



CHILDREN AND FAMILIES DIVISION REFERRAL FORM FOR OTHER AGENCIES

Use this form to make a written referral of a child in need and child protection concerns and to record a parent or young person's consent to a referral being made to Children and Families. Using the form will help make sure the response to the referral is as effective as possible. Always make urgent referrals by telephone. Use this form to confirm the referral and record consent. Send it to Children & Families within 48 hours of a telephone referral.

Details of child/young person being referred:

Record all names child has been known by

Family name: **Given names:**

If child unborn, record EDD.

Date of birth: **Expected date of delivery (EDD):**

Ask the child/young person or the child's parents which ethnic group the child belongs to. Don't just guess.

Gender: *male/ female/ unborn (delete as applicable)*

Ethnicity: *(use chart below)* **Religion:**

Black or Black British	Asian or Asian British	White	Mixed	Other ethnic groups
Caribbean	Indian	White British	White & Black Caribbean	Chinese
African	Pakistani	White Irish	White & Black African	Any other ethnic group
Any other Black background	Bangladeshi	Any other White background	White & Asian	Not given
	Any other Asian background		Any other Mixed Background	If other, please specify.

Disability **Yes/ no** **If yes, please record type of impairment:**

Child/young person's first language or preferred means of communication:

Is an interpreter/signer required? **Yes/ no** *(delete as applicable)*

Child/young person's address:	Tel. no.
<input type="text"/>	<input type="text"/>

Where the parents have shared care, the child/young person may have 2 addresses

Current address if different from above:	Tel. no.
<input type="text"/>	<input type="text"/>

EU citizens are not required to register with the Home Office

Child/young person's nationality (if not British):

Home Office registration number:

Complete if applicable.

Immigration status:
(please delete as appropriate)

Asylum seeking

Refugee status

Discretionary leave to remain (DLR)

Humanitarian Protection (HP)

Other immigration status: (please specify):

Parent's details:

Mother's name:	Date of birth	Address (if not the same as the child's)	Do they have PR?	Ethnicity	First language	Is an interpreter/signer required?
			yes			
Father's name:	Date of birth	Address	Do they have PR?	Ethnicity	First language	Is an interpreter/signer required?

Child/Young Person's main carers, if main carers are not the parent(s):

PR = Parental responsibility
Main carers are the adults with whom the child lives most of the time: may be parent(s), grandparent(s), other family member. If none of these, may be private fostering. If so, notify Children & Families.

Name	Date of birth	Relationship to child	Do they have PR?	Ethnicity	First language	Is an interpreter/signer required?

Other Household members (including non-family members):

In this section record:
1) Siblings.
2) Everyone living at:
a) child/young person's usual address.
b) their home address.

*If another child/young person in the household is being referred to Children & Families, please put yes in last column.

Complete a separate Referral Form for each child referred.

Name	Date of birth	Address	Relationship to child	Is a referral being made to C&F at the same time? *
				Yes/no
				Yes/no
				Yes/no
				Yes/no
				Yes/no

Child/young person's & family's networks (other than above):

Significant family members who are not members of the child's household

Name	Date of birth	Address	Telephone no.	Relationship to child

Details of referral:

Please provide brief details of the referral – reason for referral, background, work already undertaken.

If you have provided all the details by phone, they do not need to repeat them in full here unless you wish to provide full written confirmation.

Attach any relevant documents – letters or reports.

Young person can give their own consent if of sufficient age and understanding

Parent(s) or young person has given consent for this referral to be made:

Yes/no *(delete as applicable)*

If no, please give reasons why consent has not been obtained:

If asking for consent would put the child/young person at further risk, then do not ask for consent. Ensure that the reasons for this are fully recorded.

If the parent's refusal to give consent prevents effective child protection enquires, then workers can go ahead without consent. Ensure that the reasons for this are fully recorded.

If no consent has been given, are the parents aware of the referral

Yes/no *(delete as applicable)*

If no consent has been given, is the child/young person aware of the referral

Yes/no *(delete as applicable)*

Please refer to Framework for Assessment for details of domains below.

Child's Developmental Needs:

(e.g. physical, social, cognitive and emotional and behavioural development; special needs; school attendance record)

Please note that if you have already carried out a Common Assessment, this can be attached instead.

Parenting capacity:

(e.g. parent/child relationship; relationship between parent(s)/carer(s); parents' relationship with school; any known concerns like alcohol or drug misuse, or domestic violence)

Family and Environmental Factors:

(e.g. any issues relating to housing or finance; sources of support for the family)

Are there any worker safety issues?

