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|  | | Safeguarding Children REFERRAL Form  to 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:** | | | | | | | | | |  |
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| **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)\*** | | | | | |
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| **Give carer address(es) here if different from the child’s:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Post Code(s):** | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tel/Mobile:** |  | | | | | | | | | | | | **Email:** | |  | | | | | | | | | | | | | | | | | | | | |
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| **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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| **Are there any communication/interpreting needs for the child and/or family?** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does the child and/or family have a disability or special needs?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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?** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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**](mailto:mash@merton.gov.uk)**; b) other CJSM accounts, to** [mash@merton.gov.uk.cjsm.net](mailto:mash@merton.gov.uk.cjsm.net) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Out of Hours: Tel Contact: 020 8770 5000 Email:** [childrens.edt@sutton.gov.uk.cjsm.net](mailto: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)