REFERRAL FORM - CHILDREN and FAMILIES

How to complete this referral form

The purpose of this form is to ensure that, when you make a referral in respect of a child(ren) and family you provide us with as much information as possible to enable us to deal with your referral quickly.

Please ensure that you complete the form with as much as information as possible. *If you do not have information for a particular section please make this clear by stating 'not known'.*

Cyfeiriadauplant@gwynedd.llyw.cymru

Contact Telephone Number ; 01758 704455

Note: This form is available in Welsh and English

Please indicate which local authority area this referral is being made to (tick only one)

CONWY ☐ **DENBIGHSHIRE** ☐ **FLINTSHIRE** ☐ **GWYNEDD** ☐ **WREXHAM** ☐ **YNYS MON** ☐

Date of Referral:

Name of child		**Child's Date of Birth**	

Reason for Referral

Please indicate the reason for referral (tick **one** of the following options):

Child Protection		**Care & Support**		**Early Help**	

If Child Protection has been identified please provide the detail of the risk(s) of abuse, harm or neglect* to the child

*Abuse means physical, sexual, psychological, emotional or financial abuse
* Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being
* Harm means abuse or the impairment of (a) physical or mental health, or (b) physical, intellectual, emotional, social or behavioural development

Is the client aware of the referral?	Yes		No	

Have any members of the family been exposed to any of the following Adverse Childhood Experiences (ACEs)? (please tick all relevant boxes)

Verbal abuse		**Parental separation**		**Alcohol abuse**	
Physical abuse		**Domestic violence**		**Drug use**	
Sexual abuse		**Mental illness**		**Incarceration**	

Please record your concern regarding this child/ young person/ family, including the detail of any ACE's identified above

Please identify areas of strength and areas of development need under the following three headings:
1. <u>Child's/Young Person's Developmental Needs</u> *Please record positive aspects of the child's/young person's development, as well as areas of concern that you have in this area, including concern about the child's/young person's welfare and/or safety. Please make reference, if you can, to the child's/young person's (a) health; (b) education; (c) emotional and behavioural development; (d) identity; (e) family and social relationships; (f) social presentation; and (g) self-care skills.*
2. <u>Parents'/carers' capacity to respond appropriately to the child's/children's needs</u> *Please record parents'/carers' strengths as well as any difficulties they are experiencing. Please make reference, if you can, to the effectiveness of the parent to meet the following aspects (a) basic care (b) ensuring safety (c) emotional warmth (d) stimulation (e) guidance and boundaries (f) stability*
3. <u>Family and Environmental Factors which impact on the child and family</u> *Please give details, if known and relevant, regarding the (a) family history; (b) wider family; (c) housing situation; (d) employment and income; (e) family's social integration; (f) community resources that are available for, or are being used by, the family.*

Child's Personal Details

First name		**Surname**	
Preferred name		**Gender**	
Date of Birth (or expected date of delivery)			
Ethnicity		**Religion**	
Home address			
Postcode		**Preferred contact no.**	
Other address(es) (if child/young person not living at home)			
Postcode			
Any other contact numbers			
Email address			
Spoken language of choice		**Written language of choice**	
Is an interpreter required?			
Preferred method of communication		**Accessibility support required for the child** (e.g. BSL interpreter)	
Barriers to participation (tick as appropriate)	Understanding information ☐ Retaining information ☐ Weighing up information ☐ Communicating views, wishes and feelings ☐		
Name of child's advocate (if identified)		**Relationship to the child**	
School		**Occupation** (if not in school or education)	
NHS Number			
GP		**Health Visitor/ Midwife/ School Nurse**	
If the child is considered to have a disability please provide details.			
Does the child consider themselves a carer?	**YES** ☐ **NO** ☐		

Details of Persons in Current Household

Name	Relationship to child/young person	DOB	PR Yes/No	Ethnicity	Preferred Language	Disability

Significant Others – Not in Household

(Please list any significant others who are not listed in the household section above)

Name, Address, Telephone	Relationship to child/young person	DOB	PR Yes/No	Ethnicity	Preferred Language	Disability

If any of those listed in B or C require an interpreter or advocacy support, please state here. If not, state N/A

Other Agencies Involved

Name	Agency	Role	Contact details (address and telephone number)	Period of involvement

Details Of Referrer

Referred by (role and agency)			
Address		**Telephone**	

Email address	

What is your involvement with the family, child or young person (please include how long you have known them and in what capacity, and what work you have already been doing to support them (such as advice or assistance), interventions tried and/or assessments completed) (Please ensure you attach with this referral any relevant assessment already made and supporting documents)?

Signature:		**Date:**	

Views of the Child/ Young Person and Family

(to be identified through a What Matters Conversation that identifies what is important to them, the outcomes they wish to achieve, the strengths and assets they can draw on. This is captured in their words and may differ from the referrer's analysis)

What matters to the child

What matters to the child's parent(s)/carer(s)

Strengths and capabilities of the child/ parent(s)/ carer(s) to achieve what matters to them

Barriers that prevent the child, parent(s)/ carer(s) achieving what matters to them

Risks to the child if the child, parent(s)/ carer(s) if they don't achieve what matters to them

Consent for Referral

Consent needs to be obtained for a referral to be made from the parent(s)/ person (s) with parental responsibility and/or the young person if aged 13 years and over. This consent includes information being shared and/or referrals to external agencies being made. Consent is not required in the following circumstances:

- Alleged or proven criminal activity and it is necessary to share information to prevent crime and disorder. This includes wherever there are concerns related to domestic abuse and use of banned substances/drugs.
- A child protection concern (as defined in the All Wales Child Protection Procedures 2008

Parental consent			
Name of parent(s) / person(s) with parental responsibility:		**Name of parent(s) / person(s) with parental responsibility:**	
Have they given their consent to the referral being made to Children and Family Services/ Early Help Service?	**YES** ☐ **NO** ☐	**Have they given their consent to the referral being made to Children and Family Services/ Early Help Services?**	**YES** ☐ **NO** ☐
If consent has not been given please provide the reasons below		**If consent has not been given please provide the reasons below**	

Child/ young person's consent			
Has the child / young person consented to the referral being made to Children and Family Services/ Early Help Services?	**YES** ☐ **NO** ☐	**If 'No' state reason**	

Privacy Notice

Your data will be processed by Gwynedd Council for the specific purposes of children requiring Early Help, Care and Support or Child Protection concerns or any alleged or proven criminal activity. The processing of your personal data is undertaken as a 'public task' which is a requirement of the local authority to promote the wellbeing of all individuals under the Social Services and Wellbeing Act (Wales) Act 2014 and to promote the welfare and safety of children under the Children Act 1989 and the All Wales Child Protection Procedures 2008.

Gwynedd Council may share your data with other local authorities, NHS, Police, Children and Family Services/ Early Help Services if this is necessary to carry out its duties to promote wellbeing and welfare. This may involve transferring your data outside the European Economic Area (EEA) if you have resided in any country outside the EEA

Gwynedd Council will retain your information for 100 years in line with our retention schedule. If you feel Gwynedd Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or calling their website or calling their helpline on 03031231113.

For further information about how Gwynedd Council processes personal data and your rights please see our privacy notice on our website or request a copy from the Council.