

**Sandwell Children’s Centre**

**Family Support & Parenting Course Referral Form / Information Sharing**

***PLEASE ENSURE ALL AREAS ARE COMPLETED IN DETAIL.***

*NOTE: - We* ***do not accept*** *referrals whilst a single assessment is being completed. Referrals for families who are currently under a plan or have had a single assessment completed will only be accepted once a copy of the plan/assessment is received, the role of the family support worker will be dictated by the outcomes on the plan.*

**Referrals do not need to be completed for the following:**

**Housing:** call 0121 368 1166

**Welfare Rights:** call your local Children’s Centre to book an appointment

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| **Are the family aware of the referral and consent given from Parents/Carers?** |  | **Date of referral:** |  |

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| **Parent/Carer 1**  **Name:** |  | **D.O.B** |  | **Ethnicity** |  | **Spoken Language** |  | **Disability/Learning Need?** |  |
| **Parent/Carer 2**  **Name:** |  | **D.O.B** |  | **Ethnicity** |  | **Spoken Language** |  | **Disability/Learning Need** |  |

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| **House/Flat Number:**  **Address: West Road, Great Barr**  **Post Code:** | | | **Telephone Number 1:**  **Telephone Number 2:** | | | | | |
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| **Child’s First Name:** | | **Child’s Surname:** | **D.O.B:** | | | **M/F** | **Disability / Learning Need?** | |
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| **Other household members including non-family members: *(please insert below)*** | | | | | | | | |
| **First Name** | **Surname** | | | **D.O.B** | **M/F** | | | **Relationship** |
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| **Other professionals working with the family:** ***(Please insert below)*** |  | | |  |  | | |  |
| **Name** | | | | | | | | |
| **GP** | **Organisation** | | | **Address** | | | | **Contact details** |
| **Health Visitor/Midwife/School Nurse** |  | | |  | | | |  |
| **Children’s Social Care/Targeted Strengthening Families Team** |  | | |  | | | |  |
| **School/Nursery/Pre school/Childminder** |  | | |  | | | |  |
| **Paediatrician** |  | | |  | | | |  |
| **Speech and Language Therapy** |  | | |  | | | |  |
| **Inclusion Specialist Early Years** |  | | |  | | | |  |
| **CAMHS** |  | | |  | | | |  |
| **Domestic Abuse** |  | | |  | | | |  |
| **Adult Mental Health/Drug/Alcohol** |  | | |  | | | |  |
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| **Status of case on point of referral.**  Please remember to attach a copy of all relevant plans/assessments | **Looked After Child** | **Child Protection** | **Children in Need** | **Single Assessment** | **Early Help Lead Professional** | **Early Help**  **Non-Lead Professional** | **Single**  **Agency** |
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| **Any Concerns in relation to risk or Health and Safety issues in the home? (e.g. alcohol/substance misuse, dangerous pets)** | | | | | |
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| **Any Concerns in relation to lone visiting/working with this family? (Any current/historic/potential domestic abuse identified)** | | | | | |
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| **Family Background?** | | | | | |
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| **What are you worried about?** | | | | **What is working well?** | |
| Harm: | | | | Existing Strengths: | |
| Danger Statement: | | | | Existing Safety: | |
| **What needs to change?** | | | | **Complicating factors?** | |
| Safety Goals: | | | |  | |
| What needs to happen next: | | | |
| **Parent/Carer views?** | | | | | |
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| **Reason for Referral? What are the presenting issues and detail the actions you require a family support worker to undertake with the family** | | | | | |
| **Have any signs of Neglect been identified** | | | **Yes** | | **No** |
| **Has a Graded Care Profile 2 (GCP2) been completed and attached.** | | | **Yes** | | **No** |
| Please tick  if apply | **Physical health** (include if there are any concerns relating to neglect in regards nutrition, hygiene, clothing & health)  Concerns –  Support needed – | | | | |
|  | **Parental wellbeing**  Concerns –  Support needed – | | | | |
|  | **Meeting Child’s Emotional Needs** (include if there are any concerns relations to parent/carers responsiveness or mutual engagement)  Concerns –    Support needed – | | | | |
|  | **Child Safety** (include if there are any concerns relating to neglect in regard to safety in parents/carers presence or absence)  Concerns –  Support needed – | | | | |
|  | **Parents child’s social networks**  Concerns –  Support needed – | | | | |
|  | **Child’s Education & Learning** (include if there are any concerns relating to neglect in linked to stimulation)  Concerns –  Support needed – | | | | |
|  | **Boundaries & behaviour** (include if there are any concerns relating to neglect linked to approval, disapproval or acceptance)    Concerns –  Support needed – | | | | |
|  | **Family Routine**  Concerns –  Support needed – | | | | |
|  | **Home & Money**  Concerns –  Support needed – | | | | |
|  | **Progress to work**  Concerns –  Support needed – | | | | |
| **Reason for Referral? What are the presenting issues and detail the actions you require a family support worker to undertake with the family** | | | | | |
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| **Case Summary of work completed with the family and how your role with the family will continue** | | | | | |
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| **Would the family benefit from attending a parenting course in addition to family support?** | | | | | |
| **Solihull Approach** | | | **Triple P** | | **Changes** |
| **Antenatal Changes** | | | **Stepping Stones (SEND)** | | **4 week SEND behaviour programme** |
| **4 week behaviour programme** | | | **Early Bird plus (Autism course)** | |  |
| **Person making the referral?** | | | | | |
| **Name:** | |  | | | |
| **Organisation / Job Role:** | |  | | | |
| **Address:** | |  | | | |
| **Telephone Number:** | |  | | | |
| **Email Address:** | |  | | | |
| **Signature:** | |  | | | |
| **Date:** | |  | | | |

**Information for parent/carer giving consent:-**

By giving consent to this referral, I understand that my information will be stored on Sandwell’s Early Help System and my information may be shared with relevant organisations for the purpose of providing appropriate support.

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| **Parent/Carer Consent** | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

***Thank you for your referral.***

***Please send this referral to the address below, allocations will be made every week and referrals will be assessed and allocated on a needs basis.***

***If your referral is urgent or you require further assistance please contact your local Children’s Centre.***

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| **Smethwick** | **Oldbury** |
| **Sophia Perkins**  **0121 555 6756**  **0121 557 0740** | |
| **Rowley** | **Tipton** |
| **Stacey Taylor**  **0121 559 9916**  **0121 522 5150** | |
| **West Bromwich** | **Wednesbury** |
| **Sarah Hurley**  **0121 500 4011**  **0121 556 5405** | |
| **Parenting Programmes** | |
| **Lauren Shields**  **0121 500 4011** | |

**Email: FamilySupportReferralSandwellCC@barnardos.org.uk**