

# 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 universal and early help services from **pre-birth to five**.

### About This Request (\* indicates a mandatory question)

Date this form has been completed*	
Have the family previously accessed Children’s Centre Services? * If so, please provide details.	
When did you last see the child(ren)? * Include who was seen and where.	
Has an Early Help Assessment been completed? * If so, please attach.	
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, CIN, CP, EHC, CIC	

### Three key principles for consent and information sharing

1. In every case we are committed to gaining the informed consent of children and/or parents when we wish to share confidential/personal information.
2. We will respect the wishes of those who do not give consent, 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 consent, 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 consent from the family to share information and request support from the children’s centre? \*

If you have not gained consent to request Children’s Centre Services, please tell us why in the box below.

<b>Child(ren)'s Details*</b> (*mandatory question / ^ see pick list on page 5)								
Name*	Surname*	DOB*	M/F*	NHS no.*	Ethnicity^	Disability / Diagnosis^	Education Setting	Interpreter

<b>Adults you are aware of in the household</b> (*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)

Any other significant adults, children or young people who live elsewhere


<b>Main Household Address:</b> (*mandatory question / ^ see pick list on page 5)			
Address*			
Post Code*		Tel/Mobile No.	
Accommodation Type^			
<b>Address of significant adults, children or young people who live elsewhere:</b>			
Address			
Post Code*		Tel/Mobile No.	
Accommodation Type^			

<b>What Service/support do you require from the Children's Centre? (Please tick)</b>		
<b>Adult Education Courses</b>	Access to adult education support	
	ESOL/ EAL support	
	Job Club	
	Access to employment support	
<b>Adult wellbeing</b>	Emotional wellbeing group	
<b>Antenatal &amp; Post Natal</b>	Baby Club Targeted	
	Infant Feeding Support ( inc Peer Support)	
	Antenatal Parenting Classes	
<b>Early Years Groups</b>	Stay & Play Targeted	
	Baby Group Universal	
	Baby Massage Targeted	
	Play in the Home	
	Healthy Lifestyle activities and advice	
	School Readiness advice and support	
	Healthy Start Vitamins	
<b>SEND</b>	1-1 Advice & Support	
	Group peer support	
<b>Speech &amp; Language</b>	Language through Play groups targeted	
<b>Childcare Advice</b>	Childcare advice and support	
	Childcare funding advice and support	
<b>Parenting Classes</b>	Evidence-based parenting programmes (range of programmes available)	
<b>Family Support</b>	Behaviour Management	
	Benefits Advice	
	Debt Advice	
	Domestic Violence	
	Housing	
	Isolation	
	Mental Health	
	Parenting	
	Family Support Package	
	Neglect	
	Immigration/Asylum Seeker Support	
<b>Other...</b>		

**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.**

If there is a Care Plan or Early Help Assessment completed, please attach.

<i>What are we worried about?</i>	<i>What's working well?</i>	<i>What needs to Happen?</i>

**Confidentiality and Consent**

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 within BCHC.

I understand and consent to this information being provided to Birmingham Forward Steps as part of the request for service...

Name of person giving consent:

Signature:

Date:

**Referrer Details:**

Referred By (Please print name):

Signature:

Date:

Designation or Relationship to Child:

Referrer's full contact address, postcode and telephone No:

**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:

.....

Complete forms to be emailed to: [michelle.henson@nhs.net](mailto:michelle.henson@nhs.net) or [bchnt.bfs-springfieldcc@nhs.net](mailto:bchnt.bfs-springfieldcc@nhs.net)

## Pick Lists for Reference when completing Referral Form...

<b>Ethnicity...</b>			
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)

<b>Disability/Diagnosis /Additional Needs...</b>	
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

<b>Relationships...</b>										
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	<b>Please indicate PARENTAL RESPONSIBILITY with a "YES"</b>					18	Cousin	22	Relative
5	Sister						23	Not Related		
6	Sibling						24	Child Minder		
7	Half Sibling									
8	Step Sibling									

<b>Accommodation Types...</b>			
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)		