

**REQUEST FOR SOCIAL WORK SUPPORT GUIDANCE
(Formerly MULTI AGENCY SAFEGUARDING CHILDREN REFERRAL FORM)**

From the 1st February 2017 Manchester MASH will operate a consultation line for our partner agencies to call - the new number is 0161 219 2895.

This will enable agencies considering making a referral to discuss any concerns they may have for a child with a senior social worker within the MASH. The social worker will reference the Levels of Need Framework and where the threshold for social work intervention is not met the social worker will be able to have an informed discussion with the referrer as to why not and where appropriate advise that an Early Help Assessment is undertaken or direct the professional to the local Early Help Hub.

PLEASE TYPE OR PRINT THE FORM – in the past many forms have been illegible and had insufficient information in order for Children’s Social Care to be able to make decisions of what action is required. Please complete the form as clearly and fully as possible. However, do not delay the referral if you do not have all the information required in a situation where a delay may place the child at further risk.

This form should be used to request support for a child or young person where you believe a child is unlikely to achieve or maintain a reasonable level of health or development without the provision of a social work service or where they are at immediate risk of suffering from significant harm.

The Children and Whole Family Decision Framework (below) will assist in you identifying what service or intervention is most appropriate for the child and family. Please indicate which level of Need is met.

The Multiagency Safeguarding Hub (MASH) are committed to responding appropriately and proportionately to your concerns with regard to the needs of children and their families and ensure the right support at the right time is given to the family. If you would like to contact MASH prior to making a referral please ring our consultation line on **0161 219 2895**.

The MASH needs you to:

- Discuss your concerns with the child and family if appropriate and where you can gain their consent.
- Reflect on the right support at the right time with your agency’s safeguarding lead to determine that a request for a social work service is the most appropriate response for the child.
- Attach your completed Early Help Assessment.
- Tell us if you have sought advice from the Early Help Hubs before completing this request for support.

Contact the Early Help Hubs:

North: 0161 234 1973	Central: 0161 234 1975	South: 0161 234 1977
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For more information visit Help and Support Manchester:
www.manchester.gov.uk/helpandsupportmanchester

The Children and Whole Family Decision Framework	
Level of Need	Level description / response
1	Child, Young Person or families whose needs are being met, or whose needs can be met by universal services
2	Child, Young Person or family with additional needs that can be met by single agency providing additional support or by signposting to an additional agency – complete an early help assessment (EHA)
3	Child, Young Person, or family who would benefit from a coordinated programme of support from more than one agency using the early Help Assessment, and Early help- complete an early help assessment (EHA)
4	Child, Young Person or family who requires intensive and coordinated support for complex issues via targeted services / Early Help Hubs and where support at Level 3 has not improved outcomes – an EHA should have previously been completed.
5	Child or young person at risk of, or suffering significant harm, due to compromised parenting, or whose needs require acute services or care away from their home – Referral to MASH 0161 234 5001

Request details

- **Date of request** - It is essential that the date a request is made is clearly stated on the form.
- **Time of request** - It is essential that the time a request is made is clearly stated on the form. This ensures that the referral is **compliant with Laming Recommendation 12**.

DETAILS OF CHILD(REN)

- **Child’s name** -State clearly the correct spelling of the child/ren’s full name and any other name that the child is known by.
- **DOB and Age / Expected date of delivery** - State the full date of birth of the child/ren and the age at the time of the referral. State if the child is unborn and the expected date of delivery.

- **Ethnicity and Religion** - State clearly, to the best of your knowledge, the ethnicity and religion of the child. This information may assist the person/agency you are referring to, by identifying services that meet the child's ethnic and cultural background.
- **Communication needs** - It is essential to identify the child's first language. This information will ensure that the person/agency you are referring to is aware of any language needs when engaging and communicating with the child/ren.
- It would be helpful to include any other communication needs in this section.
- **Is an interpreter needed? Laming Recommendation 12** states that when communication with a child is necessary for the purpose of safeguarding and promoting the child's welfare and the first language of that child is not English, an interpreter **must** be used. If the child's first language is not English and an interpreter is not needed, please state clearly the reason why.
- **Address, postcode and telephone number** - State clearly the full home address of the child including the postcode and phone number. If the child is residing at more than one address, or is residing away from their home address, please include all the details under the section current address (if different from above). **NB** an alternative home address may indicate that the child is privately fostered. If enquiries confirm this, a referral to Children's Services Social Care is required. If in doubt seek advice.
- **Disability** - Please tick yes or no if the child is disabled – give more details of the disability including any Statement of Special Educational Needs in the assessment section (child's developmental needs).
- **Name of child's main carer and relationship to the child** - State the name and DOB of the person/s who is the main carer for the child/ren and **if known** state whether the carer has parental responsibility. Record the nature of the relationship to the child i.e. mother, father, grandparent, aunt etc.
- If the address is different to the child's home address this may indicate a private fostering arrangement. If enquiries confirm this, a referral to Children's Services Social Care must be undertaken. If in doubt, seek advice.
- If the parent is not the main carer and resides at a different address, please give information about the parents here but make it clear if they are not the main carer.
- **GP and telephone number** - If the child's General Practitioner (GP) is known please state clearly, the full name and phone number any other details about the GP, if known.
- **Education provider** - For example, Nursery/ School /College - please complete if known.
- **Family Composition/ significant others** - Please give details of all other children in the household and state if these children are also subject to referral. Please state all other adults in the household e.g. relatives, lodgers or family friends and also include details of any partners (to main carer) who may have contact with the family.

