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| **WALSALL SAFEGUARDING CHILDREN BOARD**  **Multi-Agency Referral**  **Form (MARF)** |  |
| **For use when making referrals in to the**  **Multi Agency Safeguarding Hub (MASH)** | | |
| This form should be used to make a referral to Walsall Children’s Services.  Please ensure that **ALL FIELDS ON THIS PAGE ARE COMPLETED IN FULL**  Where you believe there is immediate risk of significant harm, please contact the police.  For urgent safeguarding concerns please make the referral by telephone to **0300 555 2866**  (**out of hours – 0300 555 2922**) and submit the MARF within 24 hours  The completed form should then be sent by email to [MASH@walsall.gcsx.gov.uk](mailto:MASH@walsall.gcsx.gov.uk%20)  **MARF’s WITH INSUFFICIENT INFORMATION WILL BE RETURNED** | | |

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| **REFERRAL DATE** |  | **TIME** |  |

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| **Who have you spoken to about this referral?**  Provide, name, date and time and advice or plan decided  *Eg. MASH, Early help hub, line manager, designated safeguarding lead (DSL)* |  | |
| **SIGNATURES** | **Person Making Referral** | **Child Protection Lead/ Line Manager** |
| ***Print Name*** |  |  |
| ***Signature*** |  |  |

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| **CONSENT** | | | | | | | | |
| **Are parents/carers aware of the referral to the MASH?**  **(Please select Yes or No)** | | **Yes** |  | | **No** |  | **Written or Verbal**  (Delete as appropriate) | |
| **Has consent been obtained from the parent/carer to share information?**  **(Please select Yes or No)** | | **Yes** |  | | **No** |  |  | |
| **If consent has NOT been obtained, please record the reason/s for this** | |  | | | | | | |
| Do you consider that the child/young person is at IMMEDIATE RISK OF HARM? | | | | | | | | |
| YES |  | | | NO | | | |  |

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| **Unborn / Child / Young Person** | | | | | |
| **Child Forename** | **Child Surname** | **Gender** | **Date of Birth/EDD** | **NHS Number** | |
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| **if unborn baby - Hospital where booked** | |  | | | |
| **Address: Include all addresses where the child/ren reside** | | **Telephone Number:** | | | |
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| **Ethnic Origin** | |  | | | |
| **1st Language** | |  | | | |
| **Religion/ Belief** | |  | | | |
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| **Parent /Carer Details** | | | | | |
|  | **Person 1** | | **Person 2** | | |
| **Forename:** |  | |  | | |
| **Surname:** |  | |  | | |
| **DOB:** |  | |  | | |
| **Relationship:** |  | |  | | |
| **Address:** |  | |  | | |
| **Telephone Number:** |  | |  | | |
| **First Language:** |  | |  | | |
| **Is an Interpreter / Signer required?** |  | |  | | |
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| **Other Household Members** | | | | | |
| **Forenames** | **Surname** | **DOB** | **Relationship** | | **Also referred?**  **Enter Yes or No** |
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| **Are you aware of any of the following concerns? (tick as appropriate):** | | | | | | | |
| **Domestic Abuse** |  | **Substance Misuse** |  | **Disabilities / Learning Difficulties** |  | **Neglect** |  |
| **Mental Illness** |  | **CSE** |  | **Young Carer** |  | **Private Fostering** |  |

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| **What are the presenting risks and impact to the child or young person?**  **What does this mean to the child or young person now?** | | | | | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Reason for Referral**  **Please use the following headings to structure your referral and identify how a referral to MASH will address the issues you have highlighted and lead to an improvement in the situation** | | | | | | **Presenting concerns***(please describe the incident or circumstances that have led to a referral being made)* |  | | | | | **Development of child *–*** *health, behaviour, family relationships etc.* |  | | | | | **Safety and protection, emotional warmth, stimulation** |  | | | | | **Family and environmental *– functioning and well-being /Other factors*** *(e.g. issues related to: alcohol misuse, drug misuse, domestic violence, mental health problems, learning difficulties, offending behaviour / imprisonments and offences again children, any significant history)* |  | | | | | **Please outline any services that have been provided to address any previous concerns prior to this referral.** |  | | | | | **Voice of the Child***(does the child feel safe, what have they said or done, behaviour around family etc.)* |  | | | | | **Has an Early Help Assessment been completed?** | **Yes** |  | **Lead worker details** |  | | ***If so, provide copy*** | **No** |  | **Why not?** |  | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Which threshold level do you feel this referral meets?** | | | | | | **If Level 1 (Universal) or Level 2 (Single Agency Early Help) do not submit this MARF** | **Level 3**  Multiagency Early Help |  | **Level 4**  Complex Significant Needs |  | | | | | | |
| **Details of referrer** | | | | | |
| **Name** | |  | | | |
| **Designation** | |  | | | |
| **Organisation** | |  | | | |
| **Address** | |  | | | |
| **Post Code** | |  | | | |
| **Email address** | |  | | | |
| **Tel No** | |  | | | |
| **Are you aware of previous referrals being made regarding this child/family?** | | Yes / No (delete as appropriate) | | If Yes, what were the issues or concerns? | |
|  | | | | | |
| **Are you aware of any other agencies involved (e.g. GP, Health Visitor, School Nurse, CAMHS, Youth Justice Service)** | | | | | |
| **Name** | **Designation** | | **Address** | | **Tel** |
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| **Useful Reading** |
|   Threshold document <http://wlscb.org.uk/professionals-volunteers/thresholds/>    Early Help web page <http://www.mywalsall.org/walsallearlyhelp/>    Step Up/ Step Down Protocol <http://wlscb.org.uk/guidance/> (Chapter 3.25)    CSE Screening tools <http://wlscb.org.uk/parents-carers/child-sexual-exploitation/>    Young Carers Screening tool <http://www.mywalsall.org/walsallearlyhelp/providers-youngcarers/> |

