

GUIDE TO COMPLETING THE EXPECTANT MOTHER REFERRAL FORM

Please complete the Referral template as fully as your knowledge allows.

Please ensure that the information recorded is going to be clearly understood and factual.

Section 1- Expectant Mothers Details

The section requires you to record information on the basic and demographic details related to the expectant mother who is subject to the referral. This includes the name, address, date of birth, disability (if relevant), ethnicity, religion, communication needs (if relevant), school and GP details. This information is required to ensure that the referral can be recorded and processed effectively.

NB: The referral description will always be Pre Birth Safeguarding Concern. Soscare Code 96

NB: If you are making a telephone referral, you may find it useful to refer to the Referral template as this is the information that the Gateway Social Worker will require.

Please Note: the “Locality” section will be completed by Gateway Staff

Section 2a – Referrers Details

This section requires you to record information about yourself, address, designation and contact details as well as the Date of Referral.

Section 2b- Reason for Referral

Please use this section to record the reason for referral to Children’s services. This section needs to include any identified needs and or risks. Consider what you hope a referral will achieve and the nature of the service you think would benefit the expectant mother.

Section 2c- Are Immediate Actions necessary to safeguard the child/young person(s)

Please indicate your view about whether immediate action is necessary.

Section 3a- Other Household Members

In this section, please include information others who live in the household including any other children that the expectant mother has primary care responsibility for.

Section 3b- Significant Others (inc family members who are not members of the household).

Please use this section to include any information you are aware of regarding significant others.

Section 4a- Summary of Referrers Previous Involvement

Please use this section to indicate your role with the family and the nature and level of contact to date, including if relevant the strengths, needs and resilience factors. In this section, please also record your future plans for involvement with this family.

Section 4b- Referral Consent

Please use this section to record if the expectant mother and partner are aware of the referral and that consent has been given.

NB: Consent must always be given prior to a referral. An exception can be made when you consider that an unborn child is in need of safeguarding and to try and gain consent may increase the risk to that child.

Issues of consent (including when consent is not forthcoming) must always be clearly recorded.

Section 5 Additional Information: Agencies currently working with the child.

Please provide information about any other agencies that you are aware of who are currently involved with the child/family.