



Child safeguarding summary referral

Jul 2023 Review date Jul 2026 - check www.fflm.ac.uk for latest update

Confidential - Patient Identifiable Information

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 4). Healthcare professionals, (HCPs) must have access to senior clinicians to provide advice, including on safeguarding issues.

A referral by telephone must be followed by a referral in writing made as soon as possible and within 24 hours, 1 working day. Many social care services now have an on-line referral system, and all HCPs should familiarise themselves with local procedures or seek advice. Many services have adopted a 'multi-agency safeguarding hub', MASH, system; if used, it is essential that a copy of the referral is retained. In addition, it is essential appropriate contact details are provided, including those to be used when the referring HCP is off-duty.

Day:	Date:	Time:	(24 hour clock)
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PART A. Details of referrer

Name _____

(include regulatory body registration number)

Designation

Doctor Nurse Paramedic

Other _____

Address _____

Telephone _____

Email _____

Address _____

Contact details _____

Child/young person aware of referral YES NO

Consent provided YES NO

If not aware/no consent: please explain why _____

2. Parent/carer details

Parents (please note any relevant family details/concerns)

PART B. About child/young person

1. Details of child/young person

Name _____

DOB _____

Age _____

Gender and ethnicity _____

1st language _____

Interpreter required YES NO

If YES: language _____

Looked after child YES NO

Other e.g. carer/foster parent _____

Parent/carer present in custody YES NO

Aware of referral YES NO

Consent provided YES NO

If not aware/no consent, please explain why _____



Name of child/young person:	DOB:	Ref no <i>if applicable</i>
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3. Siblings and Others in the Family Home

(Name, Age, Relationship)

Name and contact details of key worker if applicable

6. Education establishment/employment

N/A Attending: YES NO Not Known

Any issues with bullying 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

4. General Practitioner details

7. Physical health *(specify)*

5. Details of current or previous social care involvement

Borough/Authority _____

Responsible Borough and 'Host' Borough if different _____

Name and Contact details of social worker _____

8. Mental health and self-harm *(specify)*



Name of child/young person:	DOB:	Ref no <i>if applicable</i>
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9. Learning Disability/difficulty *(specify)*

FGM concerns _____

Concerns of 'gang' involvement _____

Other (specify) _____

10. History of being a missing person

If yes, details _____

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

11. Other issues

Alcohol/substance use

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) problem

Child sexual exploitation (CSE) concerns

Reason(s) for & date of arrest _____

Other relevant details _____

Please include any relevant police reference numbers



Name of child/young person:	DOB	Ref no <i>if applicable</i>
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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).

PART D. Positive and protective factors identified

Signed _____

Date _____

Name (print) _____



Name of child/young person:

DOB:

Ref no *if applicable*

Additional Comments

Signed _____

Date _____

Name (print) _____