

WIGAN COUNCIL CHILDREN & YOUNG PEOPLE'S SERVICE REFERRAL & INITIAL INFORMATION RECORD



REFERRAL TO CHILDREN'S SOCIAL CARE SERVICES

(A) **Child in Need Referral** – the referral form must include the written consent of the person with parental responsibility for the child/ren for the sharing of information with other agencies.

(B) **Child Protection Referral** – All child protection referrals must be discussed with the Duty Officer, at the time the concerns come to light. The referral form must be completed subsequently and sent to the Duty Officer within 48 hours of the verbal referral having been made. It is good practice to seek the consent of parents / carers before making a referral unless to do so would increase the risk of immediate harm to the child. If consent is refused the referrer should discuss this with the Duty Officer at the point of referral. The exceptions to seeking consent will be any referral where Sexual Abuse or Fabricated and Induced Illness is suspected, in this instance there should be no discussion with family prior to referral to Duty Officer.

What is a child protection Referral?

Section 47(1) of the Children act 1989 states that: Where a local authority have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

If you are working with a child or young person for whom a **CAF assessment (Common Assessment Framework)** has already been fully completed, you can attach the completed CAF. It is your responsibility to ensure that all of the basic information required is included as part of your referral, either on this form or in the completed CAF. Failure to do so will cause delay for the family.

Tick this box to let us know that you are attaching a completed CAF so that we can make sure the document is attached.

Following discussion with my agency's dedicated child protection staff, I refer this family, as I believe the child/ren are **in need** as defined by the S.17 Children Act 1989.

Hyperlink to "What to do if worried a child is being abused ."

<http://www.wigan.gov.uk/NR/rdonlyres/94FD1179-4E82-45E5-961A-9C6336B06EC6/0/whattodofull.pdf>. "Wigan Safeguarding Children Board Child Protection Procedures." <http://www.wigan.gov.uk/NR/rdonlyres/9451FC87-CA6F-47FE-B581-963D995A7607/0/WSCBBrochure.pdf>

Please complete all sections of this form, incomplete referrals delay an appropriate and speedy response. Please contact the Duty Officer if you need to discuss the referral.

Please give details;

Child/Young Person's principal carers

Name	Relationship to child/young person	Parental Responsibility	
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other household members (including non-family members)

Surname	Forenames	DOB	Relationship	Also Referred? Y/N	ICS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Significant others who are not members of child's household

Name	Relationship	Address	Tel No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Key Agencies *(please tick if currently working with the family)*

Name	Tel:
GP _____	_____
EWO _____	_____
School _____	_____
School _____	_____
Nurse _____	_____
CAMHS _____	_____
HV _____	_____
Nursery _____	_____
Police _____	_____
YOT _____	_____
Com Paed _____	_____
Other _____	_____



CONSENT FOR INFORMATION SHARING

Obtaining and sharing information from other agencies is an important part of the Assessment Process, as it gives a fuller picture of your child's circumstances and needs. In addition, other professionals may be able to offer services and support.

To do this we normally need your agreement and the agencies we may need to contact are listed below:

- | | |
|----------------------|---|
| Education Service | Health Visitor |
| School | Hospital Consultant |
| School Health | Other Hospital Staff |
| Housing Directorate | Child and Adolescent Mental Health Services |
| Probation | Police |
| GP | DSS |
| Others (please list) | Voluntary Organisations (please list) |

Declaration

*I agree to the sharing of relevant information between any of the agencies referred to above for the purposes of assessing my child/children's needs *or*

*I agree to the sharing of relevant information between the agencies referred to above for the purpose of assessing my child/children's needs *except*

(Delete whichever does not apply)

Child's Name _____ **DOB:** _____

Name of person with Parental Responsibility _____

Signed: _____ **Date:** _____

This consent applies until Social Care's current involvement with your child/children ceases. If during this time you wish to withdraw your consent of any agency, please inform your Social Worker.

Thank you for your co-operation

FOR COMPLETION BY CHILDREN'S SOCIAL CARE SERVICES
(this page must be sent to the referrer within 24 hours)

Child/Young Person's Name and Address	Referred by: _____
Family Name _____	Forename(s) _____
DOB: _____	M <input type="checkbox"/> F <input type="checkbox"/>
Address: _____	
Postcode _____	Tel No _____
Responsible LA _____	
Current address (if difference from above) _____	
Postcode _____	Tel No: _____

Outcome of Referral

- Referral accepted:
- Referred to other resource - Named:
- Referred for Common Assessment

Reasons

Signed: _____

If you require any further information in relation to this referral please contact the Duty Manager on 01942 828300

Name of staff member completing this referral _____
Team _____
Pass to manager for Decision for Action within 24 hours