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**North Wales Advocacy**

**Issue Based Advocacy Referral Form & Active Offer Meeting Request Form**

**Issue Based Advocacy** [ ]  **Active Offer Meeting Request** [ ]

*Please complete mandatory sections 1, 2 and* 3 *Please complete mandatory sections 1, 2, 4 or 5*

**Section 1: Child/Young Person’s Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of birth:** |  |
| **Full Postal Address:** |  |
| **Telephone Number:** |  |
| **Child/Young Person’s Mobile Number:** | **Child/Young Person’s Email Address:** | **Preferred method of contact:** |
|  |  |  |
| **Gender:** | **Ethnicity:** | **Preferred language/method of communication:** |
|  |  |  |
| **Physical/Learning Disability:****If yes please specify:** |  |
| **Is the Child/Young Person’s attending school/college:** |  |
| **Parent/Carer name and contact details:** |  |

|  |  |
| --- | --- |
| **Lone Worker Concerns:** | **Yes** [ ]  **No** [ ]  **If yes provide details:**  |
| **Has a risk assessment been completed:** | **Yes** [ ]  **No** [ ]  **If yes provide details of any concerns identified:**  |

**Section 2: Referral Information**

|  |  |
| --- | --- |
| **Date of Referral:** |  |
| **Name of Child/Young Person’s Social Worker:** | **Local Authority Team Name and Address:** | **Social Worker Contact Number:** |
|  |  | **Landline** | **Mobile** |
|  |  |
| **Email address:** |
|  |
| **Name of Referrer (if not Child/Young Persons Social Worker:** |  |

Is the child/young person aware of referral? Yes [ ]  No [ ]

Have they consented to the referral? Yes [ ]  No [ ]

*(Please note that we are unable to proceed with the referral without the child/young person’s consent)*

|  |
| --- |
| **Where and when would the young person like to meet?** |
|  |

**Status of Child/Young Person (please tick relevant box)**

|  |
| --- |
| Looked after child |[ ]
| Child in need of care and support under Social Service Health and Well-being (Wales) Act 2014 |[ ]
| Children and Young People Leaving Care – up to 21 years of age (25 years of age if in further education) |[ ]

**Type of Placement**

|  |  |
| --- | --- |
| Foster Care |[ ]  Residential |[ ]
| At home |[ ]  Other (please specify) |

**Section 3: Issue Based Advocacy Information**

**Please outline the issues and reasons for this referral**

|  |
| --- |
|  |

**Section 4: to be completed for children and young people entering the Child Protection arena requiring an Active Offer Meeting**

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| The referred child/young person is entering the Child Protection arena and their initial Child Protection Case Conference meeting is scheduled to take place as follows: |
| **Type of Meeting** | **Date** | **Time** | **Venue** |
| Initial CP Case Conference |  |  |  |

Prior to the above meeting taking place, please arrange for an advocate to meet with the child/young person to explain the following:

* the role of advocacy, what it can and cannot do – the right for children and young people to be supported to express their views, wishes and feelings as well as their right to make a complaint
* the range of advocacy support options available including Formal/Practitioner Advocacy (i.e. social worker, teacher, health professionals), Informal Advocacy (a family member or carer), Peer Advocacy and Independent Professional Advocacy
* the role and contact details of MEIC Cymru Helpline and the Children’s Commissioners Office
* information about the UNCRC and children’s rights
* Child Protection processes including what happens in a Child Protection Conference and the role of the different professionals present in those meetings
* their right to advocacy support

The advocate will also explain that should the child or young person decide that they do not wish to receive advocacy support then their name and contact details will not be retained by the service.

The advocate will record that the meeting has taken place along with the outcome of the meeting and this detail will be reported back to the referrer.

**Section 5: to be completed for LAC children and young people requiring an Active Offer Meeting**

|  |  |
| --- | --- |
| **The above named child/young person came into Local Authority Care on:**  |  |
| Details of the Initial LAC Review are: |
| **Type of Meeting** | **Date** | **Time** | **Venue** |
| Initial LAC Review |  |  |  |

Prior to the above meeting taking place, please arrange for an advocate to meet with the child/young person to explain the following:

* the role of advocacy, what it can and cannot do – the right for children and young people to be supported to express their views, wishes and feelings as well as their right to make a complaint
* the range of advocacy support options available including Formal/Practitioner Advocacy (i.e. social worker, teacher, health professionals), Informal Advocacy (a family member or carer), Peer Advocacy and Independent Professional Advocacy
* the role and contact details of MEIC Cymru Helpline and the Children’s Commissioners Office
* information about the UNCRC and children’s rights
* Child Protection processes including what happens in a Child Protection Conference and the role of the different professionals present in those meetings
* their right to advocacy support

The advocate will also explain that should the child or young person decide that they do not wish to receive advocacy support then their name and contact details will not be retained by the service.

The advocate will record that the meeting has taken place along with the outcome of the meeting and this detail will be reported back to the referrer.

Please return this completed referral form to:

northwalesadvocacy@tgpcymru.org.uk

**Office use**

|  |  |
| --- | --- |
| **Action taken:** |  |
| **Referral taken by:** |  |
| **Date:** |  |