



## SUPPORTED HOUSING ACCOMMODATION

### *AGENCY 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  
**AGENCY REFERRAL**

**Proposed Resident(s)**

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

\_\_\_\_\_ Date of birth: \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Expected date of arrival at the Centre / date of birth of child: \_\_\_\_\_

**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	Registered disabled Yes / No

## B. Details of referral

1. Please list the reasons for requesting a placement in the supported housing accommodation.

2. 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:

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

*Please tick as appropriate*

- Level 1: Housing Benefit only:** for residents who are able to live independently and care for their children safely with only a small amount of reassurance and support. Staff are always available 24/7, either on the premises or via a contact number.
- Level 2: 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 3: 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.
- Level 4: Housing benefit plus £850 per week:** provides a high level of support giving up to 8 hours individual staff support, input and monitoring each day; records of input given and progress made will be maintained and made available to the referring agency. 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.

Some mothers may require a level of support which is slightly different to these. Other support packages can easily be put into place together with an appropriate cost analysis to suit the needs of each family.

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

**YES / NO**

If yes, please give details:

5. Are there any medical details or other information which would be essential information for workers who might be 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: \_\_\_\_\_

**C. 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? \_\_\_\_\_

If **No**, is part funding an option? \_\_\_\_\_

**D. Other Information**

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

## E. Agreement

If the proposed person takes up an offer of supported accommodation at Living Springs, I / we will ensure as far as is possible that:

1) she abides by the terms of the Licence Agreement and the House Rules, both of which she will sign on arrival. (Sample copies of the Licence Agreement and House Rules are available from the Living Springs office).

2) a Housing benefit claim is in place on or before the first day of residency.

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

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

On behalf of (organisation name): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Please send to:

Mrs Jane Chapman  
Manager  
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

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