

Dyfed Powys Multi Agency Referral Form

IF THERE ARE IMMEDIATE CONCERNS FOR A CHILD, A REFERRAL SHOULD BE MADE IMMEDIATELY BY TELEPHONE TO THE ASSESSMENT SERVICE / DUTY TEAM. IN SUCH CASES THIS FORM SHOULD THEN BE COMPLETED AND SENT TO THE ASSESSMENT TEAM / DUTY TEAM THE SAME WORKING DAY IN ACCORDANCE WITH ALL WALES CHILD PROTECTION PROCEDURES.

CARMARTHENSHIRE REFERRALS CAN BE MADE VIA:

During Office Hours – Central Referral Team

Tel: 01554 742322 Fax: 01554 742176 E-mail: CRTChildren@carmarthenshire.gov.uk

Outside of Office Hours - Emergency Duty Team:

Tel: 01558 824283

CEREDIGION REFERRALS CAN BE MADE VIA:

During Office Hours- Contact Centre

Tel: 01545574000 Fax: 01545574002 E mail: contact-socservs@ceredigion.gov.uk

Outside of Office Hours - Emergency Duty Team

Tel: 0845 6015392

PEMBROKESHIRE REFERRALS CAN BE MADE VIA:

During Office Hours - Assessment Team

Tel: 01437 776322 or 01437 776325 Fax 01437 776337 Email: CCAT@pembrokeshire.gov.uk

Outside of Office Hours - Emergency Duty Team

Tel: 08708 509508

POWYS REFERRALS CAN BE MADE VIA:

During Office Hours - Duty Teams

Brecon / Ystradgynlais Tel: 01874 624298 email: breed@powys.gov.uk

Newtown Tel: 01686 617520 email: newed@powys.gov.uk

Radnor Tel: 01597 827128 email: raded@powys.gov.uk

Welshpool Tel: 01938 551899 email: weled@powys.gov.uk

Outside of Office Hours - Emergency Duty Team

Tel: 0845 7573818



Details of Person Making Referral

Name of Referrer

Designation & Agency

Referral Date

Email

Telephone

Postal address

If consent has not been obtained, please state why:

Views of Child/Young Person about making this Referral

Views of Parent(s) about making this Referral

Details of Child being Referred

Family Name

Forenames(s)

Other Names Used (if any)

Gender

Age

DOB

Address

Tel

Post code

Has the child/young person arrived from overseas?
Yes

If yes, date of arrival:

Nationality

Immigration Status:

Home Office Registration Number:

Child/Young person's Religion:

Ethnicity:

Preferred Language:

Cultural Needs:

Is the Child/Young Person a Young Carer?

Please give details

Details of Household members (please include anyone, including siblings, living at the property)

Family Surname(s) including Aliases

Names of household members	Relationship to child.	Male/ Female	DoB/ EDD	Ethnicity	Religion

Address

Tel No

Details of significant persons who are not members of the child's household (please include any family members, including siblings)

Family Surname(s) including Aliases

Names of household members	Relationship to child.	Male/ Female	DoB/ EDD	Ethnicity	Religion

Address

Tel No

Communication needs of the family

Does any family member have communication difficulties?

Yes

Name

Details

Interpreter/Intermediary Required?

Yes

Name

Details

Statutory Status Information

Child(ren) or other children in family on Disability Register?

Yes

Details

Child(ren) has a Statement of Educational Need or alternative to a Statement of Educational Need?

Yes

Details

Child(ren) or other children in family is/has been on Child Protection Register?

Yes

Details

Child(ren) or other children in family is/has been looked after by a local authority?

Yes

Details

Have the family resided in another area? If so where?

Substance Misuse	Yes	Details
Mental III Health	Yes	Details
Physical III Health	Yes	Details
Domestic Abuse	Yes	Details
Previous History of Violent Behaviour	Yes	Details
Learning Difficulties	Yes	Details
Environmental Factors	Yes	Details

Key Agencies Involved with Household members	Name and Address	Tel No/email
GP		
Heath Visitor		
Midwifery Service		
Community Paediatrician		
Dentist		
Police		
School		
Children's Services		
School Nurse		
Substance Misuse Services		
Education Welfare Officer/Inclusion Officer		
Pupil Support Officer		
Women's Aid		
Nursery		
Youth Offending Service		
Youth Service		
Mental Health Team		
CAMHS		
Adult Services		
Housing		
Probation		
Other (specify)		

Assessment of Risk, including risk to Staff:

Child/young Person's developmental needs. Please record strengths as well as difficulties.

Issues affecting parents/carers' capacities to respond appropriately to the child/young person's needs. Please record strengths as well as difficulties.

Family and environmental factors which impact on the child and family. Please record strengths as well as difficulties.

Summary of Reason for Referral, what will be the expected outcome for the child:

How long have you known the family?		In what capacity?	
What Services have you provided to date?			

Signature of worker completing referral:Date

Agency... ..

Signature of Family Member (with parental responsibility) consenting to referral

Name...**Date...**

If no consent obtained, please explain why

.....

Guidance for Referral

It is important that referrers refer as much information as they know about the family including a clear reason for referral and what the expected outcome of any intervention should be. The National Assessment Framework should be used as a guide to giving information about the family. It is also important that a balanced picture of the family is given looking at both the vulnerabilities and the strengths of the family.



Please read the guidance below regarding the information that is relevant to each domain.

Please do not be overly concerned regarding ensuring all the information is in the right place. If you are unsure of where some information should go, please add it to any box. It is more important that the information is shared rather than in the right place.

(1) Child/Young person's Developmental needs

All children change and develop over time. Parents have a responsibility to respond to the child's needs. The purpose of this section is to identify areas of strength and areas of developmental need, in order to assist you to determine whether this child/young person required services to achieve a reasonable standard of development or to prevent significant impairment of his/her health, and development. Please complete with as much detail as possible, recording strengths as well as difficulties.

Health, education, emotional and behavioural development, identity and social presentation, family and social relationships need to be considered.

(2) Issues affecting parents/carers capacity to respond appropriately to the child/young person's needs –

The following issues should be explored: providing basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability, nurturing, bonding, esteem, play opportunities, interest in school.

Research shows that the following are most likely to affect parenting capacity: physical illness, mental illness, learning disability, substance/alcohol misuse, domestic abuse, childhood abuse, history of abusing children. Please record strengths as well as difficulties.

(3) Family & environmental factors which impact on the child and family

The following issues should be explored: Family history and functioning, social/community resources, wider family, housing, employment/income Please record strengths as well as difficulties.

Referrers should receive written feedback of the progress of their referral.

Assessment Team Use only

Assessment Service / Duty Team Checklist

Date referral received:

— _____

Signature of receiving worker:

— _____

SSID No / DRAIG No:

— _____

Date entered:

— _____

By whom:

— _____

Date passed to Duty Senior / Team Manager:

— _____

Date feedback/outcome letter sent to referrer.

— _____

Decision of Duty Senior / Team Manager

Signature:

Date:

Decision of Duty Senior:

Signature:

Date: