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| **Multi-Agency Safeguarding Hub (MASH) Referral Form** |

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| 1. **What type of request is this?**
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| You can make a **‘Request for Help and Support’** if you think a child or family has additional emerging, complex or acute needs which require a multi-agency intervention; for example, persistent truanting, chronic/recurring health problems, or behaviour is harmful to self and others. **Before making this request you should gain consent of the child/young person or family concerned.**However, if you are worried that a **child is at immediate risk of significant harm** i.e. through abuse or neglect, or their condition is acute, you should make a **‘Request for Protection’**. In this case you should inform the parents unless this will endanger the child’s safety. |
| **Help and Support:**  |       | **Protection:** |       | **Information:** |       |

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| 1. **CONSENT**
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| **Have you informed the parent / carer and child / young person that you are making this referral?**  |
| **Parent / Carer: Yes** [ ]  **No**[ ]  | **Child / young person: Yes** [ ]  **No** [ ]  |
| **Has consent been given for this referral?**  | **YES**[ ]  **NO** [ ]  |
| **Does the parent give consent to agencies sharing information about them and their children as part of this referral?** | **YES** [ ]  **NO** [ ]  |
| **If no to any of the above, please tell us why not.**  |
| **Who gave consent?**  |  |

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| 1. **Child / young person details**
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| Full name of child:  |  |
| Any alternative name: |  |
| DOB:       | Age:       Tick if estimated: | If unborn, estimated date of delivery?      |
| Gender | Male  Female  Unknown |
| Ethnicity |  |
| First language:  |  | Will an interpreter be required? Yes [ ]  No [ ]   |
| Current Home address |       | Post code |       |
| Previous home address (if known) |       |
| Telephone / Mobile |  | Email |       |
| School / Pre-school |       | Address:       |
| Does the child have a disability?  | Yes [ ]  No [ ]  |
| If yes give details of the disability: |
| Unique Pupil Number (UPN):  |       |
| NHS Number: |       |

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| 1. **Additional information about the child or young person (including other referred siblings)**
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| **Parent / carer, children and others living in the household** |
| Last name | First name | Relationship to child(ren) | DOB / EDD | Gender | Ethnicity | Focus of referral | School / preschool | Does this person hold PR? |
|       |       |       |       |       |       |       |       |       |
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| **Other significant adults** |  |  |  |  |
| Last name | First name | Relationship to child(ren) | DOB | Ethnicity | Address | Does this person hold PR |
|       |       |       |       |       |       |
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| 1. **Reason for referral**
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| **What are you worried about and what is the impact on the child(ren)?** |
| **What type of harm has the child suffered or likely to be suffering and any known history of harm?** |
| **If any disclosures have been made include who by and when?** |
| **What support has already been offered by your agency and/or other agencies and what were the outcomes in terms of helping the family? If nothing, could this be appropriate?** |
| **What is going well for the child(ren)?** |
| **What information do you know about the child(ren)’s parent/carer and the wider family?***(include relationships, friendships, behaviour, support, stability, safety, language, mental health, substance misuse, domestic abuse etc)* |
| **Any other relevant information** *(include previous referrals, current location of child if different from home address)* |
| 1. **Details of professional contacts**
 |
| **GP** |
| **Name****Address****Telephone number** |       |
| **Health visitor / School nurse / Midwife** |
| **Name****Address****Telephone number** |       |
| **Other professional / agency (include agency name here)** |
| **Name****Address****Telephone** |       |
| **Other professional / agency (include agency name here)** |
| **Name****Address****Telephone** |       |
| **Other professional / agency (include agency name here)** |
| **Name****Address****Telephone** |       |
| **Other professional / agency (include agency name here)**  |
| **Name****Address****Telephone** |       |

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| 1. **Details of Person making referral**
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| Name of referrer |       | Job Title |       |
| Agency |       | Address |       | Post code:       |
| Telephone number |       | Email |       |
| **Date of referral** |       | Signature |       |

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| **COPY THIS FORM SECURELY TO MASH AND EMAIL AS FOLLOWS:** |
| This form is to be used by all agencies when referring a child(ren) to Southwark Children Social Care Multi Agency Safeguarding Hub (MASH).Before contacting the MASH you need to consider whether the child or young person's needs can be met by services from within your own agency, or by other professionals already involved with the family. If you are not sure about the needs of the child or whether you should make a referral you can discuss with your designated Child Protection lead. We know that it is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment, please refer to the Southwark Multi-Agency threshold document. If you are still not sure you can call on **020 7525 1921** to discuss the case with social care professionals in the MASH. The referral form should be completed with as much relevant information as possible. In most child protection cases, parents should be informed that a referral is being made and what the concerns are about the child. Consent should always be sought for a child in need referral and for relevant information to be shared. If a CAF has been completed then this is important information and should be attached to the referral if consent from the child/parent has been given.However, the exception is when you believe that contacting the parent/carer could place a child or another adult at risk of significant harm. In these exceptional circumstances, or if consent is refused or cannot be obtained, you should still contact the MASH and submit the rest of the referral form. The referral will still be reviewed to see whether escalation is needed and consent overridden. **MASH Team** **Sumner House****Sumner Road****Peckham** **London** **SE15 5QS****Telephone: 020 7525 1921** **020 7525 5000 (out of hours)Email:** **mash@southwark.gov.uk** |