If yes, please give details:

Person making the referral:

Name:	Agency	address	Tel.no.

Referrer's signature:

Date:

Parent/carer's consent:

Obtain consent from a person with parental responsibility (or the young person if of sufficient age and understanding) before making a referral - refer to notes on consent on last page of this form.

I give consent for my child who is named on page 1 to be referred to Children and Families (children's social care) by the named person making referral (page 3).

I understand that Children and Families will contact me to further assess my child's needs.

I give Children and Families permission, as part of the initial assessment, to make contact with the agencies ticked below.

I would like Children and Families to contact me before contacting any other agency: **yes/ no** (delete as applicable)

Signed: Date:

Name: Relationship to child/young person:

Address (if different from child's):

Telephone nos.

Young person's consent:

Please refer to Issues about Consent and Confidentiality, 5, 6 and 7, on page 5. It is expected that young people who give their own consent should have the ability to understand their choices and consequences of their choice.

I give consent for a referral to be made to Children and Families (children's social care) about me by the person making referral (page 3).

I understand that Children and Families will contact me to assess my needs.

I give Children and Families permission, as part of the initial assessment, to make contact with the agencies ticked below.

I would like Children and Families to contact me before contacting any other person or agency: **yes/ no** (delete as applicable)

Signed: Date:

Name:

Details of other agencies who know the child/young person:

Put a tick in the last column if you are happy for Children & Families to get in touch with this person:

Record the name of key professionals from all agencies currently involved with the child and family. This includes agencies working with the parents, where known.

Obtain parental permission (or young person's permission, as above) to contact other agencies unless permission seeking may itself place the child at risk of significant harm - see points 3 & 4 on page 5

	Name:	Address:	Telephone number:	
GP:				
Nursery/School:				
School nurse				
Health Visitor				
Community Nurse				
Consultant Paediatrician				
Community Midwife				
Marlborough House				
Education Welfare				
Education Psychologist				
other				
other				
other				

Next Step

Fax or post the Referral Form to the Children and Families team appropriate for taking the referral:

- For disabled children and those with life threatening illnesses, where the referral is about their intrinsic condition, refer to:
Child Health Team: Olive House, Prospect Place, Swindon, SN1 3LQ
Tel. 01793 863910
Fax. 01793 863939
- Young people aged between 16 and 18 years, unless there are child protection concerns, refer to:
16+ Team, Clarence House, Civic Offices, Euclid Street, Swindon, SN1 2JH
Tel. 01793 466710
Fax. 01793 488978
- All other children and young people, refer to:
Referral and Assessment Team, Civic Offices, Euclid Street, Swindon, SN1 2JH
Tel. 01793 466903 or 463051
Fax. 01793 463003

Issues about Consent and Confidentiality

1. Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence. It should not normally be disclosed without the consent of the subject. Therefore obtain a parent's or young person's consent (see 5 below) before passing on information or a referral to Children and Families. Confirm verbal consent in writing.
2. The law permits the disclosure of confidential information between agencies if it is necessary to safeguard a child or children. Disclosure must be justifiable in each case, according to the particular facts of the case. Seek legal advice in cases of doubt.
3. **If there are concerns that the child is in need of safeguarding, it is still important to try to gain parental permission for personal information to be passed on by other agencies. If the parent's refusal prevents effective child protection enquires, then workers can go ahead without consent. Ensure that the reasons for this are fully recorded.**
4. **If asking for consent would put the child at further risk, then do not ask for consent. Ensure that the reasons for this are fully recorded.**
5. Young people are entitled to the same duty of confidence as adults if, as outlined in the Fraser guidelines for those under 16 years of age, they have the ability to understand the choices and the consequences of their choices.
6. Some young people, deemed competent under the Fraser guidelines, will not wish their parents to be informed about specific issues. While young people will be encouraged to discuss issues with the parent/carers, maintain confidentiality unless the lack of sharing of information with parents/carers will lead the young person to suffer significant harm or a crime is likely to be committed. In exceptional circumstances, you may believe that a child who is seeking advice, for example on sexual matters, is being exploited or abused. In such cases, confidentiality may be breached, following discussion with the child.
7. Where parental consent has been obtained, information may be shared even if the young person does not consent.



The information you provide will be used to assess the needs of the child/young person referred to Children and Families (the children's social care division of Children Services). It will be passed on to the parent/carers of the child, and the child/young person where appropriate. The information may be shared with the professionals listed on page 4 of the form, where parent(s) or young person have given consent for this to happen, for the purposes of making a multi-agency assessment of the needs of the child/young person.