



# Child safeguarding summary referral

May 2020 Review date May 2023 – check [www.fflm.ac.uk](http://www.fflm.ac.uk) for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

**A referral must be made when there are concerns about a child's or young person's safety or welfare; if these are significant or immediate, the relevant Social Care Department should be contacted, urgently, via out-of-hours/emergency contacts, if necessary (Record this on page 3).**

**A referral by telephone must be followed by a referral in writing made as soon as possible and within 24 hours. Many social care services now have an on-line referral system, and all doctors and healthcare professionals (HCPs) should familiarise themselves with local procedures or seek advice. Many services have adopted a 'multi-agency safeguarding hub', MASH, system.**

Date & time referral made \_\_\_\_\_

## PART A. Details of referrer

Name \_\_\_\_\_

(include regulatory body registration number)

Designation

Doctor  Nurse  Paramedic  Other

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## PART B. About child/young person

### 1. Details of child/young person

Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

1st language \_\_\_\_\_

Interpreter required YES  NO

if YES: language \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact details \_\_\_\_\_

Child/young person aware of referral YES  NO

### 2. Parent/carer details

Parents (please note any relevant family details/concerns)

\_\_\_\_\_  
\_\_\_\_\_

Looked after child YES  NO

Other e.g. carer/foster parent \_\_\_\_\_

Parent/carer present in custody YES  NO

Aware of referral YES  NO

### 3. General Practitioner details

\_\_\_\_\_  
\_\_\_\_\_

### 4. Details of current or previous social care involvement

Borough/Authority \_\_\_\_\_

Contact details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and contact details of key worker if applicable

\_\_\_\_\_  
\_\_\_\_\_



Name of child/young person \_\_\_\_\_ DOB \_\_\_\_\_ Ref no if applicable \_\_\_\_\_

5. Education establishment/employment

N/A  Attending: YES  NO  Not Known

If at school/college, provide: its name, and the name and contact information of Head, or Class Tutor/Head of Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Physical health (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Mental health and self-harm (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Learning disability (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. History of being a missing person

if yes, details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Other issues

Alcohol/substance misuse

Child/young person YES  NO  Not Known

Parent/carer YES  NO  Not Known

Neglect/physical abuse/emotional abuse/domestic abuse

\_\_\_\_\_

Parent/carer physical or mental health (MH) problems

\_\_\_\_\_

Child sexual exploitation (CSE) concerns \_\_\_\_\_

\_\_\_\_\_

FGM \_\_\_\_\_

\_\_\_\_\_

Concerns of 'gang' involvement \_\_\_\_\_

\_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

11. Circumstances & date(s) in which child/young person seen

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for & date of arrest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other relevant details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include any relevant police reference numbers

\_\_\_\_\_

\_\_\_\_\_



Name of child/young person \_\_\_\_\_ DOB \_\_\_\_\_ Ref no *if applicable* \_\_\_\_\_

### PART C. Concerns identified and actions requested of social care

Record details of any phone call/discussion with children's social care regarding urgent concerns; including date & time, name of borough/authority, name of social worker and their contact details (phone number(s) and email address).

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### Additional comments

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_



Name of child/young person \_\_\_\_\_ DOB \_\_\_\_\_ Ref no *if applicable* \_\_\_\_\_

## Additional comments

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Produced by Dr Bernadette Butler and Dr Nicholas Swift  
on behalf of the of the Faculty of Forensic & Legal Medicine

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Send any feedback and comments to [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk)