



# SUPPORTED HOUSING ACCOMMODATION

## *SOCIAL SERVICES REFERRAL INFORMATION*



**Supporting families in need**

The Haybarn is the first phase of the Barns Project, the new Supported Housing Accommodation at Living Springs Family Centre for vulnerable children and their mothers. It is comprised of four independent one-bedroom flats to accommodate mothers-to-be and mothers with their babies/toddlers. One flat is slightly larger and would accommodate a mother with a small child and a baby together.

Each resident will be responsible for their own children, but staff will monitor and support according to the agreement made for each family.

The purpose of this accommodation is to provide short-term housing with the option of a high level of support for mothers who may have difficulty in learning how to parent or protect their children. This will normally be provided for a period of three months, up to a maximum of six months.

Each mother will be granted a licence agreement to live in a flat; they will need to pay a weekly rent, or claim Housing Benefit to cover this and will be expected to pay a separate amount to cover the cost of their utilities.

Residents in The Haybarn will be able to experience living independently, whilst at the same time having access to support at a level appropriate to their requirements.

This pack contains referral information relevant to your situation. We accept referrals from social services, other agencies, or self referral.

If you have any questions which relate to the accommodation itself or to the referral form, please contact us.

We look forward to hearing from you.

Jane Chapman

Centre Manager



LIVING SPRINGS SUPPORTED HOUSING - REFERRAL FORM  
**SOCIAL SERVICES**

**Social Services Dept:** \_\_\_\_\_

Date: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Team Manager: \_\_\_\_\_

**Proposed Resident(s)**

Name (s): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Previous names/ alias: \_\_\_\_\_

Name (s): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Previous names/ alias: \_\_\_\_\_

Address(\*): \_\_\_\_\_

Post code: \_\_\_\_\_ Telephone: \_\_\_\_\_

(\* )Second address (if parents are living separately):

\_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Next of kin**

In case of emergency, please specify next of kin who should be informed

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Telephone (please give two numbers): \_\_\_\_\_

\_\_\_\_\_

**A. Current status of all children**

Name	D.O.B.	Legal status	Child Protection Register: Yes / No	Category	Date received into care	Registered disabled Yes / No

**B. Guardian ad Litem**

Name: \_\_\_\_\_

Address(\*): \_\_\_\_\_

Post code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**C. Details of referral**

1. Please list the main concerns regarding the family and the reasons for requesting a placement in the supported housing accommodation.


3. Are there any specific issues / needs of the child/ren / pre-birth requirements, which may require particular attention?

**YES / NO**

If yes, please give details:

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4. What level of staff involvement, input or intervention do you feel is required?

*Please tick as appropriate*

**Level 1: Housing Benefit plus £250 per week:** provides two short staff visits each day. Staff members are normally available on the premises during the day and night, with occasional evenings and Saturday/Sunday day time. Should staff not be on site, then they are available via a contact number.

**Level 2: Housing Benefit plus £400 per week:** provides up to 2 hours individual staff support and monitoring each day; records of visits are made and provided to the referring agency as required. Staff members are normally available on the premises during the day and night, with occasional evenings and Saturday/Sunday day time. Should staff not be on site, then they are available via a contact number.

5. Are you aware of any issues which may arise which would influence the stability of this residency? (eg parents' misuse of alcohol/drugs)

**YES / NO**

Are there any convictions for violence against adults?

Are there any convictions for violence against children?

Are there any convictions for sexual crimes against adults?

Are there any convictions for sexual crimes against children?

Are there any convictions for arson?

Is there a history of mis-use of non-prescription drugs?

Is this person on a methadone program?

Is there a history of alcohol dependency?

Please provide any other information below which you feel would be of assistance

6. Are there any medical details or behavioural problems which would be essential information for workers involved with this family?

**YES / NO**

If yes, please tick as appropriate:

Diabetic     Asthmatic     Epileptic

Any medication - please specify: \_\_\_\_\_

Following a medical programme – please describe: \_\_\_\_\_

Under a Doctor's direction: please give Doctor's contact details:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

7. Please give dates of any meetings or reviews which you would wish Living Springs workers to attend eg LAC Reviews, Child Protection Reviews, Court Dates etc

8. Family history: summary of main events.

If more space required, please attach relevant report giving family history and details as appropriate

#### **D. Dates and funding**

Details of proposed residency:

Anticipated arrival date

Is funding for the proposed stay in place already? **Yes / No**

If **Yes**, from where will the funding come? \_\_\_\_\_

Name of person / panel authorising funding

#### **E. Agreement**

Living Springs will:

- a) Review the progress of the family with the Social Worker weekly
- b) Provide verbal feedback on any incidents or concerns which may arise to the named Social Worker or Duty Officer as soon as possible.
- c) Provide written information and attend meetings and court as required
- d) Ensure that serious incidents / concerns pertaining to the safety and well-being of the children will be reported immediately either to the named Social Worker, Duty Officer or EDT as appropriate.

The named Social Worker will inform Living Springs of:

- a) Any changes in the care / child protection plan
- b) Meetings and decisions made which may affect the family
- c) Particular concerns or recent changes in family circumstances
- d) New issues to be considered or assessed.

**For Social Services**

Team Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

I have also attached the completed

**Risk Assessment Form**

and the

**Individual Placement Agreement**

**For Living Springs**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please send to:

Mrs Jane Chapman  
Centre Director  
Living Springs Family Centre  
Barratts Coppice Farmhouse  
Bridgnorth Road  
Stourton  
Stourbridge  
DY7 6QY

Tel/fax: 01384 872817  
Email: info@livingsprings.co.uk  
www.livingsprings.co.uk

Living Springs is a member of the West Midlands Child Care Consortium

Charity no: 1082726 Company no: 4014173