Safeguarding Referral

Children & Families Social Care Service

Notes for use: If you are completing the form electronically, the text boxes will expand to fit your text.
If there are not enough boxes in any section, continue on a separate sheet.
The completed form contains personal data to be protected and processed in line with the Data Protection Act 1998.

Date of Referral:

Identifying details:

Children	Forename(s)	Surname	Date of Birth
Child 1			
	Child's Address:		
Child 2			
	Child's Address:		
Child 3			
	Child's Address:		
Child 4			
	Child's Address:		

Referrers details	
Name	
Role	
Agency	
Contact number	

Composition of Family and who else lives at the child's address including non family members

Name	Relationship to Child	Sex	D.O.B.	Address & Contact number	School

Please specify where known: **Childs ethnicity and first language**	Ethnicity	Language
Parents Ethnicity and first language	Ethnicity	Language
Is an interpreter required	Yes ☐	No ☐
If so what is the preferred language		
Childs religion		
Parents religion		

Overview of Agency Involvement with child/family including information of attendance/engagement with your service:	

Breakdown of information for referral considering all areas of the Assessment Framework:

When an immediate risk of significant harm is suspected please include specific information including the following; in addition to any other supporting information requested below.

- a description of any physical injury you are concerned about
- the impact of any harm to the child
- Where an allegation has been made include details of information shared made by the child or other person using exact words where possible
- Where and when did the harm occur
- Who is suspected of causing the harm

Current Dangers/Risks (what are you worried about in relation to this child?)	•	Safety and Protective Factors (that reduce the risks identified)	•
Historic or Complicating Factors (what factors contribute to difficulty for the child)	•	Strengths (positive resources that the family can draw on)	•

Grey Areas (areas of uncertainty which require further exploration)	•			
Type of suspected abuse	• Physical	• Sexual	• Emotional	• Neglect

What do you know about the child's experiences and any impact these have had on them? Including their health and education. Where a chronology has been completed please include or attach as a separate document:	•
What action has been taken and what if any services have been provided (*tiers 1-3 of the tier of need*, *Meeting the Needs of Children, Young People and their Families in Luton document*.) by professionals to address the concerns identified regarding the child prior to this referral being made. What impact did these services have on the reducing the risks or concerns to the child.	•
What do you know about the child's home situation: Include descriptions of patterns of family life – employment – standard of accommodation – income and who is known to stay at, or is a regular visitor, to the home, or cares for the child either occasionally or regularly. Where a Graded Care Profile has been completed please include Profile score (*in line with the LSCB Care Neglect Protocol*)	•
What are you worried is going to happen to the child if the current situation continues:	•
What would you want to see in order to be sure the child is safe enough?	•
What can you contribute to keeping the child safe?	•
What do you know about the family's views of the risks, dangers, strengths and safety factors?	•
Which other agencies are currently involved with the child or their family please tick below	•

GP	Tel	Health Visitor	Tel
Nursery	Tel	EWO	Tel
School	Tel	Police	Tel
YOS	Tel	Dentist	Tel
CAMHS	Tel	Paediatrician	Tel
School Nurse	Tel	Social Worker	Tel
Other	Tel	Other	Tel

Has permission been given to share with other agencies?	Yes ☐ No ☐
What form did it take?	Written ☐ Verbal ☐
Is the family aware of the referral?	Yes ☐ No ☐
Signature of person completing the report:	•

Please email to MASH@luton.gcsx.gov.uk
or Fax to **01582 547813**