

# CHILDRENS SOCIAL CARE

## Inter-Agency Referral Form

This form should be used to make a referral to Children's Social Care.  
**(Where you believe there is an immediate risk of significant harm please make the referral by telephone and confirm in writing within 48hours)**

For guidance on making an appropriate referral please see:

- Birmingham Safeguarding Procedures Section 3  
[www.birminghamlscb.gov.uk](http://www.birminghamlscb.gov.uk)
- Common Assessment Framework Levels of Need (Windscreen Model)  
[www.birmingham.gov.uk/CAF](http://www.birmingham.gov.uk/CAF)

Name of person completing referral			
Relationship to child being referred			
Date		Time	
Tel No.		Agency	
Address			
Email			
Fax No.			

### CHILD / YOUNG PERSON'S DETAILS

Family Name		First Names	
DoB		Gender	
Ethnicity		Religion	
If 'Other' please state		If 'Other' please state	
First Language		Interpreter Required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Address			
Home telephone no.		Mobile no.	
GP			
School			
Describe the subject child's physical characteristics e.g. Colour of Eyes, Hair, Skin, Approx Height and Weight and any Obvious distinguishing marks THIS INFORMATION IS REQUIRED TO ENSURE THE APPROPRIATE CHILD IS IDENTIFIED FOR ASSESSMENT (SERIOUS CASE REVIEW RECOMMENDATION - 2009)			

### DETAILS OF REFERRAL

Describe the identified cause for concern

On what evidence / information is your concern is based?

What action have you / your agency taken to date to address this specific concern?  
(If you or your agency have already completed a CAF please attach)

### FAMILY CONTEXT

Outline your agency's role / service provided to the child and or family.  
Confirm how long you have been involved and include any history of concerns

Outline your knowledge of the child's needs and parent's capacity to meet these.  
Include any family and environmental factors that impact on child's need and parent's capacity.  
For guidance see Framework for Assessment of Children In Need and their Families 2004  
[www.the-stationary-office.co.uk/doh/facn/facn.htm](http://www.the-stationary-office.co.uk/doh/facn/facn.htm)

### FAMILY COMPOSITION AND HOUSEHOLD MEMBERS

Name	Gender	DoB/Age	Relationship to subject child	School (include UPN if known) Nursery Children's Centre	GP

### SIGNIFICANT OTHERS – NOT OF THE HOUSEHOLD

Name	Gender	DoB/Age	Relationship to subject child	Does this person hold parental responsibility?	Is this person a known risk to children - PPRC?


<b>CONSENT &amp; CONFIDENTIALITY</b>	
Is the parent aware of the referral?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the parent given consent to the referral being made?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to either of the above is <b>No</b> please provide an explanation	
<p>Is any information contained in this referral to remain confidential from the subject child and family?            If so outline specific information to remain confidential and reasons.  <i>NB details of referrer if a professional person cannot be held as confidential save in exceptional circumstances</i></p>	