

Appendix 2

SAFEGUARDING CHILDREN REFERRAL FORM



- Please refer to the practice guidance.
- Please complete this form as fully as possible.
- However, do not delay the referral in a situation where this may place the child at further risk.
- Please type this form or ensure it is written legibly i.e. printed.

If you are aware that the child has a Social Worker, go directly to the Social Worker/District. There is no need to use this form.

REFERRAL TO : Calderdale Children's Social Care			
Date of Referral		Time of Referral	

REFERRAL FROM:	
NAME	
JOB TITLE	
AGENCY	
ADDRESS	
TEL	
EMAIL	Secure Y/N

Details of Child(ren)							
Child's name		DOB/E DD		Age		Unborn Y/N	
Gender M/F		Disability [if known please specify]					
Ethnicity		Language		Is an interpreter needed? Y/N			
Address							
Postcode		Tel No					
Name of child's primary carer/s		Relationship		DOB: / /	Parental Responsibility	Y/N	
Name of child's primary carer/s		Relationship		DOB: / /	Parental Responsibility	Y/N	
School/Nursery/College attended: [also please give name of any key contact person]							
Child's GP		Tel No					

Family Composition/Significant Others

Name	DOB	Relationship	School	Parental Responsibility Y/N

REASON FOR REFERRAL

STATE THE KEY AREAS OF CONCERN ABOUT RISK OF HARM or NEGLECT

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WHAT MAKES THE SITUATION WORSE FOR THE CHILD/YOUNG PERSON?

LIST THE ACTIONS TAKEN OR SUPPORT PROVIDED SO FAR e.g. Assessments

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WHAT IMPROVES THE SITUATION FOR THE CHILD/YOUNG PERSON?

WHAT ARE YOU REQUESTING FROM CHILDREN'S SOCIAL CARE *[See guidance notes re services available]*

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Is the child aware of the referral?	YES		NO	
Are the parents/ carers aware of the referral?	YES		NO [State reason why]	

Have they given permission for the referral?	YES		NO	
Have the given permission to share information?	YES		NO [State reason why]	

Child/Family View of the referral –including professional discretion/reasons for refusal

Child/Young Persons Health and Developmental key points to note

Consider all aspects of child/young person’s social, emotional, education health and well being

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Parenting Capacity

Issues affecting parent/carers capacity to respond appropriately to child/young person’s needs; consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability.

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Family and Environmental Factors

Consider the extended family, housing, employment, the family’s social integration and the availability of community resources to provide support.

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HAS A CAF/CAF PRE ASSESSMENT CHECKLIST BEEN COMPLETED ON THIS CHILD/YOUNG PERSON?

YES [By your agency]	
YES [by another agency –give name of lead professional]	
NO [Give reasons why not]	
NOT KNOWN	

ATTACH CAF/CAF PRE ASSESSMENT CHECKLIST IF AVAILABLE	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

Other agencies/provision involved e.g. Family Support, YOT, Adult Social Care if known

Name of Organisation and Profession	Contact Details: Address/ Telephone No/ Email Address	Brief description of work undertaken to support child/young person

Have you attached additional information? If so please specify:

SAFEGUARDING CHILDREN REFERRAL FORM GUIDANCE

If you are aware the child already has a Social Worker there is no need to use the referral form; go directly to the Social Worker/District.

PLEASE TYPE OR PRINT THE FORM – in the past many forms have been illegible and had insufficient information in order for Children's Social Care to be able to make decisions of what action is required. Please complete the form as clearly and fully as possible. However, do not delay the referral if you do not have all the information required in a situation where a delay may place the child at further risk.

Date of Referral:

It is essential that the date a referral is made is clearly stated on the form.

Time of Referral

It is essential that the time a referral is made is clearly stated on the form. This ensures that the referral is **compliant with Laming Recommendation 12**.

Child's Name

State clearly the correct spelling of the child/ren's full name and any other name that the child is known by.

DOB & Age and Expected Date of Delivery

State the full date of birth of the child/ren and the age at the time of the referral. State if the child is unborn and the expected date of delivery.

Disability

Please tick yes or no if the child is disabled – give more details of the disability including any Statement of Special Educational Needs in the assessment section (child's developmental needs)

Ethnicity

State clearly, to the best of your knowledge, the ethnicity of the child. This information may assist the person/agency you are referring to, by identifying services that meet the child's ethnic background.

Language

It is essential to identify the child's first language. This information will ensure that the person/agency you are referring to is aware of any language needs when engaging and communicating with the child/ren.

