

Ealing Children's Integrated Response Service (ECIRS)

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

ECIRS Consultation Line for Professionals Telephone: 020 8825 5236 Monday to Friday, between 9am and 5pm

If at any time you become concerned that a child has been harmed or is at risk of harm – **call ECIRS immediately on 020 8825 8000 (24-hour number)**. After office hours calls to this number will go the Emergency Duty Team (EDT).

NB: Where there is an urgent and immediate need to protect a child, dial **999** to contact the Police.

Date Completion of Form

1) Child / Young Person Details

Forename					Surname				
DOB or expected date of delivery					Gender	Male	Female	Other	Unknown
Address					Postcode				
NHS Number									
Immigration Status (Right to remain in UK)	Yes	No	Unknown	Pending					
Mobile					Email				
Interpreter Required	Yes	No	First Language						
School, Nursery or College name and Postcode									
Does the child/young person have an additional need, disability or significant health issue?									
Yes	No	Unknown	If Yes add details below						

Does the child / young person have an Education, Health and Care Plan (EHCP)	Yes	No	Unknown
Is there an Early Help Assessment and Plan (EHAP)? If yes attach the EHAP form to this referral	Yes	No	Unknown
Is the child/young person a Child Looked After?	Yes	No	Unknown
If Yes name of responsible authority			

Child / Young Person Ethnicity				
Asian or Asian British	British Indian	Pakistani	Bangladeshi	Any other Asian background*
Black or Black British	Caribbean	African	Any other Black background*	
Chinese or other ethnic group	Chinese not given	Arab	Any other ethnic group*	
Mixed	White & Black Caribbean	White & Black African		Any other mixed background*
White	White British	White Irish	Gypsy/Roma	Traveller of Irish heritage
	Any other White background*			
Not Given *If other please specify:				

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2) Parent Carer Details

Parent/Carer 1

Forename Surname
Date of Birth/Age Gender Male Female Other Unknown
Address if same as child please tick Postcode
Mobile Email
Ethnicity Relationship
Interpreter Required Yes No First Language

Parent/Carer 2

Forename Surname
Date of Birth/Age Gender Male Female Other Unknown
Address if same as child please tick Postcode
Mobile Email
Ethnicity Relationship
Interpreter Required Yes No First Language

3) Other children and adults living in the home

Forename	Surname	DOB/Age	Relationship	Gender	Same Address	Ethnicity	School/ Setting

4) Agencies currently involved with the child/ren and their family

Agency	Named worker	Telephone number	Email address

5) General Practitioner (GP) Details

Is the family registered with a GP Yes No Practice / Health Centre
Telephone Email

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6) Area/s of Safeguarding Concern – tick all those that apply & expand/describe why in section 7

Physical Abuse	Yes	No	Private Fostering	Yes	No
Neglect	Yes	No	Young Carers	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 (FGM)	Yes	No
Missing from Home, Care, Education	Yes	No	Modern Slavery / Trafficking	Yes	No
Other	Yes	No	Parental Mental Health	Yes	No
Have the police been called or involved	Yes	No	Online abuse	Yes	No
If yes provide CAD number			Contextual Safeguarding e.g. child exploitation – sexual, criminal; serious youth violence; gangs	Yes	No

For further guidance see also: [Thresholds of Need and Assessment Protocols 2019/20 | Ealing Council](#)

7) Reason for Referral (please provide as much details and context as possible)

What are you worried about?

What is the immediate risk?

Based on your concern what is the impact on the child/young person?

What is keeping the child/young person safe?

What intervention or support have you given the family?

What are the views of the parent/s or carer/s and young person?

Other comments

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8) Consent Details

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 ECIRS 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

Further guidance <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

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

Yes No

If No state reason why consent has NOT been obtained

9) Referrer Details

Full name

Position / Role

Organisation

Address

Postcode

Telephone

Email

Please send your completed form securely to Ealing Children's Integrated Response Service: **ECIRS@ealing.gov.uk**
You will initially receive an automated response. If you do not receive this immediately please telephone ECIRS who will contact you directly to discuss the referral.

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