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**Referral form to Cambridgeshire or Peterborough Children’s Social Care**

**To be used by all agencies that wish to report concerns about a risk**

**Please send the completed form to** ReferralCentre.Children@cambridgeshire.gov.uk

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| If you have a concern regarding a child or young person and would like to discuss it further you should consult the Safeguarding Lead or a Safeguarding Professional within your organisation.If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate risk of suffering significant harm, telephone 0345 045 5203 (Cambridgeshire) or 01733 864180 (Peterborough) or contact the Police if you feel the child is at imminent risk. You should then complete this form to confirm your referral within 24 hours of your telephone call. |

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| **Section A: The Child or Young Person being Referred (If you are referring more than one child, please complete this for one of the children in detail)** |
| **Family Name:** |  | **First Name(s):** |  |
| **D.O.B (or expected date of delivery):** |  | **Gender:** | 🞎 Male 🞎 Female 🞎 Unborn🞎 Identifies as trans-gender |
| **Unique Pupil Number (Education)** |  | **NHS Number:** |  |
| **Name of Person with Parental Responsibility** |  |  |  |
| **Child’s Home Address:** |  | **Postcode:** |  |
| **Telephone:** |  |
| **Current Address ( if different from above):** |  | **Postcode:** |  |
| **Telephone:** |  |
| **Child / young person’s ethnicity:** |
| **White**🞎 White British 🞎 White Irish 🞎 White any other background |  **Black or Black British**🞎 Caribbean 🞎 African 🞎 Any other Black background | **Mixed**🞎 White and Black Caribbean🞎 White and Black African 🞎 Any other mixed background  | **Asian or Asian British**🞎 Indian🞎 Pakistani 🞎 Bangladeshi 🞎 Any other Asian background  | **Other Ethnic Groups**🞎 Chinese🞎 Any other Ethnic Group **🞎 NOT KNOWN**  |
| **Child/young person’s first language or preferred means of communication:** |  | **Is an interpreter or signer required?** | 🞎 No 🞎 Yes ***Details:*** |
| **Child/young person’s religion** | **Practicing?** 🞎 No 🞎 Yes ***Details:*** | **Child/young person’s nationality:** |  | **Immigration status:** | 🞎Limited Leave to Remain (LLR)🞎Unlimited Leave to Remain (ULR)🞎NRPF🞎Visa-What type? |
| **Is the child/ young person disabled?** | 🞎 No 🞎 Yes ***Details:*** | **Does the child have an EHCP Plan** | 🞎 No 🞎 Yes 🞎 Not known  | **Is the child/ young person adopted?** | 🞎 No 🞎 Yes ***Details:*** |
| **Is the child/ young person privately fostered?*****A private fostering arrangement is essentially one that is made privately for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative*** *(****grandparent, brother, sister, uncle/ aunt or step-parent)****,* ***with the intention that it should last for 28 days or more****.**Private foster carers may be from extended family, a friend**of the family, the child’s friend’s parents or someone willing to privately foster.* | 🞎 No 🞎 Yes  |
| **IF YOUR REFERRAL RELATES TO AN ISSUE NOT COVERED BY THE THESE HEADINGS PLEASE LEAVE THIS SECTION BLANK** |
| **Is this a referral for:** **Radicalisation****Female Genital Mutilation****Honour Based Violence****Forced Marriage****Child Criminal Exploitation / Gangs / County Lines****Child Sexual Exploitation****Online / Internet Use** | 🞎 No 🞎 Yes🞎 No 🞎 Yes🞎 No 🞎 Yes🞎 No 🞎 Yes🞎 No 🞎 Yes🞎 No 🞎 Yes🞎 No 🞎 Yes | **Details:** |
| *If concern relates to Exploitation (Criminal / CSE) – Please complete the* [*Exploitation Risk Assessment and Management Tool*](http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/05/Exploitation-Risk-Management-Tool.docx) |