It would be helpful to include any other communication needs in this section.

Is an Interpreter needed?

Laming Recommendation 12 states that when communication with a child is necessary for the purpose of safeguarding and promoting the child's welfare and the first language of that child is not English, an interpreter **must** be used. If the child's first language is not English and an interpreter is not needed, please state clearly the reason why.

Address, postcode tel.

State clearly the full home address of the child including the postcode and phone number. If the child is residing at more than one address or is residing away from their home address, please include all the details under the section current address (if different from above). **NB** an alternative home address may indicate that the child is living with other family members under an arrangement e.g. private fostering.

Name of Child's Main Carer & Relationship to the Child:

State the name of the person/s who is the main carer for the child/ren and **if known** state whether the carer has parental responsibility. Record the nature of the relationship to the child i.e. mother, father, grandparent, aunt etc. Please state the date of birth.

If the address is different to the child's home address this may indicate a private fostering arrangement. If enquiries confirm this, a referral to Children's Social Care must be undertaken. If in doubt, seek advice.

If the parent is not the main carer and resides at a different address, please give information about the parents here but make it clear if they are not the main carer.

Nursery/ School /College

Please complete if known, and add in the name and contact number for any key member of staff.

GP & Telephone Number

If the child's General Practitioner is known please state clearly, the full name and phone number any other details about the GP, if known.

Family Composition/ significant others

Please give details of all other children in the household and state if these children are also subject to referral. Please state all other adults in the household e.g. relatives, lodgers or family friends and also include details of any partners (to main carer) who may have contact with the family.

Reason for Referral

Briefly outline the reason for the referral, being specific about **what is needed** for the child/ren and family and **why**, and about the nature of any concern for the child's welfare, including the need for protection and **why** you think they are **at risk of significant harm**.

Action Taken

Please give details of any support your service has already provided to address the concerns or needs of the child. Please indicate whether a CAF has been completed and whether an agreed plan is in place and lead professional identified. It may also be useful to identify the outcome of the plan, specifically noting what has worked/not worked. Completed CAFs/case plans can be attached to the referral to support the information provided in this section. Include any other relevant assessments that have been undertaken by your agency such as, Asset, or Statement of Special Educational Needs.

What are you requesting from Children's Social Care?

The information provided here and above will help determine the urgency and nature of any action required, particularly the need for statutory intervention. Please consider whether the child's primary need is for protection and requires urgent statutory intervention.

1. Need for IMMEDIATE PROTECTION

If you feel that there is a need for **immediate** and urgent protection, contact the **Police**. If there is a risk to the life of a child or the likelihood of immediate serious harm, please indicate this on the referral form following telephone referral to the Police and Children's Social Care.

2. Further Assessment

If you feel that an assessment by Children's Social Care is required, please state this clearly in this section. An initial assessment is a brief assessment of each child referred to children's social care to determine whether

- The child is in need
- There is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm
- Any services are required, and of what types
- A further more detailed assessment should be undertaken

3. Multi-Agency/ Professionals Meeting

If the request is for a social worker to attend a professionals meeting or multi agency meeting to discuss a child and family specify clearly the date, time and location of the meeting. Identify the key issues why specialist social work input is now required, if in doubt access a social work consultation via the district teams.

4. Private Fostering Assessment

If the referral is a notification of a private fostering arrangement ensure this is clearly recorded on the referral and that a referral to assess a private fostering arrangement is required.

5. Young Carers Assessment

If the referral is a request for a Young Carers Assessment clearly identify on the referral that this is a specific request for an assessment of a young carer. If there are concerns of significant harm relation to a young carer then an initial assessment should be requested.

Is the Child Aware of the Referral?

Simply tick in the box 'Yes' or 'No'. It is important to note that in most circumstances informing a child or young person that you are going to make a referral/request for support and for what reason is good practice.

However, you need to use your professional judgment, as there are other circumstances when it is not appropriate e.g. the child/young person's age and level of understanding, or if to do so would place the child at risk of significant harm.

Are the Parents/Carers Aware of the Referral?

Simply tick in the box 'Yes' or 'No'. You should inform the parent/s or carer that you intend to make a referral (unless to do so would place a child/ren at risk). It is critical to develop a co-operative working relationship from the outset (wherever possible), so that parents and caregivers feel respected and informed, that professionals are being open and honest with them and they in turn are confident about providing vital information about their child, themselves and their circumstances.

HOWEVER do NOT inform the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm).

Have They Given Permission for the Referral and to Share Information?

