# Shoreditch Trust

#### **Bump Buddies: Self-Referral Guidance**

Bump Buddies is a maternity peer education programme managed by Shoreditch Trust.

As a pregnant woman living in Hackney there are many reasons why you might ask for help from Bump Buddies:

- You don't know when, how and where to get care in pregnancy.
- You are feeling isolated and don't have anyone to talk to.
- You are homeless or at risk of becoming homeless.
- You have experienced domestic violence.
- You have experienced female genital mutilation.
- You are struggling to cope with the demands of family and work.
- You would like information on benefits and maternity rights.
- You would like advice on healthy eating in pregnancy and breastfeeding.
- You would like advice on stopping smoking.
- You are wondering how your immigration status will affect your maternity care.

#### Depending on your needs, Bump Buddies can offer you different types of support:

**Information and signposting** - We can give you information on a range of issues relating to your health and wellbeing in pregnancy. We can also help you access local specialist services.

One-to-one mentoring - You can get one-to-one support throughout pregnancy from a trained Bump Buddies volunteer. Volunteers can offer you support and encouragement in accessing services and making healthy choices in pregnancy. They can also be a listening ear, helping you cope with your present circumstances, and prepare for birth and early parenthood.

More information can be found here: www.shoreditchtrust.org.uk/Bump-Buddies





Referral Process

If you are pregnant and would like to discuss receiving support from Bump Buddies please see

below:

Bump Buddies is a confidential service. Guidelines for confidentiality will be discussed in

your introductory meeting.

Our funding only allows us to work with women living in Hackney.

Whether we can support you depends on the numbers and suitability of our current

volunteers. We will try our best to find some way to help you but unfortunately we cannot

guarantee this.

Complete a Referral Form and return to: <a href="mailto:lorna@shoreditchtrust.org.uk">lorna@shoreditchtrust.org.uk</a>

Bump Buddies will:

Set up an introductory meeting with you to get to know you and your current circumstances.

Together with you, identify some priority areas, where you would like support.

Provide you with information and make referrals to relevant local services.

If appropriate, offer you access to other Bump Buddies and Shoreditch Trust services,

including the peer mentoring service.

For more information please contact:

Lorna Lewis: <a href="mailto:lorna@shoreditchtrust.org.uk">lorna@shoreditchtrust.org.uk</a>

Tel: 020 7033 8573

#### Safeguarding Policy Statement

Shoreditch Trust is committed to providing a safe, positive and friendly environment to children and at risk adults. We have a statutory and moral duty to ensure and promote the welfare of these groups regardless of Race, Disability, Gender, Age, Sexual orientation, Religion and belief, Gender reassignment, Pregnancy and maternity, Marriage and civil partnerships.

This policy extends to the treatment of all of our service users, partners, visitors, and employees of Shoreditch Trust.

Shoreditch Trust abides by the legislative framework in place for safeguarding, including the Children Act of 2004, Safeguarding At risk Groups Act of 2006, Rehabilitation of Offenders Act of 1974 (amended in 2001), Criminal Justice and Court Services Act of 2000, the Criminal Justice Act 2003 and adjacent legislation and policies. We also take into account 'Best Practices' in child and at risk adult safeguarding.

## **Bump Buddies Self- Referral Form**

### **Confidential**

Your Details:		
Name:		
Date of Birth:		
Postal Address:		
Postcode:		
Telephone:	Mobile:	
Email:		
Your preferred language if r	not English:	
Please indicate your preferr	ed mode of contact (please circle):	Phone Email Text
Please indicate whether you	consent and it is safe to contact yo	ou using:
Email: Yes / No	Telephone: Yes / No M	obile: Yes / No
Your Pregnancy:		
Due date:		
Named Midwife:		
Booking Hospital:		

Are you currently accessing other supportive services, e.g. Family Support?
1. Service:
2. Service:
3. Service:
Reason for Self-Referral (please give as much information as possible):
How did you hear about Bump Buddies?