**GUIDE TO COMPLETING A UNOCINI REFERRAL**

**All Referrals to Gateway should be made in writing using the UNOCINI Referral template.**

**The exception to this is when you are concerned that a child or young person is being abused or that they may be at risk of significant harm. In this instance you should telephone your local Gateway Service to alert them immediately to your concerns. When making an urgent referral by telephone, the Gateway Social Worker will advise you that you will be required to confirm your referral in writing using the UNOCINI Referral template within 24 hours.**

**COMPLETING THE REFERRAL FORM**

**Please complete the Referral template as fully as your knowledge allows.**

**NB The electronic version of the Referral form contains expanding sections to ensure there is enough space for all of the relevant information**

**Section 1- Child and Young Persons Details**

The section requires you to record information on the basic and demographic details related to the child who is subject to the referral. This includes the child or young person’s name, address, date of birth, disability (if relevant), ethnicity, religion, communication needs (if relevant), school and GP details. This information is required to ensure that the referral can be recorded and processed effectively.

NB: If your referral relates to a family where there is more than one child, please identify one of the siblings as the core child and record their details in Section 1, and record the details of the siblings in Section 3.

NB: If you are making a telephone referral, you may find it useful to refer to the Referral template as this is the information that the Gateway Social Worker will require.

**Section 2a – Referrers Details**

This section requires you to record information about yourself, address, designation and contact details as well as the Date of Referral.

**Section 2b- Reason for Referral**

Please use this section to record the reason for referral to Children’s services. Consider what you hope a referral will achieve and the nature of the service you think would benefit the child/family. This may include:

* financial and/or other material assistance
* assistance with child minding and/or respite care
* additional support for the child or young person and their family
* therapeutic or counselling services
* assessment of the child or young person and/or their family
* protecting the child from harm
* treatment

**Section 2c- Are Immediate Actions necessary to safeguard the child/young person(s)**

Please indicate your view about whether immediate action is necessary**. *If you believe the child/young person is in immediate danger, then you will be pursuing an urgent referral.***

**Section 3a- Primary Carer and Other Household Members**

In this section, ‘primary carer’ means the person(s) who undertakes the day to day care of the child or young person (for example, this could be the mother and/or father, step-parents, grandparents, friend of the family etc. Please include information about any other children who live in the household.

**Section 3b- Significant Others (inc family members who are not members of the household.**

Please use this section to include any information you are aware of regarding significant others.

**Section 4a- Summary of Referrers Previous Involvement**

Please use this section to indicate your role with the family and the nature and level of contact to date**.**

**Section 4b- Referral Consent**

Please use this section to record that the children and family are aware of the referral and that consent has been given.

 **NB: Consent of the parent/carers and/or the young person (if they are competent to give this) must always be given prior to a referral. An exception can be made when you consider that a child is in need of safeguarding and to try and gain consent may increase the risk to a child or young person.**

**Issues of consent (including when consent is not forthcoming) must always be clearly recorded.**

**Section 5 Additional Information: Agencies currently working with the child.**

Please provide information about any other agencies that you are aware of who are currently involved with the child/family.