



# Guidance on making a children's safeguarding referral using the Multi-Agency Referral Form (MARF)

(Version 2.0. March 2017)

This guidance is to explain what a multi-agency referral form (MARF) is, why it is important and how to complete a MARF to refer your safeguarding concerns about a child/young person.

It will also set out:

- ✓ What you need to do before you decide to make a safeguarding referral
- ✓ How important the quality of your referral is; and
- ✓ What a good and bad referral looks like.

## Warwickshire County Council MASH MULTI AGENCY REFERRAL FORM



<b>1. Declaration</b>			
I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded			
Yes <input type="checkbox"/>	Date referral submitted	Click here to enter a date	
<b>2. About the Child</b>			
First Name	Enter the child's first name	Last Name	Enter the child's last name
Address	Click here to enter the address		
Postcode	Click here to enter the postcode		
Telephone	Enter the child's mobile number	Gender	Select a gender
Date of Birth or Expected Delivery Date	DD-MM-YYYY	If you do not know this information, estimate the child's age	Enter estimate age
Ethnicity	Choose a category	Religion	Choose a category
Disability	Please choose	Please state (see guidance for definitions)	Choose the disability which best corresponds with the child's needs
Interpreter Required? (if yes, state language)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Which language?	
Defining physical features e.g. hair colour, eyes	Please describe the child's appearance		
<b>3. About You</b>			
First Name	Click here to enter your name	Last Name	Click here to enter your name
Name of Organisation	Enter your organisation	Job Title	Click here to enter your role
Type of Agency	Type of Agency	Telephone Number	Enter your contact number
Email Address	Enter your email address	Contact Address	Enter your work address
Relationship to child/your agency's role or service provided	How do you know the child?		
<b>4. Parent or Carer Informed</b>			
<input type="checkbox"/> Informing those with parental responsibility has a significant impact on our ability to respond, particularly if specific child protection needs have not been identified.			
<input type="checkbox"/> As a referrer working with the child or family, it is your responsibility to speak to the parents or carers about your concerns.			
<input type="checkbox"/> Specifically we need you to inform the parents or carers when making a referral, where this does not put the child at risk of harm. If you are unable to inform the parent or carer please explain why this is not possible.			
Informing Parent's or Carer's of the referral?	Choose an item		
The reason I have not spoken to the child's parents and carers/ or informed that of the referral is...	Enter text		
<b>5. Reason for Concern (If your concern is about an Adult we still need you to complete this section)</b>			
Why are you concerned about the child?	Click here to enter text		
What has prompted you to make a referral today?	Click here to enter text		
Was anyone else present?	Click here to enter text		
When did this happen?	Click here to enter a date	Click here to enter a time	
Where is the child at the point of referral submission?	Click here to enter text		
What has the child said or experienced?	Click here to enter text		
When did you last see the child/family?	Click here to enter text		
Is there indication of physical harm to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe	
Is there suspected please select all that are relevant			
Sexual Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe	

Distance Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
Use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
Se?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
th?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
Neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
Distance Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
tal Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
Exploitation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
tal Mutilation (FGM)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
d Violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
om home, school or view?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe
ly have a legal right to be	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please describe
if your agency taken to concern?	Click here to enter text	
z have been involved, concerns and action taken	Click here to enter text	
child about my concerns and they are aware of this referral	Please choose	
spoken to the child about my concerns is...	Click here to enter text	

Mother / Siblings / Carers / Family Members / Significant Adults i.e. the perpetrator (please list more people – right click and insert)						
Name	DOB/EDD /Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
Line 1	Include	Choose	Insert Details	Select	Please state	Enter text
Line 2	Include	Choose	Insert Details	Select	Please state	Enter text
Line 3	Include	Choose	Insert Details	Select	Please state	Enter text
Line 4	Include	Choose	Insert Details	Select	Please state	Enter text
Line 5	Include	Choose	Insert Details	Select	Please state	Enter text
parental responsibility				Please provide names		
Re family require an interpreter or communication (e.g. sign language)? if so of support is required and for who?				Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details	
ste to any other children or young people?				Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details	

Professionals Involved with Child or Family (including GP, School, Health worker, CAF worker) and			
Professionals	Relationship to Child	Address and telephone number	Enter text
1 Name	Insert Text	Insert Telephone Number and Address	Enter text
2 Name	Insert Text	Insert Telephone Number and Address	Enter text
3 Name	Insert Text	Insert Telephone Number and Address	Enter text
4 Name	Insert Text	Insert Telephone Number and Address	Enter text
been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who is the lead professional? (re contact details)	
His already with a MASH Officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who did you speak with?	

