



Child safeguarding summary referral

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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).

Additional comments

Signed _____

Date _____

Name (print) _____



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

Additional comments

Signed _____

Date _____

Name (print) _____

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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