# About this Form

This form should be used to refer a child or family for one of the following services:

**A targeted early help service**, where you are concerned for a child’s wellbeing and the family have asked for support, or it has been identified that this support is appropriate for the family. In relation to one or more difficulties which require a targeted response from Lewisham’s Family Support Services.

**A children’s social care service**, where you are worried about the safety of a child.

If you are unsure about whether to make a referral, or which service will best help the family and safeguard the child, please refer to Lewisham’s Threshold of Needs guidance, available [here](https://www.lewisham.gov.uk/myservices/socialcare/children/keeping-children-safe/Multi-agency-Safeguarding-Hub/Documents/ContinuumOfNeed.pdf). If you are unsure you can telephone the front door MASH Team for a consultation with a social worker.

*Playdepending on the type of request you make, you will see this symbol to help direct you through to the relevant sections of the form.*

# Contacting the Front Door MASH Team

**Daytime Hours** (Monday to Friday 9am to 5pm) 0208 314.6660

**Out of Hours** (6pm – 8am Monday to Friday and 8am Sat to 8am Monday)

**If you are worried about an immediate risk of significant harm to a child, it is essential that you share your concerns with us by telephone on 020 8314 6660 and follow this up by completing the referral form within 24 hours. If a child is in imminent danger, please contact the Police immediately on 999.**

**To submit this referral form, please send it to:** [**MashAgency@lewisham.gov.uk**](mailto:MashAgency@lewisham.gov.uk)

# About our Services

|  |  |  |
| --- | --- | --- |
|  | Targeted Early Help Services | Children’s Social Care Services |
| Threshold of Need | Targeted Early Help | Children in Need  Child Protection and Children Looked After |
| Service Description | Targeted Early Help services, support families in the community to address difficulties that are likely to require support from more than one agency. Please refer to current threshold of need guidance. | Children’s social care services are specialist services that assess for and provide services for children and families where needs are complex and enduring and/or who are experiencing, or at risk of experiencing significant harm, if they are not provided with statutory services. |
| Consent | Before referring for this service you must discuss the referral with parents (and a young person, where age appropriate) **and** have consent to do so on their behalf.  *If you are worried about a child and the parents do not give consent, please contact the Front Door MASH team for a consultation with a social worker*. | For referrals to Children’s Social Care it is good practice to **inform those with parental responsibility of your intention to make a referral to us, unless to do so would place a child at further risk of harm.**  If you are worried about a child and you are unable to contact the parent(s) or those with parental responsibility, this should not stop you from making a referral. |

# About Your Referral

Your Name: Click or tap here to enter text.

Your Agency: Click or tap here to enter text.

Your Role in relation to the child/family: Click or tap here to enter text.

What is the best way for us to contact you? Click or tap here to enter text.

Date you completed this form: Click or tap here to enter text.

**Which service are you requesting for the child and/or family?**

*(You must ONLY select ONE of these options)*

***Please note this form will be returned if you do not clearly state the service you are requesting.***

Targeted Early Help Play*go to section* [*4a*](#_4a)_Consent_for)

Children’s Social Care Play *go to section* [*4b*](#_4b)_Consent_for)

## 4a) Consent for Early Help

**Please note we cannot accept requests for Early Help services without consent.**

Name of parent/person with parental responsibility or young person *(if of sufficient age and understanding)* that has given consent for this request to be made: Click or tap here to enter text.

**Has the parent(s) or carer with parental responsibility/child/young person given consent for the Early Help referral?**

Yes  What is their view about this and please list any services that they have NOT consented for us to share information with. Click or tap here to enter text.

Date consent obtained: Click or tap here to enter text.

No

**Does the parent(s) or carer with parental responsibility agree to information being shared with other Agencies?**

Yes  Are there any agencies which they have stipulated for consent to share information: Click or tap here to enter text.

No

Play*go to section 4c*

## 

## 4b) Consent for Children’s Social Care

*“All practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is a good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold, practitioners should record who has been given the information and why.” (Working Together, 2018). You can find this document* [*here*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)*.*

**Has the parent(s) or carer with parental responsibility/child/young person given consent for you to make this referral?**

Yes

No  If you haven’t obtained consent please state the reasons why? Click or tap here to enter text.

**Is the child/young person aware of the contact being made with us?**

Yes  Do they understand why and what is their view? Click or tap here to enter text.

