

Safeguarding children request for a service



to Southampton Multi-Agency Safeguarding Hub (MASH)

Southampton City Council will ask you for information, via the Safeguarding children request for a service form, in order to perform this service. We may use it to contact you about this. For us to be able to process the Safeguarding children request for a service we will need to contact both the author of this referral and the parent/carer of the family.

I have read the above and understand and consent to the council contacting the referrer and parent/carer

Referral taken by

Name Job title

Agency/team Date of referral

Time Tel number

Details of person making this referral

Referrer name Job title Agency

Address Post code

Tel/mobile Email

2. Child/young person details (add any additional names on separate sheet)

Last name	First name	Age	DOB/EDD	M/F	Ethnicity	1st language

Address Postcode(s)

Date of birth Tel/mobile Email

3. Child/young person's principal carers

Carer last name	Carer first name	Relationship to child	Parental responsibility?	M/F	DOB/EDD	Ethnicity

Give carer address(es) here if different from the child's:

Postcode(s)

Date of birth Tel/mobile Email

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	Relationship to child

Are there any communication /interpreting needs for the child and/or family?

Does the child and/or family have a disability or special needs?

5. Other professionals involved (to include GP and school details)

First name	Family name	Job title	Team/agency	Address	Telephone/mobile

6. Has there been previous statutory, specialist or targeted involvement?

	No	Yes	Not known
Children's Social Care			
Child and Adolescent Mental Health Service CAMHS			
Special Educational Needs or Disability			
Education Welfare Service			
Specialist Health			
Adult Services – (Health /Substance Abuse /Disability /Social Services / Housing)			
Youth Justice Service			
Police/probation			
Housing			
Other			

8. Reason for referral

Identify whether any of the following Trigger Trio apply as key contributory factors

Mental Health

Drug or alcohol misuse

Domestic abuse

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? <i>(What information have you gathered about the child/family).</i>	
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?	

9. Consent/awareness: Please note that parents /carers have to be made aware of and consent to this referral will be sent to the MASH, unless making them aware will put the child/children at immediate risk of further harm. (Please contact MASH to discuss if you would like further guidance on this matter prior to sending this form)

Is consent given by the parent for information sharing with other agencies?

No Yes

Signature

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

Please forward this form securely to:

Email: MASH@southampton.gov.uk

If you are a school with access to Anycomms contact: **ANYCOMMS: Southampton MASH**

Telephone number for members of the public: **023 8083 3336**

Telephone number for professionals: **023 8083 2300**