

London Borough of Bexley - Children's Centres Family Lives Family Support Service Request Form (including registration)

This form should be used to refer a child and family for one or all of the three following services:

1. Engagement with children's centres to access a range of stimulating and developmental activities.
2. A home visiting family support service delivered by trained volunteers.
3. Parenting workshops and programmes.

The Children's Centres Family Lives Family Support Service is an additional Level 1 and low level 2 universal service (Bexley Continuum of Need).

This service provides support to families with children aged 0-5 years (and older siblings) where there is a low level of risk but where there are some additional needs or vulnerabilities. The areas of support need might include: - managing a child's behaviour, being involved in the child or children's development, coping with own physical and/or mental health, coping with feeling isolated, coping with child's physical and/or mental health, managing the household budget, day-to-day running of the house, stress caused by conflict in the family, coping with multiple birth/multiple children under 5, support with learning disabilities, use of services.

Consent

For a Children's Centres Family Lives Family Support Service, the requests must always be discussed with the family and consent for the request should always be sought from those with parental responsibility. If you are worried about a child and the parents do not give consent, please contact the Front Door - MASH Team for a consultation with a Social Worker.

If you are unsure about whether or not to make a referral, or which service will best help the family and safeguard the child, please refer to the Bexley Continuum of Need on the Bexley Children's Safeguarding Board website <http://bexleylscb.org.uk> and/or telephone the Front Door- MASH Team for a consultation with a Social Worker on the number below.

Contact details

Daytime hours (Mon to Friday 9am to 5pm) 020 3045 5440, out of Hours (6pm to 8am Mon to Fri and 8am Sat to 8am Mon) 020 8303 7777 or 020 8303 7171.

If you are worried about an immediate risk of significant harm to a child, it is essential that you share your concerns by telephone and follow this up by completing the Early Help Family Wellbeing & Children's Social Care Referral Form www.bexleylscb.org.uk and/or childrensocialcare.admin@bexley.gov.uk.

Where possible, please send this form electronically to the Children's Centre Service and where possible by secure email to info.surestart@bexley.gov.uk or send to:

Children's Centres Family Lives Family Support Service
St Augustine's Children & Family Centre
St Augustine's Road
Belvedere, DA17 5HP
Telephone number: 020 3045 4710

Office use only

Centre: _____
Registration No: _____
Date Received: _____
Meeting Date: _____

Please ensure that every part of this form is completed clearly. Please update the service, via email, with any changes to information or circumstances immediately.

Parent (e.g. Mother's/Carer's) forename: _____

Known as: _____ Title (Miss/Ms/Mrs/Mr): _____

Surname: _____

Date of Birth: _____ Relationship to Child: _____

Ethnicity: _____ Religion: _____

Parent/carer's first language: _____

Interpreter required? Yes No

Additional need/disability: Yes No Pregnant (due date): _____

Parent (e.g. Father's/Carer's) forename: _____

Known as: _____ Title (Miss/Ms/Mrs/Mr): _____

Surname: _____

Date of Birth: _____ Relationship to Child: _____

Ethnicity: _____ Religion: _____

Parent/carer's first language: _____

Interpreter required? Yes No

Additional need/disability: Yes No Pregnant (due date): _____

Address: _____

Postcode: _____

Home telephone Mobile number: _____

Email: _____

Name of Childminder (if used): _____

Children

Child's surname	Child's forename	Gender M/F	Date of Birth or EDD	Age in Years and months	Additional needs

Your Health Visitor's name: _____

Contact details: _____

Please complete the following questions (if necessary, use a continuation sheet)

Reason for referral (If referring for parenting or support with the child's behaviour please note the specific details of the child's behaviour causing concern and details of any behaviour management support provided prior to this referral and by whom)

What are you and the family worried about?

What is working well?

What needs to happen? (please give parent/carer's hopes and wishes)

Child/children's health and development – additional needs, medical concerns or treatments, antenatal or since birth (please include cultural, religious, language, learning, medical, physical, developmental, dietary)

Other agency involvement, previous interventions or family referred to:

(please include Social Worker, Family Wellbeing, SENCO, Paediatrician, parenting support, health visitor etc).

Name and Job title	Agency	Address/Tel no/email

Please give details of any child protection concerns (including substance misuse, domestic abuse, mental health issues or if family member involved in crime, anti-social behaviour or effected by truancy/exclusion.)

Are there any current risks in working with the family within the centre or family home? Yes No

(if yes please give details below):

Referrer Name: _____

Address: _____

Telephone number and extension: _____

Email: _____

Do you require email confirmation of receipt? Yes No

Job title: _____

Signed: _____ Date: _____

Please ensure that every part of this form is completed clearly. Please update the service, via email, with any changes to information or circumstances immediately.

Parent/carer consent

Required: I consent to photos and/or videos taken at Children's Centre events being used in Children's Centre newsletters, publicity, leaflets. I consent to my mobile number being used for text messaging.

If you **do not** wish for photographs of your family to be used, please tick the box

If you **do not** wish for videos of your family to be used, please tick the box

If you **do not** wish for your mobile number to be used for text messaging, please tick the box

- I agree to information about myself and my dependents, as outlined above, being kept on the Sure Start Children's Centre database and as a written record.
- I understand that this information will be used for monitoring and evaluation purposes and for the effective provision of a range of children's centre services to our family.
- I understand it will be updated on the database if my circumstances change.
- I give permission for the SureStart Children's Centre to share this information with its Bexley Education & Social Care strategic partners for the purposes of delivering its services only.

If you require further information relating to how your information is used, please contact the Freedom of Information Officer, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7LB or email <mailto:foi@bexley.gov.uk> or telephone 020 8303 7777.

Signed: _____ (Parent/Carer)

Print Name: _____ Date: _____