



**006200 – NEPO – Children’s Complaints, Advocacy and Representations**

**ITT Schedule 1(3) Step 1 - Advocacy Referral Form**



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| **Purchasing authority** | Newcastle Upon Tyne |

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| **1. Child or Young Person’s details** |
| **Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnic Origin** |  |
| **Child / Young Person’s contact telephone number** |  |
|  |  |
| **Child / Young Person’s contact address** |  |
| **Does the Young Person have a recognised disability** (circle as appropriate) | **Yes** | **No** |
| **Details of disability, if marked ‘yes’** |  |
| **Details of the Child / Young Person’s preference for their advocate**Indicate relevant preferences, for example, gender |  |
| **Name of main Carer / Keyworker** |  |
| **Contact telephone for main Carer / Key worker** |  |
| **Contact address for main Carer / Key worker** (including email address) |  |
| **Confirm that the Child / Young Person has been given details of the Independent Advocacy Service and that they have given permission for this referral to be made** | **Yes** | **No** |
| **Date permission given** |  |

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| **2. Referrers contact details** |
| **Name** |  |
| **Role and team** |  |
| **Postal address** |  |
| **Email address** |  |
| **Telephone Number** |  |
| **Fax number** |  |

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| **3. Eligibility criteria for referral** (please mark as appropriate) |
| **Child / Young Person is looked after** (includes Children and Young People who are in foster care, residential Children’s Homes, living at home subject to a care order, in out of area / authority placements) |  |
| **Child / Young Person attends short break care**  |  |
| **Child / Young Person is a care leaver under the Leaving Care Act 2000** |  |
| **Child / Young Person has made a complaint, whether or not they are a Looked After Child** |  |
| **Child / Young Person is a Child in Need (CIN)** |  |
| **Child / Young Person is involved in statutory Child Protection process** |  |

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| **4. Reason for referral to independent advocacy services** (please summarise below the issues / situation that have prompted this referral) |
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| **5. Expected outcomes for Child from independent advocacy services** (please specify below what benefit is aimed to be achieved by making a referral to this service) |
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| **6. Safeguarding** (please provide any details that need to be shared with the provider to ensure that the Child / Young Person and staff are kept safe, if nothing is required please indicate ‘NIL’) |
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| **7. ADDITIONAL DETAILS** |
| **Where did the Child / Young Person find out about the Independent Advocacy Service?** |  |

**If you would like further discussion concerning a referral to the Independent Advocacy Service please contact:**

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Referrals can be made by calling our **FREEPHONE 0808 808 1001** during weekdays 9am - 8pm and on Saturday 10am - 4pm (Excluding Bank Holidays). More info on the helpline can be accessed here on 0808 808 1001.

Young People can also access ‘online chat and advice’ from 9am until 5pm Monday to Friday excluding Bank holidays via <http://youngpeople.nyas.net> and this is a confidential service as long as the Child, Young Person or vulnerable adult is safe.

Professionals can refer via the online referral form - [www.nyas.net](http://www.nyas.net) - but this is only for use when a referral isn’t urgent, in which case it’s best to call a referral in to the helpline.

**For completion by the Provider or Purchasing Authority:**

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| **8. Authorisation and monitoring of referral** |
| **Date referral received** |  |
| **Name of person receiving referral** |  |
| **Is this a self-referral?** (circle as appropriate) | **Yes** | **No** |
| **Date this referral was taken to the Purchasing Authority for approval** |  |
| **Authorisation given by Purchasing Authority for initial eight-hours of support** | **Yes** | **No** |
| **Reason given for authorisation for advocacy being refused** |  |
| **Authorisation (or not) given by** (indicate name and role of officer within the Purchasing Authority) |  |
| **Date authorisation received** |  |
| **Date initial contact made with Child / Young Person** |  |
|  |
| **Communication with Purchasing Authority regarding authorisation for additional hours of support** |
| **Date of contact** | **Authorising officer** | **Additional level of support authorised** |
| **name** | **role** |
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Children and Young People have the right to have a say about what happens to them, and for their views to be taken into account. This is a survey about how you feel about your current involvement with the Council **before you have received support from the Advocacy Service.** On the scale of 1 to 6, please rate and tick how satisfied you are about the questions.

**1. Are you satisfied that you have a say in decisions made about your life?**

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| --- | --- | --- | --- | --- | --- |
| **1 Very satisfied** | **2 Fairly satisfied** | **3 Neither** | **4 Fairly dissatisfied** | **5 Very dissatisfied** | **6 No opinion** |
|  |  |  |  |  |  |

**2. Do you feel satisfied you are able to share your concerns about your circumstances?**

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| --- | --- | --- | --- | --- | --- |
| **1 Very satisfied** | **2 Fairly satisfied** | **3 Neither** | **4 Fairly dissatisfied** | **5 Very dissatisfied** | **6 No opinion** |
|  |  |  |  |  |  |

**3. Are you satisfied that you are listened to and heard?**

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| --- | --- | --- | --- | --- | --- |
| **1 Very satisfied** | **2 Fairly satisfied** | **3 Neither** | **4 Fairly dissatisfied** | **5 Very dissatisfied** | **6 No opinion** |
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**4. How satisfied are you that you are treated fairly in your contact with the Council?**

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| --- | --- | --- | --- | --- | --- |
| **1 Very satisfied** | **2 Fairly satisfied** | **3 Neither** | **4 Fairly dissatisfied** | **5 Very dissatisfied** | **6 No opinion** |
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**Any comments, feedback or outcomes:**

**Specific Issues raised:**

**Children and Young People’s Satisfaction Survey Pre-Advocacy**

To be completed with the Advocate before support commences

**Ref no:**

**Service: Advocacy Service**

**Date:**