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| **Sefton Children’s Social Care Multi-Agency Safeguarding Hub (MASH) Referral Form** |

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Sefton MASH (Multi Agency Safeguarding Hub) [Referral Form](http://www.harrowlscb.co.uk/wp-content/uploads/2018/03/MASH-Referral-Form_Printable-Version_October-2017.docx) is for all practitioners who need to raise a safeguarding concern regarding an unborn, infant, child or young person. The MASH will review the information on the referral form and where necessary contact the referrer to ascertain further information.  The MASH will confirm receipt of the referral and then provide feedback on the decision about the referral.  It is important that as much information as possible is provided in the first instance on the form and that a copy is stored securely for future reference by the referrer and their organisation.  Any safeguarding leads within the organisation making the referral should be made aware of the referral before it is submitted to the MASH; however, sending the form should not be delayed if the safeguarding lead is not available.

If the child is in immediate danger call the Police, 999.  Complete and send the MASH referral form after the child’s immediate safety has been addressed.  The Police in these circumstances will also notify the MASH; but your information about the child will be vital regarding further work.

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| 1. **Details of Person making referral**
 |
| Name of referrer |       | Job Title |       |
| Agency |       | Address |       | Post code:       |
| Telephone number |       | Email |       |
| Date of referral |       |  |       |
| **Referrers email address (to be advised of referral outcome):** |  |

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| 1. **Reason for referral**
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|  **Think Level of Need Think Assessment** |
| **What Level of Need is identified by the referrer and explain why:**  |
| **Have you considered other risk assessment tools to accompany this referral eg. Graded Care Profile (GCP) Neglect; Child Exploitation; The Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH)?** |
| **What are you worried about and what is the impact on the child(ren)? The child’s lived experience (voice of the child)** |
| **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?**  |
| **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)* |

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| 1. **CONSENT including to share information with & between other agencies This section must be completed**
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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 obtained 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** [ ]  |
| **Please Note**: The parent/carer is being asked to consent to personal information about their child or themselves being shared with other organisations where it is appropriate to do so. They are also asked to consent to other agencies that may hold information about their child or themselves, sharing the information with each other.The purpose of sharing information is to enable suitable services to be provided, access to the information will only be given to staff that have a reason to see it. Information can be shared without a parent’s permission where there might be a child at risk of immediate harm or where a serious crime has or may be committed. |  |
| **If no to any of the above, please tell us why not.**  |
| **Who gave consent?**  |  |
| **Has the consent of any other listed family contacts been obtained?** |  |
| If no, please explain why |  |

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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 [ ]  |
| 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: |
| Does the parent/carer have a disability? | Yes [ ]  No [ ]  |
| If yes give details of the disability: |
| NHS Number (if known) |       |

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| 1. **Ethnicity code (for use in section below)**
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| White British | 1 | White & Black Caribbean | 6 | Indian | 10 | African | 15 |
| White Irish | 2 | White & Black African | 7 | Pakistani | 11 | Caribbean | 16 |
| Traveller of Irish Heritage | 3 | White & Asian | 8 | Bangladeshi | 12 | Other black background | 17 |
| Gypsy/Roma | 4 | Other mixed background | 9 | Chinese | 13 | Ethnicity Not Known | 18 |
| Other | 5 |  |  | Other Asian background | 14 | Prefer not to say | 19 |

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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 code | 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 code | Address | Does this person hold PR |
|       |  |       |       |       |       |       |
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| 1. **Please complete for child/ren where there are concerns around child exploitation**
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| **Sexual Health & Behaviour?** |       |
| **Absent from school or repeatedly running away/missing?** |       |
| **Familial absent and/or problems at home?** |       |
| **Emotional & Physical conditions?** |       |
| **Gangs, older age groups & involvement in crime?** |       |
| **Use of technology and sexual bullying?** |       |
| **Alcohol and drug misuse?** |       |
| **Receipt of unexplained gifts or money?** |       |
| **Distrust of authority figures?** |       |

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| 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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| **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 Sefton Children’s 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 safeguarding children 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 [**Sefton Level of Need Guidance**](https://seftonlscb.org.uk/assets/1/sefton_level_of_need_guidance_july_2020.pdf). If you are still not sure you can contact Sefton MASH for a telephone consultation with duty social worker tel. 0151 934 4014/4481. The referral form should be completed with as much relevant information as possible. In most safeguarding cases, parent/carer should be informed that a referral is being made and what the concerns are about the child/ren except when doing so would place the child/ren at increased risk of significant harm, or place an adult at risk of serious harm.In these exceptional circumstances, or if consent is refused or cannot be obtained, you should still contact the MASH and submit a referral form. **Sefton Children’s Social Care (MASH)****Telephone: 0151 934 4013/4481****0151 934 3555 (out of hours)Email:** **SocialCare.CustomerAccessTeam@sefton.gov.uk** |

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| **FOR COMPLETION BY MASH ONLY** **Referral Outcome:** |
| [ ]  **Accepted as a referral** |
| [ ]  **Pending due to further information required** |
| [ ]  **Not accepted as information provided does not meet the level of need** |
| [ ]  **Referral does not meet level of need and has been referred to:**       |
| **Rationale for MASH Decision Making Summary:** |