 **TORFAEN FAMILY SUPPORT /SPACE WELLBEING**

**PART 1**

**REQUEST FOR SUPPORT FORM**

**CONFIDENTIAL**

****

**Reference Number:**

**FF**

**Request for support for (please tick)**

**Families First SPACE-Wellbeing**

**Please note that your request may be discussed by both Families First and SPACE-Wellbeing in order for the most appropriate service to become involved.**

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| **PERSONAL DETAILS**  ***(CHILD/YOUNG PERSON)*** |
| First name | Surname | DOB | Gender |
|   |  |  |  |
| Address: |  |
| Telephone: |  |

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| Has an ‘active offer’ of Welsh language services been provided? |
| [ ]  Yes [x]  No If no, reasons:Have the family requested services in Welsh?[ ]  Yes [ ]  No  If yes, have services been provided in Welsh?[ ]  Yes [ ]  No If no, reasons: |
| What is the referred person’s ethnic origin? |
| **White**[x]  British[ ]  Irish[ ]  Welsh[ ]  Gypsy or Irish Traveller [ ]  Other White (please state) | **Mixed/Multiple**[ ]  White and Black Caribbean[ ]  White and Asian[ ]  White and Black African[ ]  Other Mixed (please state) | **Asian/Asian British**[ ]  Indian[ ]  Bangladeshi[ ]  Pakistani[ ]  Chinese[ ]  British |
| **Black/African/Caribbean/Black** **British**[ ]  Caribbean[ ]  African[ ]  British[ ]  Other Black (please state) | **Other ethnic group**[ ]  Arab[ ]  Any other Ethnic Background (please state) | [ ]  **Unwilling to declare**  |

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| **Form completed by:** | **DATE:****(must be completed)** |  |
| Name: |  | Job title/role: |  |
| Contact number: |  | Agency: |  |
| Address: | As above  | E-mail: |  |
| If making a self- referral, how did you hear about us? |  |

**REQUEST FOR SUPPORT INFORMATION**

***(Guidance notes have been produced to assist the person submitting this request)***

***Please complete each section***

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| **Presenting needs:***Please include your assessment / understanding of the presenting issues*  |
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| **What has already been tried to address the family’s concerns***Please include both self-help and any support accessed from professionals. Please indicate what has been helpful or unhelpful* |
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| **Outline of support requested:***What help is the family expecting? What are you expecting from making this request for support?* |
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| Are there any **risks** associated with this child/young person/family that Services should be aware of? | YES | NO |
| Additional information relating to **Risk** (Include safeguarding; personal safety, e.g. suicide / self-harm; risks to professionals, e.g. risks in the home environment)  |  |

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| **Additional information:** |
| Preferred Language  |  |
| Communication difficulties within family | None [ ]  Unknown [ ]  Yes [ ]  **If yes,** ***please state:*** |
| Is the case open to Childrens Services?***Please note if the case is active to Childrens Social Services the case cannot be allocated to Families First Torfaen.*** | Yes, to CP | Yes, to CaSP | No | Unknown |
| Has the case been open to Childrens Services in the last 3 years? | Yes, to CP | Yes to CaSP | No | Unknown |
| Disability within family | None [ ]  Unknown [ ]  Yes [ ]  **If yes, *please state:*** |

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| **Key Family members:** Please include details of parents/carers and also other family members such as siblings, step siblings, or other significant people: |
| **First name** | **Surname** | **Relationship to named child** | **DOB/****EDD** | **Household member** |
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]

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| **Please confirm any person known with Parental Responsibility for the named child(ren)** |
| **Childs Name:** | **Name:** | **Consent Given:** | **Relationship:** | **Address:****If different from above** | **Contact Telephone:** |
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| **Key agencies who are also working with the child, young person of their family (if known):** |
| School/Nursery: |  | Contact Name: |  | Tel: |  |
| GP: |  | Contact Name: |  | Tel: |  |
| Agency: |  | Contact Name: |  | Tel: |  |
| Agency: |  | Contact Name: |  | Tel: |  |

**Consent for information storage and information sharing:**

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to me and my family.

I understand that in order to provide services some information will be shared with a variety of agencies including social services, education, housing, health services, and community safety.

I understand that other agencies including social services, education, housing, health services, and community safety will share information with the Families First team and provider agencies, for the purpose of appropriate services being offered.

***If you wish for information to be kept from a particular agency ie education, then please outline this below; please note that any information regarding child protection will need to be shared with relevant statutory agencies.***

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| **Signed (Parent/ Carer):** |  | **Print Name:** |  | **Date:** |  |
| **Signed (Parent/ Carer):** |  | **Print name:** |  | **Date:** |  |

If the child(ren) or young person(s) included within this referral are old enough to be able to **understand and consent to this referral**, their signature should be provided below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed (child/ young person)** |  | **Print Name:** |  | **Date:** |  |
| **Signed (child/ young person)** |  | **Print Name:** |  | **Date:** |  |

**FOR VERBAL CONSENT – MUST BE COMPLETED**

I as the referrer have gained verbal consent from the family to submit this referral and have explained the above consent for information storage and information sharing to the family.

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| **Verbal Consent has been gained:****Name of person(s) giving consent:** | **YES/NO** |
| **Signed** **(referrer)** |  | **Job Title:** |  |
| **Print Name:** |  | **Date:** |  |

Torfaen County Borough Council will handle the information you have provided in line with the provisions of the General Data Protection Regulation (GDPR). Any personal information will be held in confidence with only the necessary people able to see or use it. Under the General Data Protection Regulation (GDPR) you have the right to make a formal request in writing for access to personal data held about you or your child. For further details please follow <http://www.torfaen.gov.uk/privacy> for Social Care and Housing.

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The Council has a duty under the Children’s Act 2004 to work with partners to deliver and improve services to children and young people in the area. Therefore the Council may use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people.

**When complete, please return this form by e mail, observing the data handling protocols for your organisation, to either**

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| ***Families First******Floor 6, Civic Centre******Pontypool, Torfaen, NP4 6YB******Email: SS\_CallTorfaen@torfaen.gov.uk******Telephone (Call Torfaen): 01495 762200*** ***Families First, TAF Team Telephone: 01495 766972*** | ***SPACE-WELLBEING*** ***Floor 6, Civic Centre******Pontypool, Torfaen, NP4 6YB******SPACE-WELLBEING Co-ordinator –*** ***Telephone: 01495 766799*** ***Email:*** Spacewellbeing@torfaen.gov.uk  |