



FORM FOR CHILD IN NEED AND SAFEGUARDING REFERRALS TO CHILDREN'S SOCIAL CARE

Please send the completed form to childrensfrontdoor@york.gov.uk or if you are using secure email then childrensfrontdoor@york.gcsx.gov.uk

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 Children's Social Care immediately to discuss your concerns with a Social Worker on **01904 551900** 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.

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):		NHS Number:		Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn				
Home Address:				Postcode:						
				Telephone:						
Current Address (if different from above):				Postcode:						
				Telephone:						
Child/young person's ethnicity:										
White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White any other background		Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background		Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other mixed background		Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background				
						Other Ethnic Groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Ethnic Group <input type="checkbox"/> NOT KNOWN				
Child/young person's first language or preferred means of communication:						Is an interpreter or signer required?		<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Details:</i>		
Child/young person's religion						Child/young person's nationality:		Immigration status:		
Is the child/ young person disabled?			<input type="checkbox"/> No <input type="checkbox"/> Yes			Is the child/ young person adopted?			<input type="checkbox"/> No <input type="checkbox"/> Yes	
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.								<input type="checkbox"/> No <input type="checkbox"/> Yes		
Is there a concern with regards to radicalisation			<input type="checkbox"/> No <input type="checkbox"/> Yes			Details:				

Section B – 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	Also referring to CSC (must be under 18)
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

Section C – Consent to make Referral to Children’s Social Care

Permission 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 permission 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:

What have you done to address this with the family? Have you completed a CAF/FEHA? (If so please attach to this referral)

What would be the desired outcome for the child?

Section F – Services Working with the Family (to be completed if no current CAF/FEHA attached)

Role	Full Name	Telephone	Email Address	Address and Postcode
Lead Professional (if applicable)				
GP				
Dentist				
Health Visitor/Midwife				
Nursery/School				

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