

## Early Intervention, Family Support and Emotional Wellbeing Services for Children and Young People in Monmouthshire: Guidance for Referrers

- This form is for referrals for children and young people (under 18) and their families to early intervention, family support and emotional wellbeing services.
- Your referral will be discussed at a weekly multi-agency partnership panel facilitated by Families First that is comprised of local consortium partners who support children, young people and families.
- It is **essential** that verbal consent is obtained from the parent / young person for their information to be shared in this meeting, and the attached information sheet on the services for children and young people must be given as part of the referral process. Referrals without consent cannot be accepted and will be returned.
- Schools, GPs and other professionals with knowledge of the child and family can refer to the multi-agency panel.
- At panel meetings, a decision will be made regarding the most appropriate service/s to help the referred child or young person and their family where there is a mental wellbeing issue or where parenting support may be required.
- We will write to advise you of the outcome of your referral, including which agency has been allocated and why. If helpful, the multi-agency panel might ask for further information from you to support them in their decisions regarding support.
- **Your referral will enable us to match the referred child or young person to the right service to meet their needs, without the referral needing to 'bounced' back to the referrer. Please complete each section with as much information as is available to you, to help the panel to make the best decision. *Shaded boxes must be completed to enable the panel to make an effective decision, and verbal consent for information to be shared must be documented.***
- We would prefer referrals to be made using the attached form, which can be completed and returned electronically. You may make your referral in the form of a letter however **please ensure that your letter contains at least the minimum information that is requested in this form.**
- For GP- and non-GP referrals medical health responsibility resides with the child's General Practitioner who should be the first point of contact if there are physical health concerns or in mental health crises. **It is good practice to inform the GP** when a referral has been made or send the GP a copy of the referral.

If you have safeguarding concerns, please contact the Duty and Assessment Team, Social Services Department – Assessment & Early Help Team – 01291 635699.

**Early Intervention, Family Support & Emotional Wellbeing Services for Children,  
Young People & families Monmouthshire: Referral Form**

Child's or young person's name (in upper case please): Sex M/F	Child's or young person's date of birth:
Sibling: Sex M/F	d.o.b
Sibling: Sex M/F	d.o.b
Sibling: Sex M/F	d.o.b
Sibling: Sex M/F	d.o.b
Sibling: Sex M/F	d.o.b
Parents name(s) (in upper case please):	Please state who has parental responsibility:
Are there any risk associated with this family?	
Child's or young person's present address:	Referrer's name & contact details:
Home telephone number:	GP's name & contact details:
Mobile telephone number:	Child/young person's school/college/employment:
Parent's work telephone number:	
<p><b>1. Child's or young person's main concerns</b> (Provide a description of the concerns, including their onset, frequency, intensity and context).</p> <p>What are the child or young person and their parent(s) or carers hoping for from the referral (use their words).</p> <p align="right">to be continued on separate sheet if necessary</p>	
<p>2. If known, past education, social &amp; and medical histories that may be relevant to the presenting issues.</p> <p>3. Is there anyone in the household who has a care need (this is to identify any potential young carers)</p> <p align="right">to be continued on separate sheet if necessary</p>	

<p><b>4. Referrer assessment and opinion. The referrer's expectations of the outcome of this referral.</b> (If available, please include relevant findings from education, social care, speech and language, physical, mental state or other examinations or assessments)</p> <p style="text-align: right;">to be continued on separate sheet if necessary</p>	
<p>5. If relevant please complete following information.</p>	
<p>Please state if the child or young person has any allergies:</p>	<p>Please list any current medication:</p>
<p>Please state the date when the referrer last saw the child or young person:</p>	<p>Please state when the referrer plans next to see the child or young person:</p>
<p><b>6. What has already been tried to address the child's or young person's concerns:</b> (Please include self-help, parenting groups, PCMHSS, S-CAMHS, paediatric services, school nurse, school counsellor, education support services, SENCO, educational psychologist, social services or voluntary sector organisations etc. Please indicate what has been helpful or unhelpful)</p> <p style="text-align: right;">to be continued on separate sheet if necessary</p>	
<p><b>7. Family composition and background information</b> (Where known, please include who is in the home, who is in regular contact and significant life events e.g. bereavement, separation, transitions, and any relevant family health problem if known)</p> <p style="text-align: right;">to be continued on separate sheet if necessary</p>	

Parental Consent: I give my consent for the referral to be made to the Early Help Panel, and understand the information on this referral form will be used to provide the Early Help Panel with relevant information about my family. I agree to the sharing of information between services at the Early Help Panel in order to allocate an appropriate service. Privacy notice: <http://www.monmouthshire.gov.uk/your-privacy/social-care-health>  
I understand information will be stored securely about my family and treated confidentially unless there is a requirement by law because an infant, child or young person has been harmed, abused or is at risk of being harmed or abused.

Parent/Carer signature:

Name:

Date:

Please tick to indicate that the information sheet (Emotional wellbeing referral for children and young people) has been provided

Please send this completed form to:

Early Help Panel, Monmouthshire County Council, County Hall, Rhadyr, Usk, NP15 1GA

Or if you have access to secure email (Please ensure this follows ABUHB/other relevant policy), please send to: [earlyhelppanel@monmouthshire.gov.uk](mailto:earlyhelppanel@monmouthshire.gov.uk)

Referrer's Signature:  
Referrer's name:

Date: