Referral Guidance: What you need to know when completing the Referral form.

This referral form has been designed to be completed with the child/ren and the family, however there will be occasions when this is not possible owing to safeguarding concerns. Should you wish to seek advice before completing and submitting a referral please contact the Single Point of Contact (SPOC) to discuss on 01639 686803.

To assist us to process the referral correctly and in a timely manner the following points should be considered:

**Consent**: In the event the referral is not judged to be a safeguarding concern and consent has not been obtained from the family the referral will not be accepted and will be returned to the referrer to ensure the referral is shared and consent obtained.

When completing **Section 1** - If reporting a number of concerns i.e. missed medical appointments, school absences, escalating behaviour, criminal activity, domestic incidents etc. , please set out your concerns succinctly and chronologically – leading up to the current concerns.

When completing **Section 4**, please link the risk(s) to the impact upon the child or likely impact upon the child. Any views expressed by the child should be included and on those occasions where the child is pre-verbal please note observations of parent-child interaction.

Hyper-links and page numbers have been included (above **Section 1** and within **Section 2**) to provide further guidance and information should this be required by the referrer.

When completing the referral you will need to consider whether it is for Early Intervention and Prevention services or Social Services.

The Early Intervention and Prevention service is also known as Team Around the Family (TAF):

Team Around the Family (TAF) is an Early Intervention & Prevention Service that supports families to makes positive changes in their lives through bringing together a range of professionals and services who can best support the needs of those parents, carers, children and young people.

The options available to Social Services are as follows:

To provide **Information** - We can provide information about universal, community and preventative support services to help people make informed choices about their well-being.

If children and families have particular needs we can start an assessment by having a *'What Matters'* discussion to help families to think about how to improve their situation. We can help to explore options that may come from friends and family or professionals and following this we may provide **Advice** or **Assistance**. **Assistance** is where a person takes action with a family to help them to access support services for children, young people or families on their behalf. With parents/carers consent SPOC can make a referral directly to a service on behalf of the family or arrange for a meeting so the appropriate support can be identified.

To assess need for **Care and Support** - We may decide to assess the need(s) and when we decide to do an assessment it is usually because we think the family or child might need support from us. The information you share with us at the referral stage helps us make this decision and the assessment enables us to find out more.

Single Point of Contact

Referral Form

**Do you have Child Protection concerns?** If yes, the concerns need to be shared immediately by telephone with the relevant partner agency - Police (999) or Social Services (01639 686803) - before completing and submitting this referral.

Do you consider this referral to be for Early Intervention and Prevention (TAF)[ ] or Social Services [ ]

Has consent been obtained from the family? Yes/no Verbal/written

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| **Referrer Details** |
| **Date of referral** |  |
| **Name of referrer (including designation)** |  |
| **Agency details (including contact address)** |  |
| **Telephone number** |  |
| **Email address** |  |

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| **Details of the child/young person** |
| **Name** | **DOB** | **School / College** | **Ethnicity** |
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| **Main Carers (PR)** |  |
| **Address****(including postcode)** |  |
| **Telephone Number** |  |
| **Preferred Language** |  |
| **Disability**  | **YES/NO -** If yes, please give full details in the ‘Persons Circumstances’ section below. |

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| **Family Members** |
| **Family****Member** | **First Name** | **Surname** | **DOB** | **Ethnicity** | **Address** |
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| **Key agency involvement with family (please state if previous or current)** |
| **Agency** | **Contact Name** | **Telephone No.** | **Previous/Current** | **Supporting (name of family member)** |
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*When completing the following sections please give consideration to the Framework for the Assessment* [*http://gov.wales/docs/dhss/publications/151218part3en.pdf*](http://gov.wales/docs/dhss/publications/151218part3en.pdf) *(Annex 2: pg. 35) and the All Wales Child Protection Procedures (2008)* [*http://www.childreninwales.org.uk/our-work/safeguarding/wales-child-protection-procedures-review-group/*](http://www.childreninwales.org.uk/our-work/safeguarding/wales-child-protection-procedures-review-group/)

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| 1. **Persons Circumstances (Reasons for referring)**
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| 1. **Personal Outcomes – for clarity on what is meant by personal outcomes you may wish to consult the Codes of Practice, Part 3** [*http://gov.wales/docs/dhss/publications/151218part3en.pdf*](http://gov.wales/docs/dhss/publications/151218part3en.pdf) ***(Annex 1; pg. 26)***
 |
| *What outcomes do the children want to achieve?**What outcomes do the parents want to achieve?**What support do you think the family require?* |
| 1. **What are the known strengths and capabilities within the family? Please consider each individual (What have you tried previously to achieve what matters to you?)**
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| 1. **Risk: What could happen if you don’t achieve what matters to you? How do your worries relate to/link to harm to the child? What impact will there be on the child if the worry/risk remains?**
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| 1. **Barriers: what is stopping you from achieving what matters to you? To include professional views as well as well as those barriers identified with the family.**
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| **6. Are you aware of any dangers associated with home visits? (e.g. Dangerous dogs, violent persons, i.e. the whereabouts of perpetrators of alleged domestic abuse, syringes etc.** |
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**Consent**

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| --- | --- |
| I confirm that the details given in this referral form have been discussed and shared with me and I understand the reasons for the referral. | Yes/No |
| I understand that the referral will be submitted to the Single Point of Contactto consider next steps (i.e. Information, Advice, Assistance or Assessment etc.). | Yes/No |
| I understand that information gained about my family as part of the referral, assessment and ongoing support will be shared with key partner agencies. | Yes/No |
| I consent to the Single Point of Contact (SPOC) contacting key agencies as listed on page 2, for the purpose of making enquiries in respect of my family. | Yes/No |

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| **Name and/or Signature of parent/carer/holder of parental responsibility** | **Date** |
|  |  |
|  |  |
| **Child/young person’s name and/or signature as /if appropriate** | **Date** |
|  |  |

Please return completed form to:

SPOC, 1st Floor, Neath Civic Centre, Neath, SA11 3QZ

Tel: 01639 686803

Non Secure Email: spoc@npt.gov.uk

Secure Email: spoc@npt.gcsx.gov.uk