 **Birmingham Forward Steps**

**احساس**



**EHSAAS Project**

**Request for Service**

**Our Commitment:**

**EHSAAS Project is committed to improve the perinatal health and mental health of Pakistani mothers by providing specific and dedicated resources to increase engagement with support services and improving health outcomes for new Pakistani mothers and their babies in:**

* Providing support for Pakistani women to receive appropriate and timely health interventions from existing perinatal and mental health pathways.
* Providing support for Pakistani women and babies directly through one-to-one work, small groups and peer support.
* Enable women to seek information, advice and support from relevant services.

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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 |  |
| When did you last see the child(ren)? \*  Include who was seen and where. |  |

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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 ) | | | | | |
| Address\* |  | | | | |
| Post Code\* |  |  | |  | |
| **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 |  |
| 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 ) | | | | | | | | |
| Name\* | Surname\* | DOB or EDD\* | M/F\* | NHS no.\* | Ethnicity^ | Disability / Diagnosis^ | Education Setting | Relationship |
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| **Adults you are aware of in the household**  (\*mandatory question ) | | | | | | | | | | | | | |
| 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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**please complete the sections below.**

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| What are we worried about? | What’s working well? | What needs to Happen? |
|  |  |  |

**Please send the completed referral to our secure email :** [bchc.bfs.ehsaas@nhs.net](mailto:bchc.bfs.ehsaas@nhs.net)

**Office Use only:**

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| --- | --- |
| Date request received: ……………………  Date referred back or escalated: ……………………..  Referred back or escalated to: ………………. | If not accepted, why? ...........................................  Allocated to: … …………………  Managers Name and Signature:  ………………………………………………………….. |

box to add office use only from BFS