



## Services

### Family Learning Centres

We have six Family Learning Centres situated throughout Midlothian, that provide a range of services for 0-5 year olds and their families. We offer high quality Early Learning and Childcare (funded 'A Good Time to be 2' and self-funded spaces), Groups such as 'A Good Start' (baby massage), PEEP, Bookbugs, Parenting and Peer Support, Financial advice in partnership with Citizens Advice Bureau, Stay & Play and lots more.

### Parenting Services

Parenting Services provide support with parenting skills for families with 0-3 year olds and families with children in primary school on a 1:1 basis in your home, your local centre, or your local community. We also offer parenting courses such as Raising Children with Confidence and Healthy Living, run by our very own qualified instructors.

### Therapeutic Services

Therapeutic Services offer a range of services such as 1:1 Counselling, Art Therapy, Mindfulness with qualified therapists in safe, confidential spaces. We offer these services to parents of children 0-5 years old.

### Perinatal Services

Perinatal Services are available to all Carers, Mums and Dads with children 0-3 years old, in Midlothian. We can offer 1:1 support and various courses and group work. This includes baby massage in the form of the award-winning course 'A Good Start' (AGS), Dads2b antenatal group, Baby Groups, and lots more!



## How to access

You can ask your Health Visitor, GP or other professional to refer you. They can assist you to fill in the details on the attached referral form.

You also have the option to self-refer by completing and returning the form yourself. If you require assistance with self-referring, please do not hesitate to contact us by calling 0131 654 0489 or email at [referrals@midlothiansurestart.org.uk](mailto:referrals@midlothiansurestart.org.uk).

Please note, we need your consent to receive and hold your information on our database, so that we can offer you a service. More details about this are contained in our privacy statement on our website.

### Contact

**Midlothian Sure Start, Head Office,  
Colliery Court, McSence Business Park,  
32 Sycamore Road, Mayfield, Midlothian,  
EH22 5TA  
tel: 0131 654 0489  
email: [referrals@midlothiansurestart.org.uk](mailto:referrals@midlothiansurestart.org.uk)  
web: [www.midlothiansurestart.org.uk](http://www.midlothiansurestart.org.uk)**

### Follow us

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<https://midlothiansurestart.eventbrite.com>



# Midlothian Sure Start

## Building Best Beginnings

### Our Vision

For all Midlothian's children to build the foundations for a happy childhood that serves them a lifetime.

### Our Mission

To help each child achieve their full potential by having valued, confident and collaborative staff who will work with each other and other agencies to provide best quality services to children and their families within the communities of Midlothian.

## Referral Form

Scottish Registered Charity No SC0031038  
Company No. 215330, Tax No. CR50620

|  |  |  |  |
|--|--|--|--|
| Name of Parent/Carer                                     |  | Date of Birth  |  |
|  |  |  |  |
| Name of Child  |  | Date of Birth  |  |
|  |  |  |  |
| Health checks completed 6-8 week (for baby massage)      | Yes <input type="checkbox"/>                             | Date   |  |
| Other children   |  |  |  |
| Address and Postcode                                     | Email  | Tel  |  |
|  |  |  |  |
| Consent to contact by mail?                              | Consent to contact by email?                             | Consent to contact by telephone?                         |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

How would you like Midlothian Sure Start to help?

I am interested in the following services.  
(Tick the service you would like to contact you)

Parenting Services Yes  Perinatal Services Yes  Therapeutic Services Yes

Family Learning Centres: Yes  (Please specify)

|                        | Name | Surgery |
|------------------------|------|---------|
| Health Visitor details |      |         |
| GP details             |      |         |

Name of Referrer (if different from above)  
Referrer: we will hold your contact details to support this referral

|                      |       |        |  |
|----------------------|-------|--------|--|
| Name                 |       |        |  |
| Position             |       | Agency |  |
| Address and Postcode | Email | Tel    |  |
|                      |       |        |  |

I consent to be contacted and for my information to be held on MSS database. (Please sign and date)

|                                      |  |      |  |
|--------------------------------------|--|------|--|
| Signature of Referred (Parent/Carer) |  | Date |  |
|--------------------------------------|--|------|--|

| Admin use only             |  |                       |  |
|----------------------------|--|-----------------------|--|
| Date referral received:    |  | Date service offered: |  |
| Date entered into database |  | Family ID no:         |  |