

# Children's Services

## Safeguarding Referral Form

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If a child is in **immediate danger dial 999**

If you are worried about a **risk of significant harm to a child** it is essential that you share your concerns by contacting **First Contact on 03000 267 979 - Option 3**

This form should be used if you have a **safeguarding concern about a child.**

To make an '**Online Early Help Request**' go to: <https://www.durham-scp.org.uk/professionals/> where there are full instructions on how to do this OR: **Telephone the Early Help Triage Workers on 03000 267 979 - Option 4**

If you are unsure about whether or not to make a referral, please refer to the [Durham Threshold Guidance](#).

To receive a notification about the **outcome of your safeguarding concern**, you must complete in full your address in section 1; the referrer details

Email the completed form to  
[firstcontact@durham.gov.uk](mailto:firstcontact@durham.gov.uk)



First Contact  
03000 26 7979

**Consent**

**It is good practice to inform those with parental responsibility of your referral, unless to do so would place the child at further risk of harm.**

Have you obtained **consent from the family** to share information with appropriate agencies?

**Yes**       **No**

**If no, reason why**

**Have you informed the family that you are making a referral?**

**Yes**       **No**

## Main Concern

This section will enable us to monitor main reasons for making a safeguarding concern at point of referral.

Please select the **MAIN** concern you have even if you have multiple worries about a child, which you need to tell us about in the referral form, **tick only one**.

Main reason for safeguarding concern	Concern is about impact of a parent/carer	Concern is about the child
Substance/alcohol misuse		
Mental health		
Private fostering		Not applicable
Child exploitation ( <a href="#">link to definitions</a> )	Not applicable	
Physical abuse		
Emotional abuse		
Sexual abuse		
Domestic abuse		
Disability		
Neglect		
At risk/homeless		
Offending		
Ability to care for a child		Not applicable
Extremism/terrorism/radicalisation		

## 1. Referrer details

<b>Name</b>	
<b>Role/Agency/Team/Department</b>	
<b>Address</b>	
<b>Email address</b>	
<b>Telephone</b>	
<b>Date Completed (dd/mm/yy)</b>	

## 1a. Child's details (Please complete Section 1b for further children). Please gather this information if not known.

<b>Name of child</b>		<b>Religion</b>	
<b>Also Known As/alias</b>		<b>Ethnicity</b>	
<b>Date of Birth or Expected Date of Delivery</b>		<b>Immigration status</b>	
<b>Age</b>		<b>Interpreter/signer needed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Gender</b>	M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>GP name and practice</b>	
<b>Education provider/employer</b>		<b>Does the child have a disability?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>Own agency reference number (e.g. NHS No, UPN)</b>		<b>State diagnosis if known and any SEN statement if known</b>	

Child's address and postcode		Does the child have an Education, Health and Care Plan? (EHCP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### 1b. Siblings and other related children's details

Child's full name	DOB EDD	Gender	NHS No UPN	Address	Relationship to child referred? e.g. brother, sister	Ethnic Origin	Mother's full name	Father's full name

### 2a. Parent/carer details

Adult's/parent's full name	DOB	Gender	Address and contact number	Relationship to child referred? e.g. mother, father, step parents, parental partner	Ethnic origin	Do they have parental responsibility
						Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

## 2b. Other significant adults details

Adult's full name	DOB	Gender	Address and contact number	Relationship to child referred? e.g. grandparent, aunt, family friend etc	Ethnic origin

## 3. Reasons for referral

<b>What are you and/or the family concerned about?</b>	
<b>What is the impact on the child(ren)?</b>	
<b>What do you think needs to happen to ensure the safety of the child(ren)?</b>	



#### 4. Development of referred child (Please describe the key areas of need identified)

Think about - disability, young carer, educational attainment, educational attendance, school exclusion, health, social presentation/relationships/behavioural problems/self-esteem, emotional wellbeing, child sexual exploitation, child abuse/neglect, pregnancy.

#### 5. Parental/carer capacity (Please describe the key areas of parental need or risk)

Think about - relationship, disability, learning disability, substance misuse, domestic abuse, mental wellbeing, criminality/anti-social behaviour, 'risk to children' status, looked after child, pregnancy, how these affect parental capacity, do both parents have current contact, support from extended family members.

#### 6. Environment

Think about - home conditions, risk of homelessness, household finances, parents employment status, number of house moves - in last 2 years, anti-social behaviour, relationships in the community, acknowledgement of needs, willingness to engage in offers of support, dangerous animals

Have you completed the Home Environment Assessment Tool?    **Yes**     **No**                       Have you attached the Home Environment Assessment Tool?    **Yes**     **No**

#### 7. What are the strengths/ protective factors?

Think about - support from extended family members/friends, engagement with your/other services, this may include the Voluntary and Community Sector organisations - what is working well.

#### 8. Are there any known risk factors to professionals/staff if visiting the family home? (If yes, please explain why)



## 9. Involvement of other services

Which other services are **currently or were previously** involved with the child and family (name, agency), if known. This may also include Voluntary and Community Sector Organisations that provide social/community based services and activities for adults, children and young people i.e. drops in services, community projects, sports clubs, art clubs

Child(ren) /family	Name/agency	Purpose	Ongoing or Ended when/why?

Email the completed form to [firstcontact@durham.gov.uk](mailto:firstcontact@durham.gov.uk)

Please remember to include all relevant attachments if available;

- Chronology
- Home Environment Assessment
- Family Engagement Risk Assessment
- EHCP
- Signs of Safety Harm Matrix
- DASH Risk Assessment
- Other (please state)