

Hartlepool Borough Council

Children's Social Care

About the Hartlepool Children's Network

Information for adults



www.hartlepool.gov.uk

August 2015

Disability registers and the Hartlepool Children's Network

Every local council must keep a **disability register**. This is a record of children living in a particular area who have a disability. In Hartlepool we call our register the Children's Network.

The Children's Network:

- provides services such as health, education and social care with details of children with disabilities who live in the local area, and
- acts as a mailing list to help organisations get useful information about their services to the right families.

Organisations may also use the Children's Network to get in touch with families and find out what they think of local services. They use this information to help plan services that local families will find useful.

How children are included in the Children's Network

Before we can include a child in the Network, their family must agree by completing a Children's Network application form. It is for families and children to decide whether or not they would like to join. Both parents/carers and the child (depending on their age and understanding) must consent to joining the Children's Network.

The Children's Network is open to any child or young person who:

- is aged between 0 and 19 years, and
- is experiencing **development delay** in one or more areas, and
- is likely to need support in to adulthood.

Development delay means that a child may have difficulty with walking, talking, thinking, learning, seeing, hearing, playing, or coping with the world around them. Children joining the Children's Network:

- may already be experiencing development delay, or
- may be suffering from a medical condition which is likely to result in development delay.

You can apply to join the Children's Network by filling in and returning the form at the back of this factsheet. If you need help filling in the form talk to someone who works with your child, such as their Health Visitor or Social Worker.

Once we receive your form we will send it to a children's doctor (paediatrician) at the University Hospital of Hartlepool. The children's doctor will decide if your child is to be included on the Children's Network. Once the children's doctor has checked your application we will write to you to let you know whether or not we have added your child's details to the Children's Network.

Keeping your information safe

If your child is added to the Children's Network we will keep your personal information on an electronic database subject to the strict requirements of the Data Protection Act (1998). We will keep your details confidential and will not pass them on to other organisations unless you tell us that we can.

It is your responsibility to tell us if there are any changes to your details or to your child's condition. Please take care to keep your details up-to-date, as this helps us to protect your confidentiality.


Removing your child's name from the Children's Network

We will remove your child's name from the Children's Network if:


- you ask us to remove your child's name, or
- you move out of the area.

Contacting the Children's Network

You can contact the Children's Network administrator by:

 **Email:** disability-team-0-25@hartlepool.gcsx.gov.uk

 **Telephone:** 01429 287201

 **Post:** Children's Network
Disability Team (0-25)
8-9 Church Street
Hartlepool
TS24 7DJ

About this factsheet

This factsheet provides information to people who have been asked to care for a family member of friend's child. We wrote this factsheet in February 2013 and updated it in August 2015. We will check that it is up to date in August 2016.

 You can download all of our factsheets and booklets from our website at www.hartlepool.gov.uk/childrensfactsheets

Hartlepool Children's Network application form

If you would like to apply to join the Hartlepool Children's Network please fill in this form and send it back to us using the details at the bottom of the next page.

For more information about the Children's Network please see Factsheet 'The Hartlepool Children's Network: our disability register' available from your social worker or www.hartlepool.gov.uk/childrenfactsheets

Child's first name:	<input type="text"/>	Child's surname:	<input type="text"/>
What the child prefers to be called:	<input type="text"/>		
Date of birth:	<input type="text"/>	Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
Name of nursery, school or college:	<input type="text"/>		
Ethnicity:	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background Other ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background <input type="checkbox"/> Not stated If 'other' box ticked, please state:	
	<input type="text"/>		
Diagnosis:	<input type="text"/>		
If the child does not have a diagnosis, please describe how their disability affects them: <input type="text"/>			
Child's home address and postcode:	<input type="text"/>		
Telephone number:	<input type="text"/>	Email address:	<input type="text"/>
Name of the person filling in this form:	<input type="text"/>		
Relationship to the child:	<input type="text"/>		
Signature of person filling in form:	<input type="text"/>	Date:	<input type="text"/>

Please tell us about the people involved in the child's care:

Name	Job role (eg health visitor or GP)

Please tell us what effect the following have on your child:

	None ✓	Mild ✓	Moderate ✓	Severe ✓	Profound ✓
Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/language difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social communication difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (state) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

"I agree to the above information being included on the Hartlepool Children's Network in accordance with the Data Protection Act (1998)."

Parent/carer name:

Signature: Date:

Please send this form to Child and Adult Services by:

Email: disability-team-0-25@hartlepool.gcsx.gov.uk

Post: Children's Network, Disability Team (0-25), 8-9 Church Street, Hartlepool, TS24 7DJ