

Children Centre Request for Support

To request support for a family with a child under 5 years in Bath and North East Somerset

Existing Assessment (Please attach)

<input type="checkbox"/> Single agency	<input type="checkbox"/> Early Help/CAF <input type="checkbox"/> Complete <input type="checkbox"/> In progress *	<input type="checkbox"/> Single Assessment	<input type="checkbox"/> Other, Specify	<input type="checkbox"/> None in place
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Note: A CAF / Early Help Assessment are required for any one-to-one work undertaken by Children's Centre. If this is not available at time of referral, one will need to be completed together with family, Health Visitor, and Children's Centre worker (and Early Years setting - if applicable) within 6 wks of referral acceptance

Child(ren) requesting support	DOB	Sex	Ethnicity	Nursery/Setting

Home Address

Parent's / Carer's Name	Contact Details Telephone number / email address	Method of Contact : Tel./Text /Letter/email	Ethnicity	Employment/ Educational Status

Other adults and children in home	Relationship to referred child	DOB	Ethnicity	Employment/ Educational Status

Other significant people not living at the above address	Relationship to referred child	DOB	Ethnicity	Employment/ Educational Status

Family Characteristics		Family experiencing		Child Characteristics	
Lone Parent	<input type="checkbox"/>	Low Income	<input type="checkbox"/>	Adopted Child	<input type="checkbox"/>
Teenage parent	<input type="checkbox"/>	Worklessness	<input type="checkbox"/>	Asylum seeking	<input type="checkbox"/>
Frequent Moves	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>	Child / sibling* with SEND	<input type="checkbox"/>
Roma, Gypsy, Boater or Traveller family	<input type="checkbox"/>	Parental Imprisonment	<input type="checkbox"/>	Child / sibling * with developmental delay	<input type="checkbox"/>
LGBT	<input type="checkbox"/>	Parental disability	<input type="checkbox"/>	Cared for by extended family	<input type="checkbox"/>
English as a 2 nd Language (EAL)	<input type="checkbox"/>	Parental ill-health	<input type="checkbox"/>	Look after Child	<input type="checkbox"/>
Black & Minority Ethnic	<input type="checkbox"/>	Adult mental health	<input type="checkbox"/>	Child In Need (CHIN)	<input type="checkbox"/>
With 'Connecting Families'	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	Child Protection Plan	<input type="checkbox"/>

Other agencies supporting family-please supply name and contact details					
Name	Relationship	Contact Details	Name	Relationship	Contact Details

What is happening for your child now?

What could be better for your child?

What would your child say?

Referrer's Comments

Risk Assessment considerations (e.g.: animals, Unpredictable etc)

Parent/Carers consent

In signing this form, I am aware that :

- this referral will be considered at a multi-agency Early Childhood Allocation Panel (ECAPs) which includes members of the Children's Centre and Health Visiting team.

And I agree that:

- the outcomes resulting from services offered will be shared with the referrer and my Health Visitor (part of Children's Centre services).
- Information may be shared with other agencies and services that can provide help and support and that Children's Centre Services will always talk to me beforehand so I know what is happening or why.

Name	Relationship to Child	Signature	Date

Requesting person's details

Name & Role		Address	
Signature		Date	

Addresses to send completed 'Request for Support' forms to:

 <p>First Steps Bath</p>	<p>Bath West:</p> <p>Twerton Children's Centre Woodhouse Road Twerton BATH BA2 1SY Tel No: 01225 444791</p> <p>Via: Globalscape For Council staff</p>	<p>For Those referrals from Bath West CC group area: Twerton Moorlands</p> <p>Contacts: Children's Centre Co-ordinators: <i>Helen Stockwell</i></p>
	<p>Bath East:</p> <p>Parkside Children's Centre Charlotte Street</p> <p>BATH BA1 2NE Tel No: 01225 396662</p>	<p>For Those referrals from Bath East CC group area: Parkside area (Bath Central) Weston St Martin's area - Odd down, Combe Down, Foxhill</p> <p>Contacts: Children's Centre Co-ordinators: <i>Emma Bevan</i> <i>Juliet Davies</i></p> <p>Administrator: <i>Chloe Fletcher</i></p>
	<p>Somer Valley:</p> <p>Radstock Children's Centre The Street Radstock BATH BA3 3QG Tel No: 01225 396660</p>	<p>For Those referrals from Somer Valley CC Group area: Radstock, Midsomer Norton Paulton, Peasedown & surrounding villages</p> <p>Contacts: Children's Centre Co-ordinators: <i>Jed Parsons</i> <i>Judith Parr</i></p> <p>Administrator: <i>Chloe Fletcher</i></p>
	<p>Keynsham & Chew Valley:</p> <p>Keynsham Children's Centre 65 West View Road Keynsham BRISTOL BS31 2UE Tel No : 01225 395400</p>	<p>For Those referrals from Keynsham and Chew Valley CC group area: Keynsham Chew Valley & surrounding villages</p> <p>Contacts: Children's Centre Co-ordinators: <i>Jed Parsons</i> <i>Linda Barnes</i></p> <p>Administrator: <i>Kate Vantreen</i></p>