be the lead professional. Our groups are open to all families. Are any members of the family subject to, or have previously been subject to, the following: (please tick all that apply)	
Child Protection	Child in Need
Please provide details:	

Have you visited the family home? Are there any Health and Safety issues that we need to consider when placing a volunteer with this family:			
Does the family have any specific needs? (E.g. English as a second language, wheelchair user etc.)			
Does the family have access to transport? (Please tick as appropriate)			
Own transport	Public Transport	No	Other

Please add any background information that you think we would find useful (if necessary, attach an extra sheet)

How would the main carer describe their ethnicity? Please tick the appropriate box			
Asian or Asian British - Bangladeshi		Mixed - White & Asian	
Asian or Asian British - Chinese		Mixed - White & Black African	
Asian or Asian British - Indian		Mixed - White & Black Caribbean	
Asian or Asian British - Japanese		Mixed - Other Mixed Background	
Asian or Asian British - Pakistani		White- British	
Black or Black British - African		White - European	
Black or Black British - Caribbean		White - Irish	
Black or Black British - Other Black Background		White - Other white background	
Cornish		Other, please state	
Are there any other ethnicities within the immediate family? Please give details below			

SECTION 3- Our Current Services

Below is a brief description of the services that are currently on offer, please tick any that may be of interest.			
Project		**Type of Support**	**Tick**
Home visits – Peer support by a volunteer		Face to face, 1-1 support	
Group support	Please specify which group below:	Face to face	
Digital Group support	Please specify which group below:	Online	

Referral Form for Home-Start Kernow

SECTION 4 – Group Support: Please only complete this section if you have selected Group Support above

Emergency contact name/number – family member/friend:
Allergies/medical conditions **Y/N (Please provide details & state whether this relates to the parent or child)**

Parental agreement	**Agree Y/N**
I understand that I take full responsibility for the care and safety of my child/children while at the group. I give permission for volunteers/staff to look after my children for short periods in my absence eg. drink/break/toilet I am aware that I am responsible for what my child/children eat, drink & have contact with.	
I give permission for Home-Start Kernow to use photographs & videos of me/my child/children to help promote its work. **Names will not be used in any reproduction of photographs.** I understand that these may be used on social media, websites, funding reports & UK publicity materials. (Posters/leaflets/advertisements).	

Referrer's signature ..... Date .....

Please confirm that you have the family's consent to share this information: YES/NO

Thank you for taking time to provide this information which will help us to process the referral, please send the completed form to info@homestartkernow.org.uk. We will respond to you to confirm receipt of your referral/discuss service availability within 2 weeks. We will contact you when we have successfully matched the family with a volunteer/group. If we are unable to do this after 6 weeks, we will contact you to review the situation.

If support ends, we will notify you. If you have any issues or concerns about the referral process or the support for the family, please contact us at:

Home-Start Kernow,
Bodmin Family Hub
83 Fore Street, Bodmin PL31 2JB

Telephone: 01209 214490
Email: info@homestartkernow.org.uk