

**Referral to Children Services or Adult Support Team**

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**If you think a child or adult is in immediate danger then you should contact the Police on 999**

Contact us if it is less urgent and you are worried about the welfare of a child or adult living on St Helena. For example, you may want us to make sure they are safe or tell us about their general welfare.

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| --- | --- | --- | --- | --- |
| **Who are you worried about?** | | | | |
|  | | **Details** | | **Details** |
| **Name** | |  | |  |
| **Date of Birth or Age** | |  | |  |
| **Gender** | |  | |  |
| **Address** | |  | |  |
| **Telephone** | |  | |  |
| **Parent/Carer’s Details** | | | | |
|  | | **Details** | | **Details** |
| **Name** | |  | |  |
| **Relationship** | |  | |  |
| **Address** | |  | |  |
| **Telephone** | |  | |  |
| **What are you worried about?**  **Please include details such as what has happened for you to have a worry, what impact this is having on the child/adult and what is the child/adult most worried about?** | | | | |
|  | | | | |
| **What are the factors, issues or things that make this situation more complicated, both for the family or the professionals?** | | | | |
|  | | | | |
| **What is working well?**  **Please include details such as what strengths there are within the family, what is currently helping to keep the child/adult safe and what the child/adult would say is working well?** | | | | |
|  | | | | |
| **What do you think needs to happen?**  **Please include details such as what you would want to see happening in the life of this child/adult for you to be less worried.** | | | | |
|  | | | | |
| **Any Other Relevant Information**  **Consider sources of information etc.** | | | | |
|  | | | | |
| **Referrer’s Details** | | | | |
| **Name** |  | | | |
| **Agency/Role** |  | | | |
| **Contact Details** |  | | | |
| **Date** |  | | | |
| **Has the adult or child’s parent/carer given permission for you to contact us?** | | |  | |
| **Have you discussed this referral with the people involved? I.e. the adult of child or their parent or carer.** | | |  | |

**Please send this completed referral to either:**

[childrens.services@sainthelena.gov.sh](mailto:childrens.services@sainthelena.gov.sh)

OR

[adult.services@sainthelena.gov.sh](mailto:adult.services@sainthelena.gov.sh)

**You can contact:**

**Children’s Services on 23312**

**Adult Support Team on 23172**

|  |  |
| --- | --- |
| **Official Review and Outcome**  **For completion by Safeguarding Team Managers Only** | |
| **Reviewing Manager** |  |
| **Date** |  |
| **Does this referral meet the threshold for involvement/consideration?**  **Please give reasons.** |  |
| **Actions arising and outcome:** |  |