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## 1 Are you seriously concerned about a child's safety?

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To help you decide whether to make a referral in the first place, you should also consult Warwickshire's multi-agency Thresholds document which is available at [www.warwickshire.gov.uk/wscb](http://www.warwickshire.gov.uk/wscb) and speak with your own agency's safeguarding representative.

Please be aware there is support and advice available from the Early Help Team, just contact your local Early Help Officer directly by calling 01926 414147 or email [earlyhelp@warwickshire.gov.uk](mailto:earlyhelp@warwickshire.gov.uk)

If you suspect or believe that a child is suffering or is likely to suffer significant harm or any form of mistreatment or abuse, you should report your concerns immediately by making a referral to the Multi Agency Safeguarding Hub (MASH) by calling 01926 414144.

### IN AN EMERGENCY

If you require support from the Police or an Ambulance because a child in **immediate danger** you can call 999 for an intervention from the Emergency Services.

You should still complete the Multi-Agency Referral Form – MARF, and send this to the MASH ideally the same day but no later than 24 hours.

**CONTACT DETAILS:**  
Emergency Services - call 999

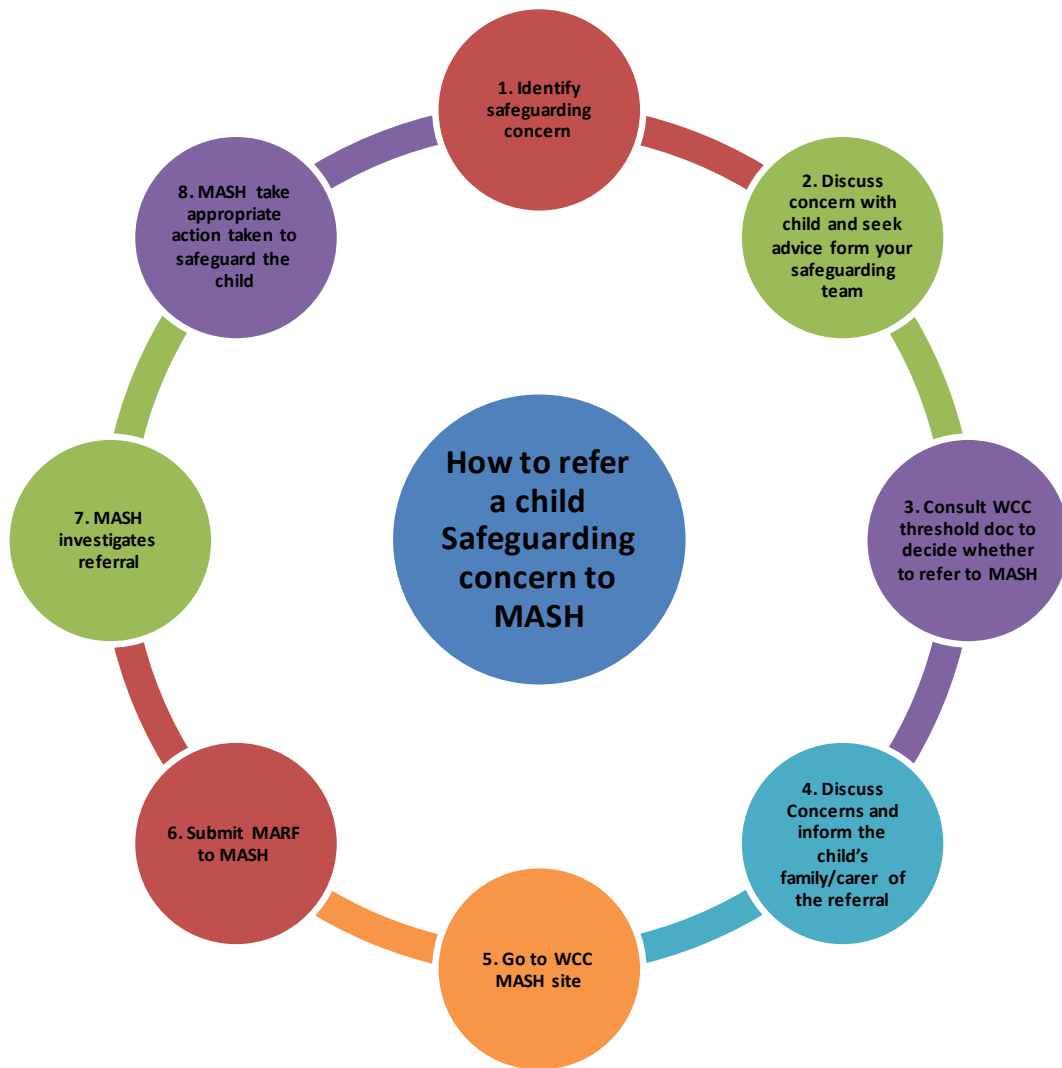
### For non-emergencies

If there is no immediate danger you will need to complete a MARF **as soon as possible** and within a **maximum of 24 hours**.

