



Overview

The Joint Safeguarding Referral Form:
Provides a standardised referral format for professionals and volunteers to use when they think a child or young person is at risk of significant harm.

When to use the Joint Safeguarding Referral Form

It can be used by anyone who works with children, young people, adults and families across the workforce, whether they are employed or volunteers, and working in the public, private or third sector. It can be used whenever there are concerns that a child/young person may have been harmed or is at immediate risk of harm.

Both [Cambridgeshire](#) and [Peterborough](#) LSCBs have Threshold Documents that provide a context for when Social Care should be involved to meet a child's need for protection from harm.

Professionals should make reasonable attempts to find out whether other children within a family are experiencing difficulties and include them in the referral. Other professionals can be asked to contribute to the assessment to facilitate this. Consent needs to be sought from a child's parents or carers prior to a referral unless doing so places the child, the referrer or another at risk of harm.

When not to use the JSRF

It is not appropriate to use the Joint Safeguarding Referral Form (JSRF) when:

- The Child or young person is at acute immediate risk of harm. In this situation you should contact the police using 999.
- There are concerns that a child, young person, adult or family has needs which might require targeted support. In this situation the Early Help Assessment should be used.

Before you start the Referral

- Practitioners are encouraged to consult with their local safeguarding lead in the first instance or secondly with the MASH and Early Help Hub where they require support in determining a course of action for children and young people.

CAMBRIDGESHIRE TELEPHONE **0345 045 1362; (Mon – Thurs) 8am – 5:30pm; (Friday) 8am – 4:30pm**
PETERBOROUGH TELEPHONE **01733 864170 – (9am to 5pm Mon – Fri).**
OUT OF HOURS EMERGENCIES **01733 234724.**



COMPLETING THE JOINT SAFEGUARDING REFERRAL FORM



<p>IS THIS A REFERRAL FOR:</p> <p>HONOUR BASED ABUSE FORCED MARRIAGE FEMALE GENITAL MUTILATION</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>We need to understand how many cases are referred where these issues are present as a risk.</p>
<p>IS THIS A REFERRAL FOR:</p> <p>CHILD SEXUAL EXPLOITATION (CSE), PREVENT (Violent Extremism) GANG EXPLOITATION</p> <p>Please complete the checklist at the end of this form</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Where you have a concern about exploitation please use the checklist to identify risk factors</p>



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Details of Person making referral:	
Name and Role	
Agency	
Email address	
Contact address: (in full)	
Contact Telephone Numbers (This is essential information)	
Date of referral	
How long have you been working with/aware of this family, and in what capacity?	
What work have you completed/delivered with the family?	

Please ensure that you supply a contact number or details of someone who can respond to any immediate questions / requests MASH have in relation to concerns raised by the referral



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Details of Child or Young Person: _____					
Name of baby, child or young person/Any other names known by:					
Forename(s):			Date of birth / EDD:		
Surname:			Gender:		
Name and details of Mother/carer	NAME	Date of Birth	Home Tel & Mobile		
Mother/Carers Home Address			Other household members and siblings. DOB if known	NAME	Date of Birth
Names of Father or Carer(s):	NAME	Date of Birth	Home Tel & Mobile		
Father Home Address:			Other household members and siblings: DOB if known	NAME	Date of Birth
Child's first Language			Parent's first language		
Interpreter required for child?			Interpreter required for parent?		
Child's immigration status			Parent's immigration status		

Please complete as fully as possible ensuring phone numbers for individual family are recorded where known to assist us in contacting and involving family members quickly whilst respecting confidentiality.

Information on effective communication, such as the need for an interpreter, is critical to progressing the referral quickly and safeguarding the child/ren

Specialist services are available for asylum seeking children to ensure the appropriate legal and other expertise is available



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Child seeking asylum?	Parent seeking asylum?
White British <input type="checkbox"/> Caribbean <input type="checkbox"/> White Irish <input type="checkbox"/> African <input type="checkbox"/> Any other White background (please state) <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any other Black background (please state) <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please state) <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (please state) <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not given/Refused <input type="checkbox"/> White European (please state) <input type="checkbox"/>
Please outline any aspect of the child or family's culture or context relevant to effective communication and assessment	(e.g. nationality, religion and level of religious observance etc.)
Name of School/Early Years Setting & Contact person:	
Name and contact details of GP:	
Does the child/young person and or parent(s) carer(s) have a physical or learning disability? If so, please detail:	Please use lay language
Does the child/young person have any other relevant medical information? If so, please detail:	Please use lay language

Please complete how the family have identified themselves.

