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|  | Safeguarding Children REFERRAL Formto Merton Multi-Agency Safeguarding Hub *(*MASH*)* |
| **Referral TAKEN by:** |
| **Name** |       | **Job Title:** |       | **Agency/Team:**  |       |
| **Date of Referral:** |       | **Time:** |       | **Telephone:** |       |

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| 1. **Details of Practitioner MAKING this REFERRAL**
 |
| Name of Referrer: |       | **Job title:** |       |
| **Agency:** |       | **Address:** |       | **Post Code:** |       |
| **Tel/Mobile:** |       | **Email:** |       | **Date of Referral:** |       |
|  |
| **2. CHILD/YOUNG PERSON DETAILS** *(add any additional names on separate sheet)* |
| **Last Name** | **First Name** | Age | DOB/EDD | M/F | **Ethnicity (see code)\*** | 1st Language |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
|  |
| **Address(es):** |       | **Post Code(s):** |       |
| **Tel/ Mobile:**  |       | **Email:** |       |
|  *\* Ethnicity Codes on supporting Guidance sheet* |
| **3. CHILD/YOUNG PERSON’S PRINCIPAL CARERS** |
| **Carer Last Name** | **Carer First Name** | **Relationship** **to child** | Parental Responsibility? | **M/F** | **DOB/Age** | **Ethnicity** **(see code)\*** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|  |
| **Give carer address(es) here if different from the child’s:** |       | **Post Code(s):** |       |
|  |
| **Tel/Mobile:**  |       | **Email:** |       |
|  |
| **4. OTHER HOUSEHOLD MEMBERS or SIGNIFICANT PEOPLE IN THE CHILD/YOUNG PERSON’S LIFE** *(where known)* |
| **Last Name** | **First Name** | **Age** | **DOB/EDD** | M/F | **Ethnicity (see code)\*** | **Relationship to child** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
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| **Are there any communication/interpreting needs for the child and/or family?** |       |
|  |
| **Does the child and/or family have a disability or special needs?** |       |
|  |
| **5. Other professionals involved** *(to include GP and school details)* |
| **First Name** | **Family Name** | **Job Title** | **Team/Agency** | **Address** | **Telephone/Mobile** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **6. Has there been previous statutory, specialist or targeted involvement?** |
| Children’s Social Care  | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Child and Adolescent Mental Health Service CAMHS | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Special Educational Needs or Disability | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Education Welfare Service  | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Specialist Health | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Adult Services – *(Health /Substance Abuse /Disability /Social Services / Housing)*  | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Youth Justice Service  | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Police/Probation/ | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
| Other | **No** | [ ]  | **Yes** | [ ]  | **Not Known** | [ ]  |
|  |
| **7. Has a common shared assessment (CAF or CASA) been completed?** | **No** | [ ]  | **Yes** | [ ]  | **If yes, please attach** |
| *CAF (Common Assessment Framework); CASA (Common and Shared Assessment)* |
|  |
| **8. Reason for Referral** |
| Identify whether any of the following ***Trigger Trio*** apply askey contributory factors  |  | **Mental Health** | [ ]  | **Drug or Alcohol Abuse** | [ ]  | **Domestic Violence** | [ ]  |  |
| **Outline the safeguarding or Child Protection concerns you have for this/these child/ren?**  |       |
| **Do you have other concerns for this/these child/ren? And/or for their carers parenting capacities?** |       |
| **What are your concerns based on? What are the risks?*****(What information have you gathered about the child/family).*** |       |
| **What support has already been offered by your agency and/or other agencies and what were the outcomes in terms of helping the family?** |       |
| **Why are you referring for further support for the child/ren at this point?** **And from whom are you seeking this?** |       |
| **How will this intervention support the child/ren and decrease your concerns about safeguarding risks or for the wellbeing for the child/ren?** |       |
|  |
| **9. Consent/Awareness:** Please note that parents /carers have to be made aware that this referral will be sent to the MASH, unless making them aware will put the child/children at immediate risk of further harm*.* The MASH is composed of staff from different teams and partner agencies *(Health, Police, Education, others)* whose collective information will help inform most appropriate response to referral: see [www.merton.gov.uk/mash](http://www.merton.gov.uk/mash) for further information on MASH.*(Please contact MASH to discuss if you would like further guidance on this matter prior to sending this form)* |
|  |
| **Have PARENTS/CARERS given consent for this referral?** | **No**  | [ ]  | **Yes** | [ ]  | **Signature** |       |
|  |
| **Has the child or young person given consent for this referral?** | **No**  | [ ]  | **Yes** | [ ]  | **Signature** |       |
|  |
| If parent/carer have not given consent to, or have not been made aware of, this referral, please provide reason why.  |  | **Date:** |       |
|  |
| **Copy this form securely\* to Multi-Agency Safeguarding Hub (MASH) in Merton - Tel/Fax/Email options as follows:** |
| **Merton MASH, Children Services, 12th Floor Merton Civic Centre, London Rd, Morden SM4 5DX****Fax: 020 8545 4204,** with **Tel** alert to: **020 8545 4226/7****Secure Email from partner agencies with a) Merton accounts, to** **mash@merton.gov.uk****; b) other CJSM accounts, to** mash@merton.gov.uk.cjsm.net  |
| **Out of Hours: Tel Contact: 020 8770 5000 Email:** childrens.edt@sutton.gov.uk.cjsm.net **Fax: 020 8770 5900** |

 *\* More on* ***Secure Exchange*** *from* [*www.merton.gov.uk/mwbm-secure-exchange*](http://www.merton.gov.uk/mwbm-secure-exchange)