



Request for support from Plymouth Children's Centres

Who we are

Barnardo's have several Children's centres across the city of Plymouth. Our teams work across the sites to support families with children under five years old with their individual needs.

What we do

Our team support families across our targeted and universal services.

Universal Groups – supporting parents to better understand their child's development and learning, as well as meeting other families in their community. Families can attend these groups without prior notice.

Target Groups – groups with specific focuses, see timetable for further information, families will need to book spaces on these groups.

Targeted 1:1 work – referral based service delivered in the family's home or suitable community venue. This is time limited and there needs to be a clear role for the children's centre team to play. Examples of areas we can support are:

- Families who have experienced domestic abuse
- Debt/benefit advice
- Parenting tips/advice/strategies, support on managing children's behaviour, routines and boundaries.
- Housing support
- Families experiencing social isolation
- Healthy lifestyles advice
- SEN support.

This list is by no means exhaustive please phone if you would like to discuss a potential referral.

What we need on request for support form

Requests for support are allocated on priority of need identified on the form; this is why it is essential we receive as much detail about family life and the issues affecting the family as possible.

Parents must consent to requests being made; our service operates purely on a consensual basis. It is important the form is completed as fully as possible to enable prompt allocation.

PLEASE COMPLETE THE FOLLOWING

POSTCODE OF FAMILY	
SURNAME(S) OF FAMILY	
Children's Centre Area (Admin Use Only)	

Request for Support from Plymouth Children's Centres

Referrer details			
Agency		Referrers Name	
Email		Telephone	
Address			

Child/children being referred:

Child's Full Name	DOB/EDD	Gender	Ethnicity	Disability

Any additional children in Family/household:

Child's Full Name	DOB/EDD	Gender	Ethnicity	Disability

Are any of the children the subject of a Child Protection Plan or Child In Need Plan. If yes, please give details. N/A

Are any of the children in the family Looked After by the Local Authority? If yes please give details and any additional addresses. N/A

Main Carer

Name		DOB	
Relationship to child		Parental Responsibility	
Address			
Home Telephone		Mobile	
Email			

Other significant adults:			
Name		Parental responsibility	
Relationship to Child		Living with Child/ren	
Name		Parental responsibility	
Relationship to Child		Living with Child/ren	
Name		Parental responsibility	
Relationship to Child		Living with Child/ren	
Additional information: (Please give further details where possible)			
Issues with Early Years & Child Development?	No		
Issues with Child/Young Person's Education?	No		
Issues with Child Safety?	No		
Issues with domestic abuse?	No		
Issues with Physical Health?	No		
Issues with Mental Health?	Yes/No		
Issues with SEN and disability?	No		
Issues with anti social behaviour/offending?	No		
Issues with substance misuse?	No		
Environmental Issues (housing, debt)	No		
Adult not in Education, employment or training?	No		
Young Carer?	No		
Interpreter Required	No		

Reason for Referral – including parents/carers views

What would you like the Children’s Centre to help with? (referral reason – please be as detailed and specific as possible to support allocation) Please could the family have support to

What change would you like to see for the child/ren following this referral?

Referral agency – reason for involvement?

Any other information which would help us (including health and safety considerations relating to home visiting, please attach any EHAT assessments, Plans etc.)

Other agencies involved with the family

Name	Organisation	Role	Telephone/Email

Have parents/carers given consent to talk to other professionals who are working with them?

Yes/No

Date

Have parents/carers given consent for this referral? Please state date if verbal

Yes/No

Date

Recording Policy:

Referrer must inform the family that information provided about them will be held on the Barnardo’s secure computer system. Information will be held in accordance with the Data Protection Act requirements and will not be shared without the person’s consent, unless there are concerns for the safety and wellbeing of a child or vulnerable adult. Individuals wishing to view this data should write to the Children’s Services Manager.

Signature of Referrer:

Date:

Signature of Parent:

Date:

Please return referral form to plymouthchildrenscentres@barnardos.org.uk

Barnardo’s reserve the right to return the referral form to the referrer if the form is not completed or not enough information is provided