

**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?** |
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| **What are the factors, issues or things that make this situation more complicated, both for the family or the professionals?** |
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| **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?** |
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| **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.**  |
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| **Any Other Relevant Information** **Consider sources of information etc.** |
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| **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

OR

adult.services@sainthelena.gov.sh

**You can contact:**

**Children’s Services on 23312**

**Adult Support Team on 23172**

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| **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:**  |  |