

When to refer to the Better Start Team

Lambeth children's centres offer activities and services for children under 5 and their families. Some families may require additional support to access these services, or may have needs that cannot be met by universal services alone. In these circumstances, and where the Tier 2 criteria is met as outlined below, a family may benefit from a referral to the Better Start Team.

Better Start Workers provide short term, specialist interventions that support parents/carers to work towards their goals using the Family Partnership Model. This support may be provided within the family home, the children's centre or other local community settings depending on the needs of the family.

Parents/carers must give consent to the referral being made and to the information on the referral form being shared with Lambeth children's centres.

How to submit your referral

Please complete this referral form in full and return it to your local children's centre.

Where the children's centre is able to accept the referral, they will confirm receipt and provide you with details of the Better Start Worker the family has been allocated to. Following allocation, the Better Start Worker will make contact with you to discuss the referral in more detail.

Where the family lives within another children's centre area, it may be suggested that the case be allocated to a worker based at this centre.

If the family do not meet the criteria for support from the Better Start Team, and/or the children's centre is unable to accept the referral, you will be contacted to discuss options for alternative support.

Your local children's centre is:

Clapham Manor & Heathbrook Childrens Centre

Please post your referral to:

Yve Humphreys, Senior Better Start Worker
Clapham Manor Childrens Centre 16 Belmont
Close SW4 6AT

Or email to:

yhumphreys@claphammanor.lambeth.sch.uk

For more information please call:

0207 627 9917

Tier 2 Criteria

Extract from the LSCB's Multi-Agency Threshold Guidance 2016

Child's Developmental Needs

Abuse and neglect: occasional signs of neglect; occasionally dirty, unkempt; occasional, less common injury; parenting lacks emotional warmth

Learning, education and employment: Underachieving; additional support needed to meet all developmental mile-stones; at risk of becoming NEET

Health: physical or mental health condition or disability; missed health checks or immunisations; no physical activity/unhealthy diet impacting on health; early signs that drug or alcohol use is having a negative impact on social well being

Emotional wellbeing: poor self-esteem; requires additional emotional support; shows early signs of negative, anti-social or criminal behaviour

Social development: limited social interaction; language and communication difficulties; victim or perpetrator of bullying – some support required

Behaviour: occasional anti-social behaviour; short lived sympathy for violent/extreme ideology; occasional lack of age appropriate self-control; risk of negative use of internet and social media; occasionally absent, missing from home; occasional caring responsibilities; socially isolated as a result of intolerant views

Environmental Factors

Family is socially isolated; occasionally short of adequate **food, warmth or clothing due to financial mismanagement**; unclean accommodation with potential health and safety hazard; anti-social behaviour in local area has negative impact; family has temporary right to remain, impacting on child's wellbeing; indirect links to proscribed organisations

Parental and Family Factors

Protection from harm – physical and sexual abuse: evidence of sexual abuse or inappropriate sexual behaviour within wider family network but child is protected from this; child occasionally not protected from accidental harm; physical chastisement within legal limits impacts on child's emotional wellbeing and/or leads to concerns of escalation without intervention; harmful traditional practices are culturally prevalent, but child is protected from these

Neglect: occasionally neglectful of the child's physical and material needs, increasing their vulnerability

Domestic abuse: parent/carer subject to occasional non-physical abuse; isolated incidents of violence in family, impact mitigated by protective factors

Perinatal period: ambivalent to/irregular take up of ante/post-natal care; struggles to parent effectively but open to support

Limited parenting capacity to promote child's health, learning and education, emotional wellbeing; difficulties in setting boundaries and establishing and maintaining a routine

Extremism: Some support for extreme views or ideology, but no evidence of active involvement with extremist organisation

Drug and alcohol use occasionally impacts on child

Physical or mental ill health or disability of parent/carer/sibling occasionally affects ability to meet child's needs

Criminal or anti-social behaviour: history of criminal activity in family; suspicion or some evidence of family gang involvement

Person making referral

Name:	Job title:
Organisation:	
Address of organisation:	
Postcode:	
Contact number:	Email:

Parent/carer 1 (this person must have agreed to and signed the referral form on page 4)

Name:	
Address:	
Postcode:	
Home contact number:	Mobile contact number:

Parent/carer 2

Name:	
Address:	
Postcode:	
Home contact number:	Mobile contact number:

Family composition (please include everyone living in the household as well as other significant family members)

First name	Surname	Gender	DOB	Family role (parent/child etc)

Home languages

Home language(s):	
Can the family communicate in English to understand and be understood?	
<input type="checkbox"/> <i>Yes, fluently</i>	<input type="checkbox"/> <i>Well enough</i>
<input type="checkbox"/> <i>A little</i>	<input type="checkbox"/> <i>No, not at all</i>
If communication in English is limited, is there someone known to the family who may be able to help interpret?	
<input type="checkbox"/> <i>Yes (please provide this person's details below)</i>	<input type="checkbox"/> <i>No</i>
<input type="checkbox"/> <i>Not sure</i>	
Name:	Relationship to the family:
Contact number:	Availability:

Additional family information

One or more child under 5 in this family has...	(please provide more information below for all selected)
<input type="checkbox"/> <i>A Child Protection or Child in Need Plan</i>	
<input type="checkbox"/> <i>A CAF or Early Help Assessment</i>	
<input type="checkbox"/> <i>A medical and/or mental health need</i>	
<input type="checkbox"/> <i>A special educational need and/or disability</i>	
<input type="checkbox"/> <i>Speech and language needs</i>	
<input type="checkbox"/> <i>Social and/or behavioural needs</i>	
<input type="checkbox"/> <i>A need relating to a nursery/school place</i>	
One or more parent/carer in this family has...	(please provide more information below for all selected)
<input type="checkbox"/> <i>Housing needs</i>	
<input type="checkbox"/> <i>Employment and/or training needs</i>	
<input type="checkbox"/> <i>Debt, benefit and/or financial needs</i>	
<input type="checkbox"/> <i>Needs relating to substance misuse</i>	
<input type="checkbox"/> <i>Needs relating to social isolation</i>	
<input type="checkbox"/> <i>Needs relating to domestic abuse</i>	
<input type="checkbox"/> <i>Needs relating to relationship difficulties/breakdown</i>	
<input type="checkbox"/> <i>A medical and/or mental health need</i>	
<input type="checkbox"/> <i>A special educational need and/or disability</i>	
<input type="checkbox"/> <i>Needs relating to accessing community services</i>	
<input type="checkbox"/> <i>No recourse to public funds</i>	

Reasons for referral

What the family wants to change:

Professionals working with this family

Job title	Name	Contact number	Email

Safety assessment (please help us to assess any known risks for workers visiting this household, such as domestic abuse, substance misuse, violent or aggressive behaviour and/or animals or pets in the home)

Known risks and/or additional information about visiting this household:

Referrer declaration

I, the referrer, have consent from the person named as 'parent/carer 1' to share the information recorded on this form with Lambeth children's centres. All information is correct to my knowledge at the time of writing

Signature:

Date:

Parent/carer 1 declaration

I, the person listed as 'parent/carer 1', have given consent for the referrer to share the information recorded on this form with Lambeth children's centres. All information is correct to my knowledge at the time of writing

Signature:

Date: