

Breathing Space Referral Form

Please read before completing

Breathing Space is a **Voluntary support service** for parents in Torbay who have had a child or children removed from their care. Our support is **parent-led** and focuses on helping you to rebuild your life, increase safety, improve wellbeing and strengthen your future capacity as a parent and an individual.

Important: Working with Breathing Space is not a stepping stone to your child being returned to your care, we hope that working with us will improve any time or contact you might have with your child. Our support aims to help *you* feel safer, healthier, more stable and confident in your future. You can choose to stop working with us at any time.

What We Offer We can support with: Feeling safe at home and in the community. Achieving stable accommodation and finances. Getting into employment or education. Safe and rewarding relationships. Being mentally and physically healthy. Increasing confidence and self-esteem. Advocacy and knowing your rights. Parenting for the future.

A parent can self-refer; they will simply need to make contact with the team by emailing us at Breathing.Space.Service@torbay.gov.uk, alternatively they can enquire about the service on the Family Hub (torbayfamilyhub.org.uk) website

* Required

Parent 1 details

1. Parent 1 Full Name *

2. Date of Birth *

3. Sex *

☐ Male

☐ Female

4. Address *

5. Email Address *

6. Contact Number *

7. First language / communication needs *

8. Preferred method of contact *

☐ Telephone

☐ Email

☐ Post

Parent 2 details

9. Parent 2 Full Name *

10. Date of Birth *

11. Sex *

☐ Male

☐ Female

12. Address *

13. Email Address *

14. Contact Number *

15. First language / communication needs *

16. Preferred method of contact *

☐ Telephone

☐ Email

☐ Post

Referrer Details (if applicable)

17. Agency Name & Contact details *

18. Date of Referral *

19. Has the parent given consent for this referral? *

☐ Yes

☐ No

20. Does the parent reside in Torbay? *

☐ Yes

☐ No

21. Has the parent lost care of a child through care proceedings? *

☐ Yes

☐ No

22. Are there any active care proceedings? *

☐ Yes

☐ No

Consent (please tick all that apply)

23. By signing this form, you confirm: *

- ☐ I agree to work with **Breathing Space** and understand this is *voluntary*
- ☐ I agree to my information being stored securely by Breathing Space
- ☐ I consent to relevant information being shared with other services when necessary, proportionate and for my benefit (for example, to help coordinate support)
- ☐ I consent to other agencies sharing information with **Breathing Space** to help support me
- ☐ I understand I can withdraw or change my consent at any time

Background & Current Circumstances

24. Circumstances of the children being removed: *Please include what court order was made and the law or section it was made under.*

25. Family time arrangements (if any)

26. Housing situation

27. Finances & Benefits

28. Employment / Education

29. Family / Social Relationships

30. Physical or Mental Health needs

31. Additional information the parent would like us to know

Risk & Safety Information

A - Relevant information for birth parent

32. Domestic abuse concerns (current or historic)

33. Aggressive behaviour / offences (current or historic)

34. Stalking / Harassment / Exploitation

35. Mental health crisis risks

36. Substance use concerns

Risk & Safety Information

B - Risk to Staff

37. Violence, threats or aggression (current or historical)

38. Weapons in the home?

39. Any Pets in the home our workers should be aware of?

40. Other people in the home who may pose a risk? (If so, who and what risks)

41. Known risks in the local area (neighbours, associates, community issues)

Risk & Safety Information

C - Environmental Risks

42. Property condition / hoarding / fire hazards

43. Access issues (stairs, lighting, trip hazards)

44. Other safety concerns

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