

# Safe Families UK e-Referral Tool

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## Please complete the following form

As you progress through the questions, you can save your form as a draft. This will email a link to your email address ([sm@safefamilies.uk](mailto:sm@safefamilies.uk)) for you to come back to later. Drafts remain available for seven days from last being saved.

If you need a colleague to look over and/or add to the referral then you can send them the draft link.

Lead Parent/Carer of the Family

Title

First name

Last name

Name that the lead person is known as if different

Gender the lead person identifies as

Date of Birth

Contact Number

Ethnicity

Religion

Language Spoken

Is an interpreter required?

Is this person seeking asylum?

Does this person have parental responsibility for the children?

Do all the referred children understand English? (age appropriate)

Is there anyone that information about this referral should not be shared with?

#### Address Details

House number/name and street:

Town/City:

County:

Postcode:

Address Type:

Safe Families area:

Details of the Case

Please indicate the main reason(s) for referral:

- Family trauma/relationship difficulties
- Mental health – adult
- Mental health – child
  
- Home conditions
- Challenging behaviour including ADHD/ASD
- Isolation
  
- Domestic abuse
- Neglect
- Health difficulties including hospital treatment
  
- Learning difficulties – adult
- Learning difficulties – child
- Substance misuse
  
- Imprisonment
- Poverty
- Homelessness
  
- Bereavement
- Community conflict

Please provide a summary of the case:

Please outline the desired outcomes from Safe Families support:

Are any of the parent/carers care experienced? (i.e. were the parents in the looked after system when they were children)

Is overnight hosting required?

Is befriending required?

What is the current level of children's services intervention?

Please provide details (e.g. when did the family go to their current level, the next review date, what is likely to happen at review, category of involvement):

### Children Details

How many children under 18 reside at the address? (please include any expected children using the due date as date of birth)

Title

First name

Last name

Name that the child is known as if different

Gender the child identifies as

Relationship of the child to the lead parent/carer

Date of Birth

Ethnicity

Religion

Language Spoken

Is this child seeking asylum?

Does this child require support?

Over the last 6 weeks have your concerns regarding the welfare of this child...

Without support what is the expected trajectory/outcome?

- Escalation to Social Care CIN
- Escalation to Social Care CP
- Escalation to Social Care PLO
- At risk of becoming looked after by the LA

Other Adult Details

How many other adults reside at the address?

Risk Assessment

Are there any known restrictions on contact between family members or others, including areas where people live?

Are there any relationship problems or history of family conflict?

Please indicate if any of the issues listed below are present:

- Behavioural Issue/Condition
- Child Sexual Exploitation (CSE)
- Domestic Abuse
- Drug, Alcohol, Substance Use
  
- Mental Health
- Physical Disabilities
- Additional Health

#### OTHER ISSUES

For any subject, associate or person who may present a risk to children/other members of household, staff or volunteers.

**Has the subject made any false allegations to social/healthcare or other professionals?**

**Does the subject have a history of lack of engagement?**

**Does the subject have a history of truancy or going missing from parent/carer at home or elsewhere?**

**Are there any other issues worthy of highlighting?**

**Other historic risks or issues**

**Any other additional information**

Save Draft

Submit

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