**Birmingham Forward Steps**

**Referral Form Front Sheet
Childcare Plus Funding**

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| Date this form has been completed |  |
| District *(see below)*:  |   |
| Children’s Centre Hub *(see below)*: |  |
| Please indicate the criteria in which you are requesting a place *(see below)*:  |  |
| Please confirm that you have discussed the family’s needs fully with the Early Years provider and confirm that they are able to meet the child’s needs (Y/N)  |  |
| For information purposes only, please state is there is a multi-agency plan in place? If yes – what ie, Early Help/ Our Family, CIN, CP, EHC, CIC |  |

**District & Children’s Centre Hub**: Area of the city – Referrer to identify which area of the city the family resides in, and the nearest Children’s Centre Hub, before completing the Request for Service and submitting a referral.

**Criteria for Childcare Plus Allocation:**

1. Children for whom there are concerns about their physical and emotional wellbeing as a result of the care they receive or the environment in which they live.
2. Children whose behaviour and/or development give serious cause for concern.
3. Attendance at Children’s Centre is part of a family support plan/package or Early Help Assessment/ Plan

The ChildCare Plus Funding no longer supports the high level needs, such as the Corporate Childminding Scheme or Children’s Social Care, originally funded by the Corporate Childcare Priority Scheme.

**Information**

* ChildCare Plus Funding is a short term intervention (12 weeks maximum. It is important to demonstrate what outcomes will be achieved for the child during the 12 weeks
* Please attached any Care Plans, Early Help Assessments or previous assessments completed
* Please endeavour to send this request to a secure email address
* At times the request for an identified provider may be declined if concerns have come to light regarding quality of the provision. If this were to happen you will be kept informed
* There will be limited capacity to extend the intervention/placement beyond the 12 week package of support. Therefore the referrer will need to consider, in liaison with the Children’s Centre Team, what will the longer term package of support be.

**Birmingham Forward Steps**

**Request for Service – Childcare Plus**

This form should be used to request childcare plus funding from any Children’s Centre (CC) in Birmingham

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| **About This Request** (\* indicates a mandatory question) |
| Is the family currently accessing Children’s Centre Services? \* |   |
| Has an Early Help Assessment been completed? \*If so, please attach. |  |

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| **Child(ren)’s Details (relevant to this application)** \* (\*mandatory question / ^ see pick list on page 5) |
| Name\* | Surname\* | DOB\* | M/F\* | NHS no.\* | Ethnicity^ | Disability / Diagnosis^ | Education Setting | Interpreter  |
|  |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |

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| **Adults you are aware of in the household**  (\*mandatory question / ^ see pick list on page 5) |
| Full Name\* | DOB / Age | M/F | Nat Ins / NHS no. | Ethnicity^ | Disability / Diagnosis^ | Smoker | Interpreter | Relationship^ (Parental Responsibility |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
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| **Main Household Address:** (\*mandatory question / ^ see pick list on page 5) |
| Address\* |  |
| Post Code\* |  | Tel/Mobile No. |  |
| Accommodation Type^ |  |

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| --- | --- | --- |
| How will this funding support the child’s physical wellbeing? | How will this funding support the child’s emotional wellbeing? | How will this funding support any behaviour and/or development concerns? |
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Please provide full details:

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| --- | --- | --- |
| **Setting Name and Contact** | **Address** | **Telephone and Email** |
|  |  |  |

Please identify:

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| **Proposed start date agreed with the setting** | **Number of days per week/weeks required.** | **Hours per day** | **Cost per week/per day**  |
|  |  |  |  |

**Sharing of information and your rights under GDPR**

It is important to ensure that the parent/carer is aware that information detailed in referrals made to Birmingham Forward Steps Services may be shared with other health professionals.

I understand that this information is being provided to Birmingham Forward Steps as part of the request for Childcare Plus. I understand that this information may need to be shared with other health or social care professionals who may be involved in my care or the care of my child.

I understand that I have the right to object to this information being shared, but that should I refuse to permit this information being shared with other agencies involved in my care this may affect the delivery of services that I am able to receive.

Parent / Carer Signed: Print Name:

Date:

**Referrer Details:**

Referred By (Please print name): Signature: Date:

Designation or Relationship to Child:

Referrer’s full contact address, postcode. Email address and telephone No:

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| **Office Use only;** Date request received:…………………………………Date approved: …………………………………………Brief description of approved funding: …………….. …………………….………………………………………  | If not accepted, why? ........................................... Date referred back: …………………….....................Referred back to: ……………….…….....................  |
| Ofsted Rating Date of last Inspection |
| Managers Name and Signature:  |

**Pick Lists for Reference when completing Referral Form…**

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| **Ethnicity…** |
| A | White - British | J | Asian or Asian British - Indian |
| B | White - Irish | K | Asian or Asian British - Pakistani |
| C | White - Any other background | L | Asian or Asian British - Bangladeshi |
| D | Mixed - White & Black Caribbean | M | Asian or Asian British - Any other background |
| E | Mixed - White & Black African | N | Black or Black British - Caribbean |
| F | Mixed - White & Asian | O | Black or Black British - African |
| G | Mixed - Any other mixed background | P | Black or Black British - Any other background |
| H | Other Ethnic Groups - Chinese | Q | Other Ethnic Groups - Any other Group |
| I | Not Known | R | Not Stated (client refused) |

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| **Disability/Diagnosis /Additional Needs…** |
| 1 | Autistic Spectrum |
| 2 | Learning Difficulties |
| 3 | Communication Dif |
| 4 | Social, Emotional Dif |
| 5 | Medical Condition |
| 6 | Physical Disability |
| 7 | Visual Impairment |
| 8 | Hearing Impairment |

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| **Relationships…**  |
| 1 | Son | 9 | Mother | 12 | Father | 15 | Co-domicile | 19 | Parent |
| 2 | Daughter  | 10 | Step Mother | 13 | Step Father | 16 | Grand Parent | 20 | Step Parent |
| 3 | Step Child | 11 | Foster Mother | 14 | Foster Father | 17  | Aunt/Uncle | 21 | Foster Carer |
| 4 | Brother  |  | 18 | Cousin | 22 | Relative |
| 5 | Sister |  Please indicate PARENTAL RESPONSIBILITY with a “YES” | 23 | Not Related |
| 6 | Sibling |  |  |
| 7 | Half Sibling |  |  |
| 8 | Step Sibling |

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| **Accommodation Types…** |
| 1 | Owner Occupier | 9 | Placed in Temp Accommodation |
| 2 | Parents Home | 10 | Night Shelter / Emergency Hostel |
| 3 | Tenant - housing association | 11 | Supported accommodation |
| 4 | Tenant - Local Authority | 12 | Supported group home |
| 5 | Tenant - Private Landlord | 13 | Supported lodgings |
| 6 | Settled mainstream housing with family/friends | 14 | Specialist Rehabilitation/recovery |
| 7 | Staying with friends/family as a short term guest | 15 | Squatting |
| 8 | Sofa Surfing (different friends floor) |  |  |