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| **SPACE Wellbeing Referral Form**  **Email: Families.1st@newport.gov.uk** |

**PLEASE NOTE THAT THESE REQUESTS ARE FOR ROUTINE REFERRALS ONLY**

***(see final page)***

**If this is potentially a safeguarding issue, please contact the Duty & Assessment Team, Social Services Department.**

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| **Name of Referrer** |  | **Agency** |  |
| **Contact Details** (telephone and email) |  | **Date** |  |
| **Child Name** |  | **DOB/EDD** |  |
| **Family Name** |  | **Ethnicity** |  |
| **Address** |  | **Post Code** | |
| **Contact Tel No** |  | | |
| **Email:** |  | | |
| **Male/Female** |  | | |
| **School** |  | | |

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| **Reason for referral:** |
| **1. If you identified any safety concerns, have you provided appropriate safety advice to the family? Yes/No**  **2. Is a FIDO (family intervention delivery officer, Flying Start) supporting the family? Yes/No** |

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| **What are the desired outcomes of this referral:** |
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| **Is there any danger associated with home visits?** (for example, dangerous dogs, syringes, violent family) |

Yes  No  Not known

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| **Details:** |

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| **Has the family agreed to this referral and given consent that this information can be stored as well as shared with a range of Services as detailed at the end of this form?** (verbal consent must be obtained prior to referral) |
| **Name of person giving consent:** |
| Details: |

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| **Family Composition** | | | | | | |
|  | **First Name** | **Surname** | **DOB** | **Ethnicity** | **School** Contact Details | **Household Member** Yes/No |
| **Mother** |  |  |  |  |  |  |
| **Father** |  |  |  |  |  |  |
| **Children** |  |  |  |  |  |  |
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| **Other** |  |  |  |  |  |  |

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| **Key agencies who are working with the child, young person or their family** (if known): | | |
| Agency | Contact Name | Telephone |
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**Any other relevant information regarding the following categories** (please give details below):

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| **Language** |  |
| **Communication** |  |
| **Disability** |  |

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| **Child’s Developmental Needs** (including health, education, emotional and behavioural development, identity, family and social relationships, social presentation, self care skills) |
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| **Parenting Capacity** (including basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability) |
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| **Family and Environmental Factors** (including community resources, family’s social integration, income, employment, housing, wider family, family history and functioning) |
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**Consent for information storage and information sharing:**

I understand the information that is recorded on this form 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.

I understand that I have the right to withdraw my consent at any time.

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

**Please note that referrals into our service are for routine referrals only.**

If you consider there to be any safeguarding issues around your referral which require urgent intervention, please contact the appropriate service :-

For any child safeguarding concerns, please contact the Duty & Assessment Team on 01633 656656 or complete a Duty to Report form (DTR) and email this to: children.duty@newport.gov.uk

Parents/Guardians: Please contact your GP to discuss any urgent health or wellbeing concerns or attend A&E if outside of working hours. Alternatively, to seek advice from a health professional, please call 111

Professionals Only: For emergency children’s mental health presentations only, please call the CAMHS Emergency Liaison Duty Line on 07387 546314, seven days a week, 9am - 5pm. The Duty Clinician is available to discuss emergency presentations relating to suicide risk and severe symptoms of mental disorder in young people under the age of 18.

If you require SCAMHS advice but this is not considered urgent, please call 07917244125 during office hours.

**Please return the completed form to:** [**Families.1st@newport.gov.uk**](mailto:Families.1st@newport.gov.uk)