CONSENT

- **Is the child aware of the referral?** Simply tick in the box 'Yes' 'No' or 'N/A'. It is important to note that in most circumstances informing a child or young person that you are going to make a referral/request for support and for what reason is good practice.
- **However, you need to use your professional judgment, as there are other circumstances when it is not appropriate e.g. the child/young person's age and level of understanding, or if to do so would place the child at risk of significant harm.**
- **Have the parents/carers been informed of the referral?** Simply tick in the box 'Yes' or 'No'. You should inform the parent/s or carer that you intend to make a referral (unless to do so would place a child/ren at risk). It is critical to develop a co-operative working relationship from the outset (wherever possible), so that parents and caregivers feel respected and informed, that professionals are being open and honest with them and they in turn are confident about providing vital information about their child, themselves and their circumstances.
- **HOWEVER do NOT inform the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm).**
- **Have the parents/carers given consent for the referral?** Simply tick in the box 'Yes' or 'No'. It is good practice to seek permission from the parent/carer to make a referral. Unless there are exceptional circumstances as outlined in MSCB procedures, it is expected that parent/cares will have given permission. Working in partnership with the parent/ carer by explaining the purpose and reason for the referral is likely to encourage a better working relationship with parent/carers. If you have ticked no, give reasons why e.g. it is an emergency and parent/carers are not able to be contacted, or it meets MSCB criteria. If in doubt, please seek advice.
- **HOWEVER do NOT seek permission from the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm).**
- **Child/family view of the referral** - Where possible, it is important that the child understands why the referral is being made and it is good practice for professionals to seek their views regarding this. Children may have strong opinions about their needs and ways in which they can be met. Professionals should take into account the child's age, developmental level, language, disability, gender, culture and age when communicating with children and ensure they feel they have been listened to and their concerns have been heard.
- Unless it would place the child at risk of harm, parents should be informed about the referral and encouraged to express their views about this and the needs of their child and what support they require in order to support their child's needs.

WHAT IS WORKING WELL?

- What existing support is in place for this child and family? What was the outcome of the early help assessment?
- Are there resources (e.g. family/friends/community) being accessed or services that are being provided to address the concern?
- What are the views of the children and family?

- Please give details of any support your service has already provided to address the concerns or needs of the child. Please indicate whether an EHA has been completed and whether an agreed plan is in place and lead professional identified. It may also be useful to identify the outcome of the plan, specifically noting what has worked/not worked. Completed EHAs/case plans can be attached to the referral to support the information provided in this section. Include any other relevant assessments that have been undertaken by your agency such as, Asset, CAPIR, and Statement of Special Educational Needs.

- Please provide a brief account of the child/ren's Health issues e.g. Immunisations where appropriate and developmental checks, dental and optical care, any illnesses, disabilities or hospitalization, Education issues e.g. cognitive development, interaction with other children/adults and attendance at school, observations about the child/ren's behavior and social presentation, and any other information relevant to the child's developmental needs. This includes factors such as, missed appointments with agencies, missing education or going missing from home. It is important that you highlight what the strengths are of the child and family and what is working well for the child and family, as well as any needs/deficits.

- **Parent/carer's parenting capacity** - The information you share in this section is essential for the recipient of the referral. It will provide a valuable picture of your observations / knowledge about the parents/carer parenting of the child/ren.

