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| **Community Contextual Safeguarding Risk Referral (Form A)****This form does not replace statutory pathways for immediate safeguarding concerns.** |  |

**Once completed please email the completed form to: Safeguardingboards@cambridgeshire.gov.uk**

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|  | **REFERRER DETAILS** |
| **Name:** |  | **Role:** |  |
| **Agency:**  |  | **Tel Number**: |  |
| **Date of Referral:** |  | **Email address** |  |

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| **What type of community contextual safeguarding risk are you concerned about?*****Place:*** *Any location outside of the family home or a virtual space****Peer Group****: Any association (including a virtual group) outside of the family group.****Persons of interest****: Adult(s) who you have concerns about**Example –* *• If you are concerned about a group of children at a local park, tick both place and peer association.* *•If you are being told a local food outlet is offering free food/ cigarettes tick place.* *• It would be rare to tick just the peer group box as generally these concerns also involve a place (school/ sports club/ park etc)*Please tick below, all that apply and provide details. **Please note this form should not be used to refer your concerns regarding an individual child.**  |
| **Place** – please tick. **[ ]**  Please provide all known details about the place (s) you are concerned about, including name (including unofficial or locally known names), address and postcode. |
| **Peer Group –** please tick **[ ]** Please provide all known names (including any nick names), description/distinctive features, address and dob (if known) |
| **Persons of interest (adults) –** please tick **[ ]** Please provide all known names (including any nick names), description/distinctive features, address and dob (if known) |
| Please outline why you are making this referral and provide details below regarding your concerns. Historical information is important, but this process is designed to address current risk. Accordingly, there may be no known history. If there is a history, please keep your historical information to a maximum of six months unless there is something significant outside of the six-month period. It may be helpful to formulate your answer based on “who, when, what, where why and how”. |
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| Please include details of any action already taken regarding the risk, including escalation from Problem Solving Group (PSG), Peer Group and Places Meeting (PGPM) internal reviews, escalation of concerns to other agencies. |
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| Has a Tier 1 (individual child concerns) referral been made linked to this referral? **Yes [ ]  No [ ]** **If yes, please provide date of when the referral was made and name of child and D.O.B (if known)** |

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| **Other agencies, organisations or partnership meetings known to be currently involved**  |
| **Agency** | **Contact details: Address, Telephone and Email** | **Reason for involvement (include whether current or not)** |
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