

South Gloucestershire Creative Solutions Board

Request for support form

Meet the person – information from their point of view	
Details of/from the individual who would like to be considered for discussion at the Board	
Full name:	
Date of Birth:	
Current address or confirm no fixed abode:	
Contact details	<i>How do I like to be contacted, which is a safe way?</i>
GP name and contact details:	
<p>Preferences, phrases or language that are helpful when you talk about me:</p> <p>How I would describe my current situation, what I think needs to be talked about:</p>	<i>Things to think about: preferred name (nicknames) interests, characteristics, skills, strengths, resources, things you are proud of.</i>
Who are the people that are most important to me? (family/friends/workers) and what would they say about me?	
<p>The people/agencies that are currently supporting me or who I have contact with are:</p> <p>I am happy with these people being invited to the meeting.</p>	
<p>What does it look like when things are going well</p> <p>What's going well at the moment?</p> <p>What does a typical day look like?</p>	<i>This could be something you are doing individually or responses that have been helpful from peers/significant relationships or services.</i>
<p>What I would like to be different after being referred</p> <p>What do I think would work? What do I want to happen?</p>	
Some of the solutions that have been tried so far are? What has worked well? What hasn't worked well?	<i>Are there any things which have or haven't worked for you in terms of getting help.</i>
Other things that it's important for people to know about me:	

Practitioner/Worker details – from the point of view of the professional making the request

Name of referrer:	
Date of referral:	
Referring agency:	
Contact number:	<i>Which is the best way to contact you</i>
Email address:	
Manager:	
What is my history with the individual	<i>How long I've been working with this individual, the strengths of my contact with the individual, my view of the individual's key issues and what do I think would work.</i>

What is going well for the individual?	
What are the current issues for the individual?	
What outcomes would I like for this individual?	
What solutions have already been attempted? What has worked well and what hasn't worked well?	<i>For example, what other services are they engaged with? What plans have been put in place to support them?</i>
Other things that I think it is important for the Board to know:	
People I think should be invited to this meeting are:	<i>Additional support agencies can be invited to be part of the discussion, in addition to core Board members. These can be organisations who have provided support in the past or may be part of</i>

Safety considerations	
What risks do we need to consider about the individual, to others or to themselves?	
Are there considerations in relation to the person's Mental Capacity/health that the Board should be aware of?	<i>Please also give details on how this impacts the person's life.</i>
Are there considerations in relation to the person's physical health that the Board should be aware of?	<i>Please also give details on how this impacts the person's life.</i>
Is this person currently on any kind of probation supervision?	Yes / No - please give additional information
Is there currently an open adult safeguarding?	Yes / No - please give additional information
Does a new adult safeguarding need to be opened? <u>Please note this request does not take the place of an adult safeguarding referral.</u>	<p style="text-align: center;">Yes / No - please give additional information</p> <p>The person responsible for doing this is:</p> <p>Actions to be taken:</p>

Appendix B: CONSENT TO SHARE INFORMATION	
<p>To provide additional and alternative forms of support, the Creative Solutions Board will need to discuss the information shared in this referral form. We will only do this with the consent of the person referred. The information on this form will only be shared, securely, with Board members (see privacy notice), the Board Coordinator and the Navigator.</p> <p>If the person referred cannot give consent for their information to be shared, their situation cannot be discussed by the Board. However, if the person referred would prefer us not to share their information with certain organisations, please note this below and we will ask representatives from these organisations not to attend and no information will be shared with them.</p>	
Organisation(s): <i>Please see privacy notice for the organisations information will be shared with.</i>	

Reason for not providing consent to share information with above organisation(s):
If known. It is not necessary to provide a reason.

DISCLOSURE

1. Has this person consented to the above information being shared with the Board for the purpose stated in the privacy notice?
2. The Board and partners are working to understand if what we do makes a difference and to do this we may wish to ask the person referred their views. Can you confirm if they agree to do this?

Yes / No

Yes / No

ADULT SAFEGUARDING

A referral to the Creative Solutions Board is not a substitute for raising a safeguarding concern.

Care Act 2014: *“safeguarding duties apply to an adult who: has needs of care and support (whether or not the Local Authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect”*

By answering the following questions you will help us ensure we give a good and fair service to everyone. Your answers will be treated as confidential

Ethnicity

(based on the ethnicity questions used in the 2021 census)

Black/ Black		Mixed/Multiple Ethnic Groups	
British/African/Caribbean–		White & Asian	
African		White & Black African	
Caribbean		White & Black Caribbean	
Other (please state)		Other (please state)	
Asian/Asian British –		White –	
Bangladeshi		English/Welsh/Scottish/Northern Irish/British	
Indian		Gypsy or Irish Traveller	
Pakistani		Irish	
Chinese		Roma	
Other (please state)		Other (please state)	
Arab		Prefer not to say	
Other ethnic groups			

Gender

Female	
Male	
Other	
Prefer not to say	

Sexuality

Bisexual	
Gay or lesbian	
Heterosexual/Straight	
Other	
Prefer not to say	

Religion

Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion	
No religion	
Prefer not to say	

Disability do you consider yourself to be disabled?

No		
Yes	- Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches	
	Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment	
	Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)	
	Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy	
	Other (please state	
	Prefer not to say	

Gender Reassignment

Do you identify as a transgender person?

Yes	
No	
Prefer not to say	

Appendix C: CREATIVE SOLUTIONS ACTION PLAN *(To be completed at the Board)*

Agreed outcomes	
1	
2	

	Creative Solutions Plan actions	Person responsible	Completion date
1			
2			
3			
4			
5			

Additional comments/notes

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Creative Solutions Plan agreement

Forum date:

Creative Solutions Forum
Chair:

Review date:

Review

Date:

Check in against agreed outcomes and actions.

1.

2.