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| **Section B – Residing Household Details**If you are also referring a sibling of the child in Section A who is under the age of 18 years, please list them in this section and indicate that you are also referring them. Please also list the names and details of all children (under 18) and adults who are currently residing in the home. |
| **Family Name** | **First Name** | **DOB**  | **Age** | **Relationship to the Child in Section A** | **first language or preferred means of communication** | **Also referring to CSC****(must be under 18)** |
|  |  |  |  |  |  | 🞎 Yes |
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| **Section C – Non-Residing Family Details**Please also list the names and details of all children (under 18) and adults who are family members that do not reside in the home (i.e. separated parents, half-siblings). |
| **Family Name** | **First Name** | **DOB**  | **Age** | **Relationship to the Child in Section A** | **first language or preferred means of communication** | **Contact Details** | **Also referring to CSC****(must be under 18)** |
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| **Section D – Consent to make Referral to Children’s Social Care** |
| *Consent should always be sought from an adult with parental responsibility for the child/young person before passing information about them to Children’s Social Care, UNLESS seeking consent would place the child at risk of significant harm or may lead to the loss of evidence for example destroying evidence of a crime or influencing a child about a disclosure made. If a child is at immediate risk of significant harm, a referral to Children’s Social Care SHOULD NOT BE DELAYED whilst consent is sought.* |
| ***Has consent been obtained by you for a referral to Children’s Social Care***  | 🞎 No  | 🞎 Yes Date obtained:  |
| ***If yes, what is the Parent/Carer/Child’s view of the referral:*** |
| ***If no, explain the immediate risk of significant harm that has prevented you from obtaining consent:*** |

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| **Section E – Referrer Details** |
| **Date of referral:** |  | **Time of referral:** |  | 🞎 **Referral is a follow up to a Telephone Call** | 🞎 **This is a new Referral** |
| **Name of Referrer:** |  | **Role/Relationship to child:** |  |
| **Agency Name (if any):** |  | **Address of Referrer:** |  |
| **Contact Numbers** |  | **Postcode:** |  |
|  | **E-mail:** |  |
| **3rd party informant** *Does the 3rd party consent to be contacted directly by social care?* | 🞎 No 🞎 Yes Date obtained: |

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| **Section F – Reason for Referral** |
| ***In this section, you need to tell us how you have come to your view that the child has significant vulnerabilities or is at risk of significant harm and detail any significant incidents or events that support your view. This section will be shared with the child and their parents during any subsequent assessment unless it places the child at risk of significant harm to do so*** |
| **What is your concern for the child?** |
| **What has prompted the referral?** |
| **Have any Assessment tools been used, including** (but not limited to) |
| 🞎 [**Graded Care Profile (Cambridgeshire)**](http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2017/12/Graded_Care_Profile_PDF_Sept_2016.pdf) | 🞎 [**Quality of Care Tool (Peterborough)**](http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2019/11/Quality-of-Care-tool.docx) | 🞎 [**Exploitation (CSE/Criminal Exploitation) Risk Assessment and Management Tool**](http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/05/Exploitation-Risk-Management-Tool.docx) |
| 🞎 [**Brook Traffic Light tool**](https://www.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf) | 🞎 [**DVRIM**](http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2019/03/Barnardos_DV_RIM.pdf) |
| **Any others?** |
| **What have you done to address this with the family? Have you completed an Early Help Assessment?**  |
| **Where on the** [**Effective Support for Children and Families in Cambridgeshire and Peterborough (Threshold) document**](http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/threshold-document/) **would you place this child or young person’s needs** |
| 🞎 Preventative | 🞎 Targeted | 🞎 Specialist |
| **What would be the desired outcome for the child?** |

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| **Section G – Services working with the Family (to be completed if no current EHA)** |
| **Role** | **Full Name** | **Telephone**  | **Email Address** | **Address and Postcode** |
| Lead Professional (if applicable) |  |  |  |  |
| GP |  |  |  |  |
| Dentist |  |  |  |  |
| Health Visitor/School Nurse |  |  |  |  |
| Midwifery |  |  |  |  |
| Education (School, Nursery, College) |  |  |  |  |
| Justice Services (Probation, CAFCASS etc.) |  |  |  |  |
| Voluntary Sector |  |  |  |  |
| Landlord / Housing Provider (if applicable) |  |  |  |  |
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| Any referral where the child is at immediate risk of serious harm should be made by telephone first and followed up in writing within 24 hoursThis form should be emailed to: ReferralCentre.Children@cambridgeshire.gov.uk |
| **CAMBRIDGESHIRE**0345 045 5203Emergency Duty Team (Out of Hours) 01733 234724. | **PETERBOROUGH**Telephone: 01733 864180Emergency Duty Team (Out of Hours) 01733 234724. |
| The Cambridgeshire and Peterborough Safeguarding Children Partnership Board is clear that there must be respectful challenge whenever a professional or agency has concern about the **action or inaction** of another. In the majority of cases most decisions are reached by consensus due to the multi-agency working within the MASH Hub. However, there may be occasions when professionals disagree. If this is the case the **Resolving Professional Differences** process should be followed: <http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/escalation_policy/>  |