|  |  |
| --- | --- |
| This form has been completed in relation to: | **Date:**  |
|  |
| [ ]  | **Level 4 – Safeguarding Referral** - Please ensure all immediate or significant safeguarding concerns are telephoned to the MASH on 01803 208100 and then followed by this form. If you require an immediate response you will need to telephone the Police on 999. |
| [ ]  | **Level 4 - Children with Disabilities Team Support** |
| [ ]  | **Level 3 – Request for Targeted Support** - Please ensure that this form has been completed with the family if you are requesting level 3 support |

Please ensure you have sought appropriate advice from your Designated Safeguarding Lead prior to submitting a referral unless there are immediate or significant safeguarding concerns. If you are unsure whether the family meet the threshold for Targeted Help please review with the Early Help Consultation Line on 01803 208525 prior to submitting the referral. Please provide details of your case discussion:

|  |
| --- |
|  |

|  |
| --- |
| Details of the child / young person any other people living in the family home |
| First name | Last name | Date of birth | Address | Contact number  | Gender | Relationship to child | Ethnicity | Education provider |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Referrer details: |
| Name |  |
| Job title/relationship to child |  |
| Agency name and address |  |
| Email address |  |
| Telephone number |  |

|  |
| --- |
| Supporting agencies: Input as many as you feel necessary |
| Agency | Contact person | Contact details |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Parental Consent** |
| Getting parental consent has a significant impact on our ability to respond, particularly if specific child protection needs have not been identified. As the referrer, it is your responsibility to speak to the parents or carers about your concerns We need you to seek consent from parents or carers when making a referral where this does not put the child at risk of harm (Working together 2018). If you are unable to obtain consent you must explain why this is not possible.  |
| [ ]  I have spoken to the child’s parents/carers and they have given me consent to make this referral [ ]  I have spoken to the child’s parents/carers and they are aware I am making this referral but have not given me consent.[ ]  I have not spoken to the child’s parents/carers and I have provided an explanation below as to why this has not been possible |
| The reason I have not spoken to the child’s parents/carers: |
| It is also your responsibility to speak to the child/young person about your concerns. We need you to seek consent from the child/young person where they are area aged 12 or above and have the capacity to understand what they are consenting to before making a referral unless this puts the child at risk of harm. If you are unable to obtain consent you must explain why this is not possible. |
|  [ ]  I have spoken to the child/young person and they have given me consent to make this referral [ ]  I have spoken to the child/young person and they are aware I am making this referral but have not given me consent [ ]  I have not spoken to the child/young person and I have provided an explanation below as to why this has not been possible |
| The reason I have not spoken to the child/young person: |
| In order to ensure that you and your family are provided with the most effective available support we will share personal information about you and your family between agencies / community groups. This information will include details about your child/ren, you or other significant family member’s involvement with Children’s Services, Police, Courts and Probation Services, aspects relating to your employment, anti-social behaviour, and violence in the home, substance misuse, educational attendance and behaviour and health issues. This information may also be shared with the Ministry for Housing Communities and Local Government under the national Troubled Families Programme. For further information about how the Council use your personal data please see our website [www.torbay.gov.uk/dataprotection](http://www.torbay.gov.uk/dataprotection). If you have concerns about information being shared with particular agencies or individuals please give information below: |
|  |
| **What are you worried about and why?** What changes would you need to see in the family to assure that the risk of harm has reduced? What have you seen/heard that makes you believe the child is at risk? Be specific, use examples and evidence how long you have had these concerns? Is this information first hand and are these concerns shared by others?  |
|  |
| Have you considered whether this child/young person could be at risk of CSE?  |
| [ ]  Yes [ ]  NoIf yes; please tell us the evidence for this and state whether you have completed the CSE Risk Assessment |
| **What is going well for the family?** What reassures you that the child can be made safe and what do you see the parent/carer doing that helps you believe that the risk is reducing? For example, consider routines, activities the family do together, what would the family feel are positives or as going well, who supports the family, an understanding of relationships. |
|  |
| **Complicating factors:** Is there anything that makes you feel unsure about your judgement or that you don’t know enough detail about? Are there things affecting the parent that is making it harder or more difficult to deal with the situation? For example; learning disabilities/mental health concerns/changes to family dynamics/risk of homelessness. |
|  |
| **Observations/behaviours of child/young person (if aged between 0-5 years):** Consider, for example, interaction with parents and others, child’s development, physical appearance. |
|  |
| **Overview of your agency’s involvement:** Include factors relevant to your support/service: reason for your involvement, what work you have planned with family, what work have you achieved, what has stopped/hindered progress, what has worked so far, how long do you plan to be involved and what work still needs to be undertaken etc. |
|  |
| **Voice and views of the child/young person (if aged 5-18 years**): For example; is there anything they are worried about? What would they say is going well? Who is important to them? Is there anything they would like to change? |
|  |
| **Voice and view of parent(s)/carer(s):** What is their view on the concerns you have raised? Are there any differences of opinions? What would they say is going well for them as a family? |
|  |
| **Any other relevant information that would help the MASH / Targeted Help?** Keeping your family safe, home and money, adult behaviour and relationships, crime and anti-social behaviour, education and learning, children’s behaviour and relationships, child/young person’s health and parent/carer wellbeing.  |
|  |
| **Signs of safety scale** - Please mark appropriate boxes for both the views of the referrer and family (For example, on a scale of 0 to 10, with 0 being this child is not safe and at risk of significant harm and 10 being the child/ young person is as safe as could be and no risks are being identified, where are you now |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Reason for scale |

