

**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: [Early help (durham-scp.org.uk)](https://durham-scp.org.uk/practitioners/early-help/) 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 Document.](https://durham-scp.org.uk/professionals/thresholds/)

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

Children’s Services

**Safeguarding** **Referral Form**

Email the completed form to

[**firstcontact@durham.gov.uk**](mailto:firstcontact@durham.gov.uk)

First Contact

**03000 26 7979**

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| **SAFEGUARDING REFERRALS ONLY** |

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| **Consent** |

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|  | **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** |

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| **Main Concern** |

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| 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**. |

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| **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 ([link to definitions](https://www.durham-scp.org.uk/professionals/missing-and-exploited-children/child-sexual-exploitation/)) | 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 |  |  |

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| **1. Referrer details** | |
| **Name** |  |
| **Role/Agency/Team/Department** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone** |  |
| **Date Completed (dd/mm/yy)** |  |

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| **1a. Child’s details** (Please complete Section 1b for further children).**Please gather this information if not known.** | | | |
| **Name of child** |  | **Religion** |  |
| **Also Known As/alias** |  | **Ethnicity** |  |
| **Date of Birth or Expected Date of Delivery** |  | **Immigration status** |  |
| **Age** |  | **Interpreter/signer needed?** | **Yes**  **No** |
| **Gender** | **M**  **F**  **Unknown** | **GP name and practice** |  |
| **Education provider/employer** |  | **Does the child have a disability?** | **Yes**  **No**  **Unknown** |
| **Own agency reference number (e.g. NHS No, UPN)** |  | **State diagnosis if known and any SEN statement if known** |  |
| **Child’s address and postcode** |  | **Does the child have an Education, Health and Care Plan? (EHCP)** | **Yes**  **No** |

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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** |
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| **2a. Parent/carer details** | | | | | | | |
| **Adult’s/parent’s**  **full name** | **DOB** | **Gender** | **Address** | Contact number you hold for this family | **Relationship to child referred?**  e.g. mother, father, step parents, parental partner | **Ethnic origin** | **Do they have parental responsibility** |
|  |  |  |  |  |  |  | **Yes**  **No**  **Unknown** |
|  |  |  |  |  |  |  | **Yes**  **No**  **Unknown** |
|  |  |  |  |  |  |  | **Yes**  **No**  **Unknown** |
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| **2b. Other significant adults details** | | | | | | |
| **Adult’s**  **full name** | **DOB** | **Gender** | **Address** | Contact number you hold for this person | **Relationship to child referred?**  e.g. grandparent, aunt, family friend etc | **Ethnic origin** |
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| **3. Reasons for referral** | |
| **What are you and/or the family concerned about?** |  |
| **What is the impact on the child(ren)?** |  |
| **What do you think needs to happen to ensure the safety of the child(ren)?** |  |

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