- The information you provide will assist with identifying support to the child and family and with the planning of appropriate services. Please provide a brief account to the best of your knowledge on the parents ability to provide basic care e.g. shelter, clean and appropriate clothing and adequate personal hygiene, protection from significant harm or danger, emotional warmth towards the child, encouragement and praise, a sufficiently stable environment with a secure attachment to the primary carer(s)'s. Indicate the nature of any parental difficulties (such as, drug or alcohol misuse, mental health issues, and domestic abuse?) and how they impact upon their care of the child. It is important that you also highlight what the strengths are, and what is working well for the child and family, as well as any needs/deficits

- **Context (family and environmental factors)** - The information you share in this section is essential for the recipient of the referral. It will provide a valuable picture of your observations and knowledge about the child's family situation, circumstances and their environment. Please provide information to the best of your knowledge about any members of the child's wider family who have a significant relationship with the child, any significant changes within the family like a

separation between parents and what the sibling relationship is like (if appropriate). Are you aware of any housing issues that are having an impact on the child? Are there any issues such as employment and income that are having an impact on the child? Are the parents and child experiencing any difficulties in their local neighborhood or community or are they an isolated family within the community. It is important that you highlight what the strengths are, and what is working well for the child and family

WHAT ARE YOU WORRIED ABOUT?

- Is there actual harm – what is causing the harm?
- What are the future dangers for the child(ren) / family should this concern not be addressed?
- What are the complicating factors that make the concern more difficult to deal with?

- Briefly outline the reason for the referral, being specific about **what is needed** for the child/ren and family and **why**, and about the nature of any concern for the child's welfare, including the need for protection and **why** you think they are **at risk of significant harm**.

WHAT NEEDS TO HAPPEN NEXT

- What changes do the family need to make? What do they think will help them?
- What do you think would help to decrease the concern and risk to the child and their family?
- What support would help the family to make the changes you have identified?
- Are there any issues for worker safety that need to be considered when planning a response?

- The information provided here and above will help determine the urgency and nature of any action required, particularly the need for statutory intervention. Please consider whether the child's primary need is for protection and requires urgent statutory intervention.

1. NEED for IMMEDIATE PROECTION

If you feel that there is a need for **immediate** and urgent protection, contact the **Police**. If there is a risk to the life of a child or the likelihood of immediate serious harm, please indicate this on the referral form following telephone referral to the Contact Centre.

2. INITIAL ASSESSMENT

If you feel that an assessment by children's social care is required, please state this clearly in this section. An initial assessment is a brief assessment of each child referred to children's social care to determine whether

- The child is in need
- There is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm
- Any services are required, and of what types
- A further more detailed assessment should be undertaken

The initial assessment period may be very brief if the criteria for initiating Section 47 enquiries are met, i.e. it is suspected that the child is suffering or likely to suffer significant harm (Working

Together to Safeguard Children, 2010). **Specify clearly on the form whether due to the risk of significant harm a strategy discussion or urgent action is being requested.**

3. MULTI-AGENCY / PROFESSIONALS MEETING

If the request is for a social worker to attend a professionals meeting or multi agency meeting to discuss a child and family specify clearly the date, time and location of the meeting. Identify the key issues why specialist social work input is now required, if in doubt access a social work consultation via the district teams.

4. PRIVATE FOSTERING ASSESSMENT

If the referral is a notification of a private fostering arrangement ensure this is clearly recorded on the referral and that a referral to assess a private fostering arrangement is required.

5. YOUNG CARERS ASSESSMENT

If the referral is a request for a Young Carers Assessment clearly identify on the referral that this is a specific request for an assessment of a young carer. If there are concerns of significant harm relation to a young carer then an initial assessment should be requested.

- The information you share in this section is essential for the recipient of the referral/request for support. It will provide a valuable picture of the child/ren's current and future development needs and will assist with identifying an appropriate response.

EARLY HELP

- If you have completed an Early Help Assessment (EHA), you can attach it to the referral/request for support and state. Please also include evidence of any previous case planning undertaken.
- Please include any other assessments where appropriate e.g. Asset, CAPIR, Statement of Special Educational Needs
- The form asks for details of the key agencies involved with the child and family. Lord Laming Recommendation 12 states the front line staff who come into regular contact with children must include the child's school, nursery or college. Please include any other agency known to be involved with the child or family.
- **The form also allows for other agencies to be listed. Information sharing good practice asks us to ensure that agencies consent/know that information they hold may be shared. Details of agencies involved allows for easier sharing of information and therefore more effective provision of service/support**

Referrer information

- **Referral From:** State your first name and surname and your professional title/designation,
- **Agency:** State the organisation you work for e.g. Education or Health
- **Address:** State the address of your place of work

- If you are scanning / faxing the referral form, please write in clear capital letters the name of the child/ren at the top of each page of the referral form in case the sheets become separated from each other. If possible please type the form.
- Feedback will be provided within one working day.

PLEASE SEND THE COMPLETED REQUEST TO:

mcsreply@manchester.gov.uk or
socialcare@manchester.gcsx.gov.uk (secure email)