Simply tick in the box 'Yes' or 'No'. It is good practice to seek permission from the parent/carer to make a referral and to share information. Unless there are exceptional circumstances as outlined in CSCB procedures, it is expected that parent/cares will have given permission. Working in partnership with the parent/ carer by explaining the purpose and reason for the referral and for sharing information is likely to encourage a better working relationship with parent/carers. If you have ticked no, give reasons why e.g. it is an emergency and parent/carers are not able to be contacted, or it meets CSCB criteria. If in doubt, please seek advice.

HOWEVER do NOT seek permission from the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm).

Child/Family view of the referral

Where possible, it is important that the child understands why the referral is being made and it is good practice for Professionals to seek their views regarding this. Children may have strong opinions about their needs and ways in which they can be met. Professionals should take into account the child's age, developmental level, language, disability, gender, culture and age when communicating with children and ensure they feel they have been listened to and their concerns have been heard.

Unless it would place the child at risk of harm, parents should be informed about the referral and encouraged to express their views about this and the needs of their child and what support they require in order to support their child's needs.

Assessment Section

The information you share in this section is essential for the recipient of the referral/request for support. It will provide a valuable picture of the child/ren's current and future development needs and will assist with identifying an appropriate response.

If you have completed a common assessment (CAF), you can attach it to the referral/request for support and state, **please see common assessment** in the following headings. Please also include evidence of any previous case planning undertaken.

Please include any other assessments where appropriate eg. Asset, Statement of Special Educational Needs

Child/ren's Development Needs

Please provide a brief account of the child/ren's Health issues e.g. Immunisations where appropriate and developmental checks, dental and optical care, any illnesses, disabilities or hospitalization, Education issues e.g. cognitive development, interaction with other children/adults and attendance at school, observations about the child/ren's behaviour and social presentation, and any other information relevant to the child's developmental needs. This includes factors such as, missed appointments with agencies, missing education or going missing from home. It is important that you highlight what the strengths are of the child and family and what is working well for the child and family, as well as any needs/deficits.

Parent/Carer's Parenting Capacity

The information you share in this section is essential for the recipient of the referral. It will provide a valuable picture of your observations / knowledge about the parents/carer parenting of the child/ren. The information you provide will assist with identifying support to the child and family and with the planning of appropriate services. Please provide a brief account to the best of your knowledge on the parents ability to provide basic care e.g. shelter, clean and appropriate clothing and adequate personal hygiene, protection from significant harm or danger, emotional warmth towards the child, encouragement and praise, a sufficiently stable environment with a secure attachment to the primary carer(s)'s. Indicate the nature of any parental difficulties (such as, drug or alcohol misuse, mental health issues, domestic abuse?) and how they impact upon their care of the child. It is important that you also highlight what the strengths are, and what is working well for the child and family, as well as any needs/deficits.

Context (Family & Environmental Factors)

The information you share in this section is essential for the recipient of the referral. It will provide a valuable picture of your observations and knowledge about the child's family situation, circumstances and their environment. Please provide information to the best of your knowledge about any members of the child's wider family who have a significant relationship with the child, any significant changes within the family like a separation between parents and what the sibling relationship is like (if appropriate). Are you aware of any housing issues that are having an impact on the child? Are there any issues such as employment and income that are having an impact on the child? Are the parents and child experiencing any difficulties in their local neighbourhood or community or are they an isolated family within the community. It is important that you highlight what the strengths are, and what is working well for the child and family.

If a common assessment has been completed, this can be attached and referred to in the referral form in the assessment sections to avoid the need to repeat and duplicate information.

The form asks for details of the key agencies involved with the child and family.

Lord Laming Recommendation 12 states the front line staff who come into regular contact with children must include the child's school, nursery or college. Please include any other agency known to be involved with the child or family.

The form also allows for other agencies to be listed. Information sharing good practice asks us to ensure that agencies consent/know that information they hold may be shared. Details of agencies involved allows for easier sharing of information and therefore more effective provision of service/support

Referral From:

State your professional title/designation, first name and your surname.

Agency:

State the organisation you work for e.g. Education or Health

Address

State the address of your place of work

Additional Information

If you attach additional information, please specify in the box provided so that it doesn't get lost.

If you are faxing the referral form, please write in clear capital letters the name of the child/ren at the top of each page of the referral form in case the sheets become separated from each other. If possible please type the form.

Feedback will be provided within one working day.

Secure e-mail: FirstResponseDuty@calderdale.gcsx.gov.uk

Telephone number: **01422 393336**

Fax number: **01422 392889**

Out of Hours: **01422 288000**