



Multi-Agency Safeguarding Children's Referral Form for Liverpool Children's Services

How to complete this referral form

The purpose of this form is to ensure that, when you refer to Children's Services, you provide as much information as possible to enable us to deal with your referral quickly. It is not expected that you will have all the information specified. Sections you are unable to complete please draw a line through.

Referrer Details					
Name of Referrer		Date of referral			
Designation/ Title					
Address					
Postcode		Phone		Fax	
Email Address					

DO YOU CONSIDER THE CHILD/ YOUNG PERSON TO BE AT RISK OF SIGNIFICANT HARM?	
Yes	No
<p>If YES, please make an immediate telephone referral to Careline Children's Services: 0151 233 3700 (24 hours/ 7 days a week)</p> <p>In an emergency, contact the Police on 999.</p> <p>All telephone referrals must be followed up in writing within 48 hours by a written referral</p>	

Details of the child(ren) being referred – Please include siblings				
First Name	Surname (including any aliases)	DOB / Age	Gender	Ethnicity

If yes, please give details

DETAILS OF KEY PROFESSIONALS/ AGENCIES INVOLVED

	Name of Professional Involved	Tel No	Address
GP			
Health Visitor			
Midwife			
School			
Nursery			
YOT			
Mental Health Services			
School Nurse			
EWO			
Connexions			
Community Paediatrician			
Police			

Other (please state)			
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Reason for Referral – Clearly state the cause (s) for concern (please try and be specific as possible)

ASSESSMENT FACTORS	
1. DEVELOPMENT OF BABY, CHILD OR YOUNG	
a) Health and Physical Development - Medical conditions or impairments, development checks, access to dentists/ GP services, immunisations, accidents and hospital admissions	
unknown <input type="checkbox"/>	Mark box if
b) Emotional and Social Development - attachments, confidence, ability to form relationships,	

dealing with stress, anxieties, any psychological issues.

Mark box if

unknown ☐

c) Behavioural Development - lifestyle, maturity, anti-social behaviour, violence, substance misuse.

Mark box if

unknown ☐

d) Identity, including self-esteem, self image and social presentation - perception of self, confidence, personal/ family history, experiences of discrimination.

unknown ☐

Mark box if

e) Family and Social Relationships - relationships with family and friends, and wider community.

Ability to maintain positive relationships.

Mark box if

unknown ☐

2. PARENTS AND CARERS

a) Basic care, ensuring safety and protection – provision of basic care, i.e. food, water, warmth, shelter, clothing. Not exposing child to risk; lack of supervision, witnessing violence or aggression.

Mark box if

unknown ☐

b) Emotional Warmth and stability - ability to display affection and warmth, secure attachments, appropriateness of responses.

Mark box if

unknown ☐

c) Guidance, boundaries and stimulation	
Encouraging positive behaviour, appropriate guidance and use of discipline.	
unknown <input type="checkbox"/>	Mark box if
3. Family and Environmental	
a) Family history, functioning and well-being – family bereavement/ illness, history of relationships, family dynamics, breakdown of relationships, presence of violence, aggression, substance misuse, mental health issues or disabilities.	
unknown <input type="checkbox"/>	Mark box if

b) Wider family – evidence of support networks.	
unknown <input type="checkbox"/>	Mark box if

c) Housing, employment and financial considerations – temporary/ poor quality accommodation, homelessness, threat of eviction, over-crowding, debt, poor budgeting, unemployment.	
unknown <input type="checkbox"/>	Mark box if
d) Social and community elements – availability of resources – nursery provision/ playgroups, leisure activities	
unknown <input type="checkbox"/>	Mark box if

ANY OTHER COMMENTS:

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Signed		Date
Please Print Name		

Please send this form to **Careline Children's Services** via our postal address: -

Careline Children's Services

Liverpool City Council

Municipal Buildings

Dale Street

Liverpool

L2 2DH

Or by our Fax number: 0151 225 2275

Date Referral Received in Careline	
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A copy of this form is also available on Careline's Internet page by visiting: -

http://www.liverpool.gov.uk/Health_and_social_care/Social_services/Careline/index.asp

