# Bump Buddies - Professional Referral Guidance

As part of Shoreditch Trust’s strategic aims it delivers the Bump Buddies (BB) programme. BBs is targeted to socially isolated women during pregnancy and early parenthood who may also be coping with a range of health and social issues.

## Service aims and outcomes

The overall aim of BBs is to provide a service that builds individual resilience and wellbeing, and community capacity and cohesion, including:

1. Improved social relationships – Through the provision of one-to-one support and training we will increase programme participants’ self-esteem and confidence, impacting on their ability to build and sustain positive relationships in their communities.
2. Enabling participation – giving programme participants’ more choice, more voice and control, impacting on their ability to seek information about, and confidently access local provision to which they are entitled.
3. Increased resilience – helping programme participants to bounce back from adverse circumstances and experiences, make choices to support on-going health and wellbeing, and to challenge entrenched inequalities.

## Bump Buddies can offer different types of support, including:

**Assessment Meeting - Information and signposting** - We can give the client information on a range of issues relating to their health and wellbeing in pregnancy. We can also help them access local specialist services. Through a face-to-face meeting, staff assess need, help the client identify areas of priority, do targeted signpost and referrals. The referral agent receives a follow-up report outlining the key areas discussed and information shared.

**1-to-1 Mentoring** - peer support throughout pregnancy and up to 3 months postnatally from a trained and supervised Bump Buddy volunteer Mentor.

## Referral Process

We work with all women including **vulnerable** women during pregnancy and early parenthood living in the London Borough of Hackney. Vulnerable in this instance will include (but not be limited to) women who:

* Lack support networks / are socially isolated
* Are lone parents
* Are care leavers
* Are homeless or at risk of homelessness
* Are experiencing financial hardship
* Are known to social care including for safeguarding concerns
* Have experienced domestic violence
* Have experienced exploitation
* Have mental health problems
* Have experienced substance misuse
* Have experienced difficulties with pregnancy/birth/post birth (including FGM)
* Are young (under 20)
* Are HIV positive
* Has been in UK less than 10 years/ has English as a second language
* Have unregulated immigration status

## Exclusions

Most people will be suitable for the Assessment Meeting service (We aim to meet in the women’s home). However, some individuals may not be suitable for the Mentoring service, including;

* Individuals with severe mental health problems.
* Individuals whose behaviours or life circumstances present an unmanageable risk to the safety of staff or mentors.
* Individuals who are unable to communicate in English, if a suitable bilingual mentor is unavailable.
* Individuals referred to Bump Buddies after the 32 week of pregnancy.
* Due to limited resources, BB may not be able to continue offering mentoring to mentees who move out of Hackney whilst receiving our service.

## Notes on the Referral Process

* Both professional and self-referrals are accepted.
* For clients who may wish to progress on to the Mentoring service, referrals should be made as early in pregnancy as possible.
* Each referral will be individually assessed – to ascertain which part of the service is the most appropriate.
* All referrals will be offered an Assessment Meeting and assessed as to whether they are suitable for Mentoring.
* The average length of Mentoring will normally be between six and nine months, depending on the assessed needs of each mentee.

## Referral & Assessment process:

1. Referrals must be made using the programme form (available online through Shoreditch Trust website). Advice/information about appropriateness of the referral can be given over the phone/email.
2. An email /letter is sent out to the potential client introducing the programme and indicating that a phone call will follow to arrange an appointment for an Assessment Meeting (home-based).
3. The potential client is contacted by phone to make a mutually convenient appointment.
4. Following the assessment Meeting, the client will receive a follow-up email/letter outlining the main areas discussed and relevant local services and resources. If appropriate, they will also be offered the Mentoring service at this point.
5. The referral agent will receive a report outlining the key areas discussed in the Crisis meeting and details of services/resources the client has been signposted/referred to.
6. Clients will be contacted by phone to arrange an introductory meeting with their mentor.
7. The programme aims to place mentors with service users within a six-week period but may be longer depending on capacity.

If you are working with a woman who would benefit from support in pregnancy please see below:

* Discuss Bump Buddies with your client - they must agree to receive Bump Buddy support.
* Establish that the client lives in Hackney.
* Complete a Referral Form and return to: [BBreferrals@shoreditchtrust.org.uk](mailto:BBreferrals@shoreditchtrust.org.uk)

For more information please contact: 020 7033 8524 or email

Jane Lavelle: [jane@shoreditchtrust.org.uk](mailto:jane@shoreditchtrust.org.uk)

# Bump Buddies - Maternity Support Referral Form

Has your client has agreed to this referral?

Yes  No

## Client’s Details

|  |  |
| --- | --- |
| Name |  |
| Date of referral |  |
| DOB |  |
| Preferred language |  |
| Postal address |  |
| Email address |  |
| Telephone number |  |
| Preferred mode of contact  Phone call  Text message  Email  Letter | |

## Referrers Details

|  |  |
| --- | --- |
| Referrer’s name |  |
| Job Title |  |
| Organisation |  |
| Telephone number |  |
| Email address |  |

## Information about the client’s pregnancy

|  |  |
| --- | --- |
| Due date |  |
| Booking hospital |  |
| First time parent? | Yes  No |

## Presenting issues

Do any of the following issues affect the client?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issue** | **Yes or No** |  | **Issue** | **Yes or No** |
| Social isolation | Yes  No |  | Safeguarding concerns | Yes  No |
| Insecure housing /homelessness | Yes  No |  | Unregularised immigration status | Yes  No |
| Mental health difficulties | Yes  No |  | EAL/In country less than 12 months | Yes  No |
| Domestic violence | Yes  No |  | Financial hardship | Yes  No |
| Substance misuse | Yes  No |  | Care leaver | Yes  No |
| Lone parent | Yes  No |  | Exploitation | Yes  No |
| Under 20 | Yes  No |  | HIV positive | Yes  No |
| FGM | Yes  No |  | Other vulnerability (specify) |  |

## Have you completed a risk assessment?

Yes  No If **YES**, please attach.

## Reason for Referral

Please give as much information as possible

Are there any risks associated with the client (e.g. risk of violence, self-harm)?

## OFFICE USE ONLY

Date Referral Received:

Referral accepted as eligible: Y / N If no, why not:

Date of initial assessment: Action taken:

Assessed by: