**Birmingham Forward Steps**

**Request for Service**

This form should be used to request a service/support from any Children’s Centre (CC) in Birmingham

**Our Commitment:**

Children’s Centres are committed to improving outcomes for young children and their families.

The Children’s Centre core purpose is to improve outcomes for young children and their families

and reduce inequalities between families in greatest need and their peers

(Children’s Centre Statutory Guidance 2013) in:

**⚫ Child development and school readiness**

⚫ **Parenting aspirations and parenting skills**

**⚫ Child or family health and life chances**

Children’s Centres provide targeted support and early help services from **pre-birth to five.**

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| **About This Request** (\* indicates a mandatory question) |
| Date this form has been completed\* |  |
|  Are there any other professionals/agencies involved with the family? If yes please state |  Yes/No  |
| When did you last see the child(ren)? \*Include who was seen and where. |   |
| Have you been to CASS or an Early Help Panel with this request?\*If so what advice did you receive? |   |
| Is there a multi-agency plan in place? \*If yes – what ie, Early Help/ Our Family, Health care plan CIN, CP, EHC, CIC Please attach plan.  |   |

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| Referrers Details  |
| Referrers full name |  | Telephone number  |  |
| Service and Job role |  | Email address |  |
| Address |  | Signature |  |

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| **Clients Main Household Address:** (\*mandatory question / ^ see pick list on page 5) |
| Address\* |  |
| Post Code\* |  |  |  |
| Accommodation Type^ |  |
| **Address of significant adults, children or young people who live elsewhere:** |
| Address |  | Post code |  |

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| **Sharing of information and GDPR**  |
| 1. It is important to ensure that the parent/carer is aware that information detailed in this referral made to Birmingham Forward Steps Services may be shared with other Health Professionals, Education, and Social care, Housing, and Specialist services.
2. We will respect the wishes of those who object to this information being shared, except where a child’s safety may be at risk or when it is inappropriate to seek agreement.
3. In each case of information sharing, we will record: the necessity, proportionality, relevance, adequacy, accuracy, timeliness and security of the information shared. We will take reasonable steps to obtain agreement, and if it is not given, we will record why we believe safety may be at risk, or why it was inappropriate to seek their agreement
 |
| Have you gained agreement from the family to share information and request support from BFS services? \* |  |
| Is it safe to make contact with the family Yes/No  | If no why |
| Are you aware of any particular health and safety issues/potential risks with staff supporting the child/ren and family need to be aware of? Yes/No  | Please state reasons  |
| Preferred method of contact to family? |  |
| If you have not gained agreement to request Children’s Centre Services, please tell us why in the box below. |
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| **Child(ren)’s Details**\* (\*mandatory question / ^ see pick list on page 5) |
| Name\* | Surname\* | DOB\* | M/F\* | NHS no.\* | Ethnicity^ | Disability / Diagnosis^ | Education Setting | Relationship  |
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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 | NHS no. | Ethnicity^ | Disability / Diagnosis^ | Interpreter required Y/N |  Contact number. | Relationship^ (Parental Responsibility) Y/N |
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| Any other significant adults, children or young people who live elsewhere |
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| Areas of interest (please tick) |

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| Baby Groups / Baby massage |  | Antenatal / Postnatal support / Well being |  | Childcare funding / provision advice/ support |  | Adult Education Courses |  | Family Support |  |
| Stay & Play  |  | Feeding support / Breast feeding / Weaning |  | School readiness |  | Numeracy & Literacy Skills |  | Benefits / Housing / Debt advice |  |
| Healthy lifestyle |  | Healthy Start Vitamins - provided |  | SEND / Additional Needs |  | Access to Work / Job Club |  | Domestic Abuse Support |  |
| Parenting Skills / Behaviour Management |  | Food Bank |  |  |  |  |  | Citizenship / Asylum support / Immigration |  |
| Speech and Language support |  | Other…please specify |

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| Target Groups (please tick) |  |
| Lone Parent |  | Teenage parent |  | Breast feeding/weaning |  | Domestic Abuse |  | Emotional Health |  |
| Substance misuse  |  | Unemployed/low income |  | CIN |  | CP Plan |  | Child in care |  |
| Homeless/temporary accommodation  |  | New to country/area |  | Traveling Community |  | Asylum seeker  |  | Child with a disability or learning disability |  |
|  Child with high BMI |  | Career Child with a disability or learning disability |  | Careers with English as a second language |  | Troubled family |  | Deprivation IMD |  |
|  |  | Other…please specify |

**If this referral is for a targeted family support service or if there is a multi-agency plan in place please also complete the sections below.**

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| What are we worried about? | What’s working well? | What needs to Happen? |
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| **Office Use only;** Date request received: …………………… Date referred back or escalated: ……………………..Referred back or escalated to: ……………….  | If not accepted, why? ........................................... Allocated to: … ………………… 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) |  |  |