

# Blackburn and Darwen Dad Matters Referral Form

Entered onto MESH,  
Date & Initial:

Family No:

Date Received: .....

(for office use only)

**PLEASE NOTE THAT ALL REFERRALS MUST BE MADE WITH THE CONSENT OF THE FAMILY AND THE FAMILY MUST BE EXPECTING OR HAVE A CHILD UNDER THE AGE OF TWO YEARS.** Please return to: [hello@home-start-bnd.org.uk](mailto:hello@home-start-bnd.org.uk)

|                   |                         |              |
|-------------------|-------------------------|--------------|
| <b>Signature.</b> | <b>Parent/Guardian.</b> | <b>Date.</b> |
|-------------------|-------------------------|--------------|

|   |                |                        |                                     |                      |                               |
|---|----------------|------------------------|-------------------------------------|----------------------|-------------------------------|
| <b>Family Name:</b>                                   |                |                        |                                     |                      |                               |
| Address:  |                |                        | Home Tel No:                        |                      |                               |
| Post Code:  |                |                        | Mobile No:                          |                      |                               |
|   |                |                        | Email:                              |                      |                               |
| Name of father:                                       | Date of Birth: | Resident in Household: | Main Carer:                         | Registered Disabled: | Immigration Status:           |
|   |                | YES / NO               | YES / NO                            | YES / NO             | Asylum seeker/Refugee/Pending |
| Has an EHA form been completed for the family? YES/NO |                |                        | Name & Agency of Lead professional: |                      |                               |
| Child in Need? YES/NO                                 |                |                        | Contact No:                         |                      |                               |

## Ethnic Origin:

| ASIAN/ASIAN UK:                | BLACK :   | WHITE:                     | MIXED:                     |
|--------------------------------|---|----------------------------|----------------------------|
| Indian                         | Caribbean   | British                    | Mixed ethnic background    |
| Pakistani                      | African   | Irish                      | <b>Other ethnic group:</b> |
| Bangladeshi                    | Any other Black background  | Gypsy or Irish traveller   | Arab                       |
| Chinese                        |   | Any other White Background | Any other ethnic group     |
| Any other Asian Background     | <i>Is the ethnicity or immigration status of the children different to the parents? If so please specify:</i> |                            | <b>Religion:</b>           |
| <b>Parents first Language:</b> |   |                            | <b>Sexual Orientation:</b> |

| Names of Children: | M/F | D.O.B | Age: | Child Protection? | Special needs / disability? | Expecting Baby | Expecting Due Date |
|--------------------|-----|-------|------|-------------------|-----------------------------|----------------|--------------------|
|                    |     |       |      | YES NO            | YES NO                      | YES NO         |                    |
|                    |     |       |      | YES NO            | YES NO                      |                |                    |
|                    |     |       |      | YES NO            | YES NO                      |                |                    |
|                    |     |       |      | YES NO            | YES NO                      |                |                    |

\*Continue on separate sheet if necessary

## Blackburn and Darwen Dad Matters Referral Form

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b><u>Referred by:</u></b>        | <b><u>Family Doctor</u></b>       |
| <b><u>Name</u></b>                | <b><u>Tel No.</u></b>             |
| <b><u>Address</u></b>             | <b><u>Health Visitor</u></b>      |
| <b><u>Postcode</u></b>            | <b><u>Tel No.</u></b>             |
| <b><u>Tel No.</u></b>             | <b><u>Any other agencies:</u></b> |
| <b><u>Email</u></b>               |                                   |
| <b><u>Job Title</u></b>           |                                   |
| <b><u>Referrers Signature</u></b> |                                   |

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

## Blackburn and Darwen Dad Matters Referral Form

Type of support requested: (Please x relevant box)

|   |                 |                |
|---|-----------------|----------------|
| Perinatal Mental Health support group     | Wellbeing group | Something else |
| General signposting and parenting support | 1-2-1 support   |                |
| Miscarriage and Perinatal Loss group      | Antenatal Group |                |

**Please complete the following table in partnership with the Dad.**

| Family needs:  | ✓ | If you have ticked, please tell us <b><u>why</u></b> this is a need and <b><u>how</u></b> a volunteer might be able to help |
|--|---|---|
| 1 Managing child's behaviour   |   |   |
| 2 Being involved in the child(ren)s development                                  |   |   |
| 3 Coping with own physical health  |   |   |
| 4 Coping with own mental health  |   |   |
| 5 Coping with feeling isolated   |   |   |
| 6 Parents self esteem  |   |   |
| 7 Coping with child(ren)s physical health  |   |   |
| 8 Coping with child(ren)s mental health  |   |   |
| 9 Managing the household budget  |   |   |
| 10 The day-to-day running of the house   |   |   |
| 11 Stress caused by conflict in the family                                       |   |   |
| 12 Coping with the extra work caused by multiple birth/multiple children under 5 |   |   |
| 13 Use of services   |   |   |
| 14 Other (please describe)   |   |   |

**Please tell us if the family has any needs/issues relating to (please circle):**

Lone parent / Dad or male carer / Teen Parents / BME / Disabled Child / Disabled Adult / Workless Households / Parent Mental Health / Child or Young Person Mental Health / Domestic Violence / Social Isolation / Risk of crime/ASBO – Adult / Risk of crime/ASBO – Child / NEET / Young Carer / Poverty & Debt / Physical Health.

| Risk Assessment: Please tick any of the relevant below and provide a brief explanation |  |  |
|--|--|--|
| Risk from other adults visiting the home   |  |  |
| Significant drug/ alcohol use  |  |  |
| Significant offending history  |  |  |
| Aggressive/violent behaviour   |  |  |
| Domestic abuse   |  |  |
| Any other, please specify  |  |  |