

If you are a professional and are worried about a child and would like to discuss your concerns, you can contact the IFD Consultation Line to obtain help and advice from a social worker.

IFD consultation Line for Professionals: **Tel: 01234 718 211** (Monday to Thursday (excluding bank holidays), from 9:00am to 5:20pm and Fridays from 9:00am to 4:20pm

**When completed please e-mail** **Ifdinformation@bedford.gov.uk**

If you are unable to use the online form you can also contact us at the Integrated Front Door (previously known as MASH) by phone:

* Tel: 01234 718700 (office hours)
* Tel: 0300 300 8123 (out of hours)

All cases are treated in confidence by highly experienced staff who work with children and young people.

NB: where there is an urgent or immediate need to protect a child, dial 999 to contact the Police.

**Date form completed**:Click or tap to enter a date.

This form has 9 sections – please complete all the sections:

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# 1 Child/Young Person Details

**Forename(s):**Click or tap here to enter text. **Surname:**Click or tap here to enter text.

**DoB/Due Date**: Click or tap to enter a date. **Sex**: Choose an item.

 **Gender Identity**:Choose an item.

**Address**:Click or tap here to enter text. **Mobile:**Click or tap here to enter text.

 **Email:**Click or tap here to enter text.

**Unknown Address**:[ ]

**NHS Number:**Click or tap here to enter text. **Immigration Status**:Choose an item.

**Does the Child have a disability?**Choose an item.

If ‘Yes’ please give details - Click or tap here to enter text.

**Does the child have an ECHP?**Choose an item.

**Is there an Early Help Assessment (If yes please attach):**Choose an item.

**Is the Child Looked After?:** Choose an item.

If ‘Yes’, to which authority: Click or tap here to enter text.

**Child’s Ethnicity:** Choose an item. **Language:** Click or tap here to enter text.

**Interpreter required?** Choose an item.

# 2 Parent/Carer Details:

**Parent/Carer 1:**

**Relationship to child:**Click or tap here to enter text.

**Forename(s):**Click or tap here to enter text. **Surname:**Click or tap here to enter text.

**DoB/Due Date**: Click or tap to enter a date. **Sex**: Choose an item.

 **Gender Identity**:Choose an item.

**If the address is the same as the child please tick here** [ ]  **if not please complete below**

**Address**:Click or tap here to enter text. **Mobile:**Click or tap here to enter text.

 **Email:**Click or tap here to enter text.

**Unknown Address**:[ ]

**Ethnicity:** Choose an item. **Language:** Click or tap here to enter text.

**Interpreter required?** Choose an item.

**Parent/Carer 2:**

**Relationship to child:**Click or tap here to enter text.

**Forename(s):**Click or tap here to enter text. **Surname:**Click or tap here to enter text.

**DoB/Due Date**: Click or tap to enter a date. **Sex**: Choose an item.

 **Gender Identity**:Choose an item.

**If the address is the same as the child please tick here** [ ]  **if not please complete below**

**Address**:Click or tap here to enter text. **Mobile:**Click or tap here to enter text.

 **Email:**Click or tap here to enter text.

**Unknown Address**:[ ]

**Ethnicity:** Choose an item. **Language:** Click or tap here to enter text.

**Interpreter required?** Choose an item.

# 3 Other Children and Adults Living in the Home

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forename** | **Surname** | **DoB/****Age** | **Relationship** | **Gender** | **Ethnicity** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |

# 4 Other agencies involved with the child and/or their family

Include any schools/colleges for siblings/household members

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Name** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# 5 General Practitioner Details

**Is the family registered with a GP?** Choose an item.

**Practice/Health Centre name:** Click or tap here to enter text.

# 6 Areas of Safeguarding Concern or Need

**Tick all that apply and give details in section 7 – See our** [**Thresholds**](https://www.bedford.gov.uk/files/threshold-needs-guide.pdf/download?inline)

Physical abuse : Yes[ ]  No [ ]  Private Fostering: Yes[ ]  No [ ]

Neglect: Yes[ ]  No [ ]  Young Carer: Yes[ ]  No [ ]

Sexual Abuse: Yes[ ]  No [ ]  Domestic Abuse: Yes[ ]  No [ ]

Emotional Abuse Yes[ ]  No [ ]  Radicalisation/Extremism (Prevent) Yes[ ]  No [ ]

Substance Misuse Yes[ ]  No [ ]  Female Genital Mutilation Yes[ ]  No [ ]

Missing from Home/Care Yes[ ]  No [ ]  Modern Slavery/Trafficking Yes[ ]  No [ ]

Child’s mental Health Yes[ ]  No [ ]  Parent’s Mental Health Yes[ ]  No [ ]

Online abuse: Yes[ ]  No [ ]  Child to Parent violence Yes[ ]  No [ ]

Child Exploitation: Yes[ ]  No [ ]

Other:Click or tap here to enter text.

# 7 Detailed Reasons for Referral

**What are you Worried About?**

Click or tap here to enter text.

**What is the Immediate Risk**

Click or tap here to enter text.

**Based On Your Concern What Is the Impact Of The Child/Young Person?**

Click or tap here to enter text.

**What is Keeping the Child/Young Person safe?**

Click or tap here to enter text.

**What intervention or support have you provided the family with?**

Click or tap here to enter text.

**What are the views of the child/young person or their parents?**

Click or tap here to enter text.

**Any other comments you wish to make:**

Click or tap here to enter text.

# 8 Consent Details

For professionals only

You should seek consent and explain to parents/carers why, what, how and with whom, their information will be shared. **The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.**

There are certain circumstances in which consent or informing parent/carers of a referral to IFD is not required or in the child’s best interests, this is when seeking consent would:

1. Put the child at further risk of harm

2. Compromise a criminal investigation

3. Cause undue delay in taking action to protect the child

**Has consent been obtained for sharing and storing the child and family’s information?**

Choose an item.

**If ‘no’ then please state the reason why consent was not obtained**:

 Click or tap here to enter text.

# 9 Referrer details:

**Full Name**:Click or tap here to enter text.

**Position/Role:** Click or tap here to enter text.

**Organisation:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Telephone:**Click or tap here to enter text.

**Email** Click or tap here to enter text.

Please send your completed form securely to Bedford Borough Integrated Front Door: Ifdinformation@bedford.gov.uk You will initially receive an automated response. If you do not receive this immediately, please telephone IFD who will contact you directly to discuss the referral.