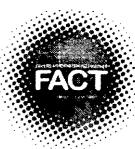


#### **VALE OF GLAMORGAN - FAMILIES FIRST**



#### **FACT PROJECT**

### **REFERRAL FORM**

Is the Family/Young Person aware of and in agreement with the referral being made?

Yes No If no please contact the Service Manager before proceeding

If you are aware or unsure if the referral is open to Social Services i.e. Child Protection Register, LAC? Please contact the Service Manager before proceeding

CHILD / Y	OUNG PERSO	ONS DETAILS	
Name of Child:		Age:	
Date of Birth:/	Gender:	Male ⊠ Fema	ale 🗌
Name of Parents/Carer:		Relationship	
Address:	11.00		
		Postcode:	
Telephone Number:	Mobile	Number:	
Ethnicity:	Rel	igion:	. <u> </u>
Preferred Language:			<del></del> -
School Attended:			· · <u>-</u> · ·
Disability: Yes No No		cify	
Does the child have any additional If yes, please specify		Yes 🗌	No 🗌
Is the child of the Child Protection		Yes 🗌	No 🗌
If yes, please specify under which ca	tegory	_ Date of case confer	ence
the Child a 'Looked after Child'?		No 🗌	
Is the Child a 'Child in Need'?		Yes 🗌	No 🗌
Are there any prevalent risk issues to Staff/Other?  If yes, please specify		Yes 🗌	No 🗌

ame Age Living at Home: Yes No ame Age Living at Home: Yes No ave you made previous FACT referrals for this family? Yes No		1 WIAHT	Y DETAILS	7 99
Age Living at Home: Yes No ame Age Living at Home: Yes No ame Age Living at Home: Yes No ame Age Living at Home: Yes No ave you made previous FACT referrals for this family? Yes No Yes. please provide further information:  INTERVENTIONS PREVIOUSLY TRIED  OTHER AGENCY INVOLVEMENT	ow many people are curre	ently living at th	e above address:	
Age Living at Home: Yes No ame Age Living at Home: Yes No ame Age Living at Home: Yes No ave you made previous FACT referrals for this family? Yes No Yes. please provide further information:  INTERVENTIONS PREVIOUSLY TRIED  OTHER AGENCY INVOLVEMENT	ibling Details:			
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# **REASONS FOR YOUR REFERRAL** Please use bullet points to identify the key issues/barriers that the family are currently facing. Please highlight what interventions you would like FACT to address **KEY ISSUE HOW CAN FACT HELP ADDRESS THIS?** 1. 2. 3. 4. 5. 6.

Yes No No

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Do the family agree with these issues?

## STRENGTHS / NEEDS AND ADDITIONAL INFORMATION

e a Parental discii	FAMILY ENVIRONMENT				
o.g. i diointal alcon	pline, history of domestic abuse, extended family support, employment, availability of drugs, safe and				
healthy environme	nt, praise and encouragement, bereavement, sleeping arrangements, relationship breakdown				
•					
	CHILD/YOUNG PERSON DEVELOPMENT				
e a Family relation	aships, friendships, emotional and behavioural development, confidence and self esteem, bullying,				
being bullied, anti	social behaviour, perceptions of self, communication, positive behaviour, isolation, medication the child				
requires					
-					
	CHILD/YOUNG PERSON'S LEARNING				
e a Engagement	in school, attendance, participation, access to appropriate resources, ambition, confidence, motivation,				
imaginative play a	nd interaction, organised, basic and key skills, truancy, exclusions				
	•				
	CHU D'S COMMUNITY/SOCIAL INTERACTION				
	CHILD'S COMMUNITY/SOCIAL INTERACTION  CHILD'S COMMUNITY/SOCIAL INTERACTION				
e.g. High unemplo	ownent, crime, anti social behaviour in the area, peer groups, social networks and relationships, leisure				
e.g. High unemplo facilities and activ	CHILD'S COMMUNITY/SOCIAL INTERACTION  Syment, crime, anti social behaviour in the area, peer groups, social networks and relationships, leisure ities, availability of drugs				
e.g. High unemplo facilities and activ	ownent, crime, anti social behaviour in the area, peer groups, social networks and relationships, leisure				
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facilities and activ	ownent, crime, anti social behaviour in the area, peer groups, social networks and relationships, leisure				

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	REFERRING PARTY DETAILS	-1
Name:	Designation:	
Agency:	Contact:	·-
Address:		
Tel. Number:	Email Address:	
Role with Family:	 	
	CONSENT	:
I consent to the referral being	made to Families First FACT	} 
agencies including health, ed	rovide services this information may be shared with a variety of	
Signature of Referrer:	Date:/	<del></del>
**Please note that we cann	t accept any referrals without written consent**	
Return by Post: FACT Project	Scan & secure email:	
Cadoxton House	FACT@valeofglamorgan.gov.uk	
Belle Vue Terrace Barry CF63 2JQ	Telephone: 01446 729640	