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

**If this is potentially a safeguarding issue, please contact Newport City Council social services Duty and Assessment team.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of referrer** |  | **Agency** |  |
| **Contact details** (telephone and email) |  | **Date** |  |
| **Child name** |  | **DOB/EDD** |  |
| **Family name** |  | **Ethnicity** |  |
| **Address** |  | **Post Code** | |
| **Contact telephone number** |  | | |
| **Email address** |  | | |
| **Male/Female/Transgender** |  | | |
| **School** |  | | |

|  |
| --- |
| **Reason for referral:** |
|  |

|  |
| --- |
| **What are the desired outcomes of this referral:** |
|  |

|  |
| --- |
| **Is there any danger associated with home visits?** (for example, dangerous dogs, syringes, violent family) |

Yes  No  Not known

|  |
| --- |
| **Details:** |

|  |
| --- |
| **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: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family composition** | | | | | | |
|  | **First name** | **Surname** | **DOB** | **Ethnicity** | **School c**ontact details | **Household member?** Yes/No |
| **Mother** |  |  |  |  |  |  |
| **Father** |  |  |  |  |  |  |
| **Children** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Key agencies who are working with the child, young person or their family** (if known): | | |
| Agency | Contact name | Telephone |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Any other relevant information regarding the following categories** (please give details below):

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

|  |
| --- |
| **Child’s developmental needs** (including health, education, emotional and behavioural development, identity, family and social relationships, social presentation, self care skills) |
|  |

|  |
| --- |
| **Parenting capacity** (including basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability) |
|  |

|  |
| --- |
| **Family and environmental Factors** (including community resources, family’s social integration, income, employment, housing, wider family, family history and functioning) |
|  |

**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.

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

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