|  |
| --- |
| **Interim Action Plan: What support can you provide before receiving a response from Children’s Services?** |
| Action | Outcome | By Who? | By When? |
| *e.g. Ensure the children have daily check ins.*  | *To provide immediate support to the child by a familiar adult.* | *School* | *Daily* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Supporting Families Criteria Checklist – Please tick all that apply in the family  | ✓ | Family member name |
| Health concerns | An adult / young person or child requires or is receiving mental health support |  |  |
| An adult / young person or child requires or is receiving support for alcohol or drug misuse |  |  |
| A child under 5 is supported at a Universal Plus level by Health Visiting Services |  |  |
| A child / young person is caring for other individual(s) living in the same property – Young Carers |  |  |
| A child / young person has been assessed as having a Special Educational Need - EHCP |  |  |
| Education | A child’s attendance is less than 90% on average across the last 3 consecutive terms. |  |  |
| A child’s attendance is less than 40% on average across the last 3 consecutive terms.  |  |  |
| A child has received 3 or more fixed term exclusions in the last 3 consecutive school terms. |  |  |
| A child has had 1 or more permanent exclusions in the last 3 consecutive school terms. |  |  |
| A child has been accessing a part-time education package due to behaviour for longer than ½ term and attendance has been identified as a concern |  |  |
| Child who need help | Support is being received or is required at Early Help Level 2 or Targeted Help Level 3 or CIN / CP Level 4 |  |  |
| A child / young person has been reported as missing to the Police  |  |  |
| A child / young person has been identified as at risk of Child Sexual Exploitation (CSE)  |  |  |
| Crime and anti-social behaviour | An adult /child has committed an offence that resulted in a pre or post court disposal |  |  |
| An adult or child has been identified as involved in anti-social behaviour intervention in the last 12 months |  |  |
| A young person has been identified as involved in gang culture in the last 12 months |  |  |
| An adult is known to Probation Services |  |  |
| Domestic abuse | An adult is currently experiencing Domestic Abuse |  |  |
| An adult has perpetrated an incident of Domestic Abuse in the last 12 months |  |  |
| A family member has been subject to 3 or more Police call outs for Domestic Abuse in the last 12 months. |  |  |
| An adult has historically been a victim of domestic abuse. |  |  |
| An adult or young person has been subjected to historically domestic abuse and this is continuing to negatively impact the family. |  |  |
| Home and money | An adult in the family is claiming any out-of-work / non-working benefits |  |  |
| A young person is at risk of being ‘Not in Employment Education or Training’ (NEET) (age 16-18) and if 19+ NEET for at least a year. |  |  |
| A 16 or 17 year old is at risk of homelessness |  |  |
| The family is at risk of eviction within 56 days. Or A homeless application has been made  |  |  |

Please return the completed referral form to Torbay Multi-Agency Safeguarding Hub via secure email to mash@torbay.gov.uk

Please be aware that Torbay MASH is only open to receive new referrals between the hours of 9.00am and 4.30pm Monday – Thursday and 9.00am and 3.45pm on a Friday. If your referral was sent outside of these times this will remain unread until the next working day, and no action will be taken in respect of the concerns you have raised until the office is next open. If the concerns you raise need a response outside of the MASH opening hours then you should make contact with the Out of Hours Emergency Duty Team by telephone on **0300 456 4876** for immediate safeguarding concerns. You can also ring the police direct on **999** in any situation requiring an emergency response.