**Single Point of Access for Children’s Emotional Wellbeing**

**Request for Support: Family Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child / young person’s name** |  | **Date of birth** |  |
| **Address** |  | **School and name of contact** |  |
| **Referrer** |  | **Telephone number(s):****Email:** |  |

|  |
| --- |
| **Key Family members**Please include details of parents/carers and other family members such as siblings, step siblings, or other important people: |
| **First name** | **Surname** | **Relationship to named child** | **Date of birth** | **Household member?**  |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |

1. **What are your concerns?**

Please tell us about the issues you want help with. Please provide as much detail as you can.

1. **What are your circumstances?**

Please tell us about anything else that you feel is relevant to the issues you want help with (for example, important life events or recent changes that you think might be relevant)

1. **What outcome do you want to achieve?**

Please tell us what you hope will change if you get the right help

1. **What have you tried?**

Please tell us what you have already tried to address the issues, including what you have tried as a family and any help from professionals (for example, help from school, Educational Psychology, Social Care, Families First, mental health services, etc). What’s been helpful or unhelpful?

*Are Social Services involved?:*

*Have you received support from Families First in the past?*

1. **I understand that by making this referral, the information given will be stored and used for the purposes of providing services to me and my family. In order to provide the most appropriate support, information will be shared between other agencies (such as education, housing, social services and health services). Any information regarding child protection will need to be shared with the relevant statutory agencies.**

**I consent to this request for support being made and for the information provided to be discussed in Panel. YES / NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Consent given by:**  |  | **Signature:** | **Or: verbal consent given** |
| **Relationship to Child / young person** |  |

Please return this form to: families.1st@newport.gov.uk