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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 there is potentially a safeguarding issue, please contact the Safeguarding Hub, Social Services Department.**

**Please ensure all boxes are completed or the referral may be returned**

**You can also submit this form electronically if you wish, via this link:** <https://forms.office.com/e/47qtkK1wu4>

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| **Name of Referrer** |  | **Agency** |  |
| **Referrer’s Telephone number** |  | **Date** |  |
| **Referrer’s Email** |  | | |

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| **Child Name** |  | **DOB/EDD** |  |
| **Family Name** |  | **Ethnicity** |  |
| **Address** |  | **Post Code** | |
| **Contact Tel No** |  | | |
| **Email:** |  | | |
| **Gender:** | **Female / Male / Non Binary / Non Conforming / Other / Prefer not to say (please delete as appropriate)** | | |
| **Is the Gender Identity the same as the sex assigned at birth?** | **Yes / No / Prefer not to say**  (please delete as appropriate) | | |
| **School** |  | | |

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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. If consent has not been obtained, we will be unable to proceed.**  **YES / NO** |
| Name of person giving consent: |
| Details: |

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| **Is there any danger associated with home visits?** (for example, dangerous dogs, syringes, violent family)  Yes  No  Not known  If Yes, please provide details: |

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| **Are there any other agencies currently supporting this child, young person or their family?**: |
| If so, please provide their details and contact number/email. |

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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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| **Reason for referral:** |
| **1. If you have identified any safety concerns, have you provided appropriate safety advice to the family? YES / NO**  Safety Advice: [https://abbhealthiertogether.cymru.nhs.uk/parentscarers/your-childs-mental-health/need-urgent-mental-health-help](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fabbhealthiertogether.cymru.nhs.uk%2Fparentscarers%2Fyour-childs-mental-health%2Fneed-urgent-mental-health-help&data=05%7C01%7Cjoanne.wood%40newport.gov.uk%7C29bac0d8a71c4352f3f308db5d22795a%7C2c4d0079c52c4bb3b3cad8eaf1b6b7d5%7C0%7C0%7C638206174859959424%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=oObJXCuwb9gf1B4RlznLf4DFB%2B1SJalWwgS5ouqrkbs%3D&reserved=0)  **2. Any other relevant information regarding Language/Communication/Disability? YES/NO (if yes, please provide further details)** |

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| **What are the desired outcomes of this referral:** |
| (1) Referrer’s/Parent’s expectations:  (2) And, if this referral relates to a young person aged 11 or over, has this referral been discussed with them? What support do they feel they need? |

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| **What has already been tried to address the issues?**  (for example, what support has been put in place by school / families first / mental health or health services, etc)  (\*\*If school are completing this referral, please add details of any support already offered in school and the outcome of this support – such as ELSA, whether Inreach/School Nurses/Teacher Advisory Service/School Based Counselling have been contacted and the outcome) |
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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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| What is the Family/Young Person’s housing situation? (if there are any concerns which may have an impact on the family’s housing situation – such as financial struggles/Landlord selling the property, etc), please provide more detail. The family can also contact the Housing Support Gateway Team for immediate advice on 01633656656  Private rented  Rented via Council/Housing Association  Temporary Accommodation  Own house  Not known |

**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](mailto: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 option 2.

Professionals Only: For emergency children’s mental health presentations only, please call the CAMHS Emergency Liaison Duty Line on 01633749519, 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.

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