The better MASH staff understand the context and experience of the child then the quicker and the more effectively they can respond.



COMPLETING THE JOINT SAFEGUARDING REFERRAL FORM



Current agency involvement	
Have Early Help services been involved with this child/family	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please confirm why not	
If yes, please outline any ongoing support that is being provided.	
Detail any past concerns or known involvement of statutory agencies.	

When looking at what is required next, MASH staff need to understand what has happened in the past and the impact it has had. We want to offer the most relevant but least intrusive response to children and families, accessing Early Help wherever appropriate.



COMPLETING THE JOINT SAFEGUARDING REFERRAL FORM



What are your concerns about the child or young person?

Why are you making a referral to Children's Social Care? What are you concerned about? What are the risks to the child? (If you think there is a risk of exploitation through CSE, gang related activity or violent extremism, please **also** complete the Child Exploitation Checklist attached to this referral and then complete this box with the details of your concerns.)

Please separate current risks from historical concerns and the evidence supporting these.

Is there evidence of any other children in the family who are being subjected to abuse (physical, emotional or sexual) or neglect? If there is, please specify:

What worked well? How did the family respond, and what change was evidenced? Please be specific to avoid duplication of service provision

What key actions have been taken by referring agency/involvement with the family to safeguard?

What outcomes for the child do you anticipate in making this referral to Children's Social Care?

Please be specific about the change needed to safeguard the child/ren



COMPLETING THE JOINT SAFEGUARDING REFERRAL FORM



Communication with the family and Consent

Does the person with parental responsibility know that a referral to Children's Social Care has been made?

Yes No Date Completed _____

If yes, does the person with parental responsibility consent to the sharing of information for:

Members of the family's network

Yes No Date Completed _____

Professionals to be contacted for further information?

Yes No Date Completed _____

If this referral is based on information from a third party, are they aware it is being made?

Yes No Date Completed _____

Does the child or young person know about this referral?

Yes No Date Completed _____

Does your Line Manager or Safeguarding Lead know about this referral?

Yes No Date Completed _____

If 'No' to any of the above, please explain why:

If the child/ren is/are aware of the referral, what do they want to happen? If not, what do you think they might be worried about?

Any other information that would be helpful?

Consent needs to be sought from a child's parents or carers prior to a referral unless doing so places the child, the referrer or another at risk of serious harm. You must have consent to make a referral unless you can evidence clear current risk of serious harm to the child/ren. If a child is at risk of serious harm then a referral should be made, with or without the parents' consent.

If there are exceptional circumstances where telling the family places a child or another at immediate risk then please give evidence.

The "voice" of the child needs to be central to the Referral and service delivery.

CHILD EXPLOITATION CHECKLIST

Attached to the Referral Form is the Exploitation Checklist. It will assist practitioners in identifying the level of a child or young person's vulnerability to exploitation for sexual, criminal or politically extreme purposes.

There are a number of assessments and screening tools which may support you identifying risk or understand the degree of impact the issue is having on the family.

Additional resources are available at:

<http://www.safeguardingpeterborough.org.uk/reporting-concerns/>
<http://www.cambridgeshire.gov.uk/lscb/report>

www.cambridgeshire.gov.uk/thinkfamily
http://www.cambridgeshire.gov.uk/lscb/homepage/37/the_integrated_front_door
<https://www.peterborough.gov.uk/healthcare/early-help/>
<http://www.safeguardingpeterborough.org.uk/children-board/>

Practitioners are encouraged in the first instance to contact their local safeguarding lead or in their absence consult with the MASH and Early Help Hub where they require support in determining a course of action for children and young people.



CAMBRIDGESHIRE

Children Social Care: 0345 045 1362; (Mon – Thurs) 8am – 5:30pm;
(Friday) 8am – 4:30pm

Emergency Duty Team (Out of Hours) 01733 234724.

Multi-Agency Safeguarding Hub: 0345 045 1362

MASH.C&F@cambridgeshire.gcsx.gov.uk

PETERBOROUGH

Children Social Care: 01733 864170 – (9am to 5pm Mon – Fri).
Emergency Duty Team (Out of Hours) 01733 234724.

PDCSC@peterborough.gcsx.gov.uk