

**REFERRAL FORM - DAD MATTERS**

Please note that all referrals must be made with the consent of dad, and dad must have at least one child under the age of two years, be expecting a child or have experienced a perinatal loss.

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| **Date of referral** |  | **Family Ref Number:**(for H-S office use only) |
| **Full name of dad** |  |
| **Contact tel no**  |  |
| **Email address** |  |
| **Dad’s address & postcode** |  |
| **Date of Birth** |  |
| **Ethnicity** |  |
| **Contact preferences** **(method of contact, best time to contact, any language requirements?)** |  |
| **Is parent aged 24 or under? (✓)** |  |
| **Expected due date (if applicable)** |  |
| **No of children in household** |  |
| **Full Names/date of birth of children****(please add details of any other children in background information section)** | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Do children live with dad at the above address?**  |  |  |  |  |

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| **Referrer name** |  |
| **Referrer job role** |  |
| **Referrer agency** |  |
| **Referrer tel no** |  |
| **Referrer email address** |  |
| **Have you discussed & gained consent for this referral?** | **YES / NO** |

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| Other workers involved with family (eg social worker, health visitor):Name/Agency: Contact Number: Name/Agency: Contact Number:Name/Agency: Contact Number: |
| Have you referred this family to other agencies? YES/NOPlease specify:  |
| Is family subject to any Early Help Team around the Family (TAF) support, or Child in Need (CiN) / Child Protection (CP) plans?If yes, please refer to our referral criteria for this support as Dad Matters support may not be appropriate for this family.  |
| Is there any historical social care involvement with the family? |
| Has referrer visited dad’s address? | YES / NO |
| Are there any issues which may compromise the health & safety of a visitor? | YES / NO If yes, please give details |
| **Do the family have any pets?** | YES / NOIf yes, please give details |

Type of support requested: (Please tick relevant box)

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| Mental health support |  |
| Attachment & bonding support |  |
| Signposting to services, eg miscarriage, perinatal loss, birth trauma |  |

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| **I hope that Dad Matters will help meet the following needs:** |  | **Please use this box to add any more details or information that might be relevant** |
| Develop awareness of attachment and bonding |  |  |
| Support to access and understand local and national services available to dads / partners |  |  |
| Accessing peer support from other dads / partners  |  |  |
| To better understand stress and its impact upon the family |  |  |
| Ante-natal parenting support |  |  |
| Post-natal parenting support |  |  |
| Increased confidence in being a parent |  |  |
| Own mental health issues |  |  |
| Partner’s mental health issues |  |  |
| Coping with multiple birth  |  |  |
| Other: please state: |  |  |

To provide as complete a picture as possible, please tick any appropriate boxes

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| --- | --- | --- | --- |
| Substance misuse  | Young Parent (<25) | Other mental health issues, eg anxiety / depression | Domestic Abuse |
| Disabilities | Learning needs | Lone Parent | Refugee / asylum seeker |

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| Also, please add any **background information** that you think we would find useful in order to best support this referral (continue overleaf if necessary) |

**How to send a referral to Home-Start Kirklees: -**

Health practitioners, please send referrals to home-start.kirklees@nhs.net

For professional referrals without an nhs.net account, return the completed form to: info@homestart-kirklees.org.uk (please password protect the document and call us to give the password).

**Please note we do not accept professional referrals by post.** For any queries, please telephone **01484 421925** or visit our website at [www.homestart-kirklees.org.uk](http://www.homestart-kirklees.org.uk)