You can find the form on the form by visiting **the Warwickshire Safeguarding Children's Boards website** at [www.warwickshire.gov.uk/wscb](http://www.warwickshire.gov.uk/wscb) or the **MASH Website** at [www.warwickshire.gov.uk/mash](http://www.warwickshire.gov.uk/mash). Your referral form will be screened and you will receive an email confirming receipt of your MARF.

If you do not receive a response within 2 working days you should call or email the MASH.

You do **not** need to telephone the MASH to inform them of a non-emergency referral. You can just email the MARF for nonemergency issues to [mash@warwickshire.gcsx.gov.uk](mailto:mash@warwickshire.gcsx.gov.uk)



## 2 What is the purpose of a Multi-Agency Referral Form (MARF)?

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The MARF is there to make sure that MASH fully understands your concerns and takes appropriate and proportionate action to support the child or young person.

It is crucial that you provide MASH with ALL the information in the MARF by completing as many fields as possible, so that the service can make an informed judgement about the child's needs and act accordingly.

Without a good quality referral, MASH is unable to make appropriate and proportionate decisions. This can put a child or young person at risk or lead to overly intrusive interventions which are disruptive to the child and/or family.

### 3 What to do before making a referral about your concerns

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Your referral is more likely to better safeguard the child / young person if you take a few simple steps before making your referral.

After you identify a concern, you should not delay but you should consider ...



...before completing MARF and submitting



#### **Remember to seek advice if you are uncertain about what action to take**

If you have concerns about a child or young person and would like to talk your concerns through with a professional, in the first instance contact **your designated child protection lead** from within your agency.

For further advice and guidance, you or your manager can discuss your concerns with the Multi-Agency Safeguarding Hub (MASH) on 01926 414144. They will help you to decide on the best course of action and can advise you on how or if you need to complete a referral to the MASH.

## 4 Checklist for Referrers before completing a MARF form

The following checklist has been put together to help you think about all the different factors you should consider before referring your concerns to the MASH.




Assess your Concern	Completed?
Have I assessed the child and family and documented my findings? If not, what is the source of my information?	<input type="checkbox"/>
Gather Evidence	
What is happening, or not, which is causing concern/or impacting on the safety of the child?	<input type="checkbox"/>
Is there any evidence of mental illness, substance abuse, domestic abuse, a chaotic lifestyle or missed appointments?	<input type="checkbox"/>
Have you gathered information from other colleagues who may be able to assist? (e.g. community health, GP, school nurse or siblings school)	<input type="checkbox"/>
Who else lives in or regularly visits the household? Do I have their personal details and know their relationship to the child/children?	<input type="checkbox"/>
Have I updated myself on the child and family's recent history?	<input type="checkbox"/>
Do I know of any siblings? Could they be at risk of harm too?	<input type="checkbox"/>
Research the best course of action	
Have you looked at the child or children's needs in relation to the Think Family approach to help understand the best course of action?	<input type="checkbox"/>
Has an Early Help Single Assessment been completed for this child(ren)? Would this be an appropriate option? If not, can this be attached to the referral?	<input type="checkbox"/>
Are the existing risk factors or issues which need to be considered? E.g. is the child at immediate risk of significant harm?	<input type="checkbox"/>
Is there a social worker already allocated? Have I discussed the referral with that social worker?	<input type="checkbox"/>
I have discussed the situation with my safeguarding lead/ senior colleague from within my agency (as appropriate)?	<input type="checkbox"/>
Am I clear about my role with the family and what I've done to safeguard the child?	<input type="checkbox"/>
Inform the parent's or Carer's that you have decided to make a referral	
Has the situation/referral been discussed with the child's parent(s)/carers, or would this put the child at greater risk?	<input type="checkbox"/>
Have I spoken with the child or young person about what has happened or is happening? Are they aware of my concerns?	<input type="checkbox"/>

After completing these actions, if you still have concerns, or you want reassurance that your actions are appropriate, you or your manager can discuss your concerns with the MASH on 01926 414144 .