No  If you have not been able to obtain consent please state the reasons why? Click or tap here to enter text.

Play*go to section* [*4c*](#_4c)_About_the)

## 

## 4c) About the Child and Family Network

*Please complete the table below and add all known information. Start with children, then parents and then all other adults that you know are part of the family network.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Date of Birth \*** | **Gender** | **Address** | **Contact Number** | **E-mail Address** | **Ethnicity** | **Faith or Belief** | **Language** | **School or Early Years Setting** | **Relationship within the family\*\*** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

\*If you do not know an exact date of birth for a child please estimate their current age instead. / \*\* If this relationship is specific to one child only, please explain that, e.g. ‘father of X’.

Play*Continue with section* [*4d*](#_4c)_About_the)

## 4d) About the Professional Network

*Please complete the table below by starting with your own details and adding any other professionals that you know are involved with the child/family. Please include what you can, if you only know the name of a school then just add that.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Agency (Type and Establishment)\*** | **Role in relation to the child/family** | **Address** | **Contact Number** | **Contact Details** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*e.g. *Education / Name of School* OR *Health / Name of Medical Centre*

Play*Continue with section* [*4e)*](#_4c)_About_the)

## 4e) About the reason/s for this referral

|  |  |
| --- | --- |
| **What are you and/or the family worried about?**  *Do the family share your worries? Please describe facts including frequency, severity and impact. What are the specific behaviours of the parents/child/young person that may pose a risk to their welfare or safety?* |  |
| **What is the impact on the child/young person?**  *How is this affecting the child’s health, development and well-being. What are you worried will happen if nothing changes?* |  |
| **What is working well for this child and in this family?**  *What are the strengths/support systems within the family? The things they do well, the resources within the family that reduce any problems or dangers and the times when problems or dangers have been present but the parents have been able to manage / reduce the problems or dangers?* |  |
| **What support has been provided to date to the child/young person or family?** |  |
| **What do you want to happen next?**  *What needs to happen next to ensure the child is doing well and is safe and ensure the parents can support the child to be well and be kept safe? Think about what outcomes you would want for this child/family.* |  |

**On a scale of 0-10 where 0 means that you think the child is suffering significant harm and requires immediate protection and 10 means that all is going very well and there is no need for any support services for this child, how would you rate the situation for the child/ren now?**

**0 10**

**Today I would rate the situation:** Click or tap here to enter text. *(enter your rating here)*

Play*Continue with section* [*4f*](#_4c)_About_the)

## 4f) Factors and Issues Identified

**To support us to monitor the range of factors and issues that form part of your referral and monitor the progress towards outcomes where our services are engaged into working with the child and / or family, please tick below the issues and factors that you believe to apply to this child and his or her family.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child/ren | Parent/s | Other Household Member/s |
| Alcohol Misuse |  |  |  |
| Drug Misuse |  |  |  |
| Domestic Violence |  |  |  |
| Mental Health |  |  |  |
| Learning Disability |  |  |  |
| Physical Disability or Illness |  |  |  |
| Young Carer (The child is caring for an Adult) |  | | |
| Privately Fostered: The child is living (or suspected to be living) in a private fostering arrangement i.e. with adults who do not have formal parental responsibility |  | | |
| UASC: The child is an unaccompanied asylum seeker |  | | |
| Missing: The child is currently missing |  | | |
| CSE: The child has suffered or is at risk of suffering Child Sexual Exploitation |  | | |
| Trafficking: The child may be suffering or is at risk of suffering due to trafficking |  | | |
| Gangs: The child is or may be involved in a gang or at risk of being involved in a gang |  | | |
| Socially unacceptable behaviour |  | | |
| Self-Harm (actual or suspected) |  | | |
| Neglect (actual or suspected) |  | | |
| Emotional Abuse (actual or suspected) |  | | |
| Physical Abuse (actual or suspected) |  | | |
| Sexual Abuse (actual or suspected) |  | | |
| Female Genital Mutilation (actual or suspected) |  | | |
| Abuse linked to faith or belief (actual or suspected) |  | | |
| Other (please specify) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Play*You have completed the referral – you can now submit this to us.* [**MashAgency@lewisham.gov.uk**](mailto:MashAgency@lewisham.gov.uk)