## 5 How do I complete the MARF?

You can find the MARF on the **Warwickshire Safeguarding Children's Boards website** at [www.warwickshire.gov.uk/wscb](http://www.warwickshire.gov.uk/wscb) or the **MASH Website** at [www.warwickshire.gov.uk/mash](http://www.warwickshire.gov.uk/mash).

### Top Tips

	<b>Don't delay and send your referral in early!</b> The earlier the MARF is completed on a working day, the fuller the information the MASH can consider and gather that day, meaning more timely and proportionate decisions can be made for the child, particularly if the child is in school or nursery.
	<b>Include Relevant Documentation:</b> We value your professional expertise and analysis. If you have undertaken any recent reports or assessments (such as an Early Help Single Assessment) please include them with your referral.
	<b>Check your spelling!</b> Three young brothers: Mohammed, Mohammad and Muhammad ...are you referring the correct child?

This next section sets out detailed step by step guidance to help you complete each section of the MARF.

### Section 1. Declaration

#### 1. Declaration

I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded

Yes ☐

**I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded**

Please tick "yes" to confirm that you have:

- Included accurate information that will enable us to locate and risk assess the child
- Completed all sections of the form to the best of your knowledge
- Provided a clear explanation for your concerns



## Section 2. About the Child

2. About the Child			
First Name	Enter the child's first name	Last Name	Enter the child's last name
Address	Click here to enter the address	Postcode	Click here to enter the postcode
Telephone	Enter the child's mobile number	Gender	Select a gender
Date of Birth or Expected Delivery Date	DD-MM-YYYY	If you do not know the DOB or EDD estimate the child's age	Enter estimate age
Ethnicity	Choose a category	Religion	Choose a category
Disability	Please choose	Please state (see guidance for definitions)	Choose the disability which best corresponds with the child's needs
Interpreter Required? (If yes, state language)		Yes <input type="checkbox"/> No <input type="checkbox"/> Which language?	
Defining physical features e.g. hair colour, eyes		Please describe the child's appearance	

<b>First / Last name</b>	Give the correct spelling of the child's full name and any other name that the child is known by, or has been known by. If there is more than one name, please make clear which name the child is currently using.
<b>Address</b>	State clearly the full home address of the child. If the child lives at more than one address or lives away from their home address, please clearly state that address too.
<b>Postcode</b>	The postcode is critical here as this enables us to see locate the exact address and identify if anyone else known to us lives there.
<b>Telephone</b>	If the child has a mobile phone number please provide it. There are some cases where it could be appropriate for us to contact the child directly, e.g. if they are living away from home or homeless.
<b>Gender</b>	Please use the drop down box to select male or female. If the child's gender is not known then please choose this option.
<b>DOB / Estimated Due Date</b>	State the child's full date of birth. If the child has not yet been born, then please provide the estimated due date.
<b>Estimate Age</b>	If you do not know their date of birth then please estimate the child's age at the time of the referral. This will help us to build a more complete picture of the child.
<b>Ethnicity</b>	To the best of your knowledge, select the ethnicity of the child from the list of available options, or write it out if it is not listed. This information may assist to identify services that meet the child's ethnic or cultural background.
<b>Religion</b>	To the best of your knowledge, select the religion of the child from the list of available options, or write it out if it is not listed. This information may assist in fully understanding the child's case.
<b>Disability</b>	This is a drop down box and you can select "yes" or "no". If you have chosen yes, you will be required to state the type of disability in the next field.
<b>If yes, please state the disability</b>	<p>If you are aware that the child has a diagnosed disability, please provide details. Please choose from the following Government defined disability categories:</p> <ul style="list-style-type: none"> <li>• <b>No disability</b></li> <li>• <b>Mobility</b> – getting about the house and beyond</li> <li>• <b>Hand function</b> – holding and touching hand</li> <li>• <b>Personal care</b> – eating, washing, going to the toilet, dressing, etc.</li> <li>• <b>Incontinence</b> – controlling the passage of urine or faeces</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>Communication</b> – speaking and/or understanding others</li> <li>• <b>Learning</b> – having special educational needs, etc.</li> <li>• <b>Hearing</b></li> <li>• <b>Vision</b></li> <li>• <b>Behaviour</b> – a condition entailing behavioural difficulties, includes attention deficit hyperactivity disorder (ADHD)</li> <li>• <b>Consciousness</b> – seizures</li> <li>• <b>Diagnosed with autism or Asperger syndrome</b> – diagnosed by a qualified medical practitioner as having classical autism or Asperger syndrome/ do not include children who have merely been identified as having an autistic spectrum disorder (ASD), e.g. by their school.</li> <li>• <b>Other DDA</b> – one or more of the child's disabilities under the disability discrimination act 2005 does not fall into any of the above categories.</li> </ul>
<b>Interpreter Required?</b>	If the child requires an interpreter please select yes and state which language.
<b>Defining physical features e.g. hair colour, eyes</b>	<p>An accurate description of the child helps us to identify them. Please can you include defining features e.g. hair colour, eye colour and height.</p> <p>Please note that schools are legally allowed to disclose the image of the child to allow identification without informing the parent or carer</p> <p>If you do include a photo, it would be preferable for schools to have some statement in the admissions policy or admissions offer letter confirming that the school may disclose the child's personal data to statutory bodies where it considers it necessary and within the Data Protection Act.</p>

### Section 3.- Other children in the same family

First Name	Last Name	DOB/EDD/Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text

**Please provide details of all other children who may be a cause for concern within the family (These children will not need to be added to section 8)**

## Section 4. About you

First Name	Click here to enter your name	Last Name	Click here to enter your name
Name of Organisation	Enter your organisation	Job Title	Click here to enter your role
Email Address	Enter your email address	Telephone Number	Enter your contact number
Relationship to child / your agency's role or service provided	How do you know the child?	Contact Address	Enter your work address

**We need a complete set of contact details for you, the referrer, including:**

- Name, address, phone number
- Role and organisation where you work
- Type of Agency you work for
- Your relationship to the child – the capacity in which you know the child
- The date you are submitting the referral

This allows MASH to put your referral into context, and contact you for more information or inform you about the outcome of your referral.

## Section 5. The Child's Voice

I have spoken to the child about my concerns and they are aware of this referral:	Please choose
If not, what is the rationale for not informing the child you have concerns? <a href="#">Enter text</a>	

**The Child's Voice: Learnings from serious case reviews have emphasised the importance of observing and listening to children.**

It is important that you consider and reflect the child's views in your description of the situation when you complete the referral form (under Section 7 'Reason for Referral'). All children and young people should have the opportunity to describe things from their point of view where appropriate. They should be continually involved in a way that they can understand, and their voice should influence the decisions that professionals make about them.

All referrers are encouraged where appropriate to:

- ✓ Where appropriate, ask the child about their views and feelings – use open questions:
  - Listen carefully to what is being said
  - How it is being said
  - The words used to assert the statement
  - DO NOT attach personal meaning to the words without first considering the limitation in the child's expressive ability.
- ✓ Consider if the child has been prevented from seeing and listening to children by parents or carers/significant adults. Always consider the implications for the child, especially if parents are themselves vulnerable
- ✓ If you have been unable to speak with the child please explain why on the referral form.

## Section 6. Informing the Parent or Carer

As a professional working with the child or family, it is your responsibility to speak to the parents or carers about your concerns; unless by doing so will place the child at risk of significant harm or cause undue delay.

Choose an item

If not, what is the rationale for not informing the parent/carer you are making this referral? [Enter text](#)

<p><b>Which option for inform?</b></p>	<p>There are two options for informing the Parent's or Carer's of the referral they are contained in the drop down list:</p> <ul style="list-style-type: none"> <li>• I have spoken to the child's parents or carers to discuss my concerns and they are aware that I am making a referral</li> <li>• I have not spoken to the child's parents or carers and they are not aware that I am making the referral</li> </ul> <p>Please state whether the parent is aware of the referral. If you believe that informing the parent or carer would put the child further at risk then please do not attempt this and select the appropriate option.</p>
<p><b>If not, what is the rationale for not informing the parent/carer you are making this referral?</b></p>	<p>If you have not informed the parent or carer then <b>please explain why</b>. We understand that it is not always possible to inform the parent or carer however it is critical that we know why to enable us to appropriately assess the risk to the child.</p>

### Informing the parent or carer is a crucial part of any referral.

It is essential that professionals work in partnership with families and talk to them about their concerns, unless to do so would put the child and family at immediate risk of harm.

The MASH will usually (unless the child will be put at risk of significant harm) speak to the parent or carer about the referral. It is therefore vital the referrer, where it is safe for the child to do so, has spoken to the parent or carer themselves to inform them of the concern and the referral being made to the MASH.

As a result of MASH screening, some referrals will have an outcome of Universal or Early Help services, rather than Children's Social Care. It is therefore important that you advise parents that support may be offered from Early Help services, as they will require consent.

## Section 7 – Reasons for Referral

It is your responsibility as the referrer to provide **clear, concise and relevant information** on the referral form. As far as possible, your referral needs to be evidence-based.

This information should be based on (but is not limited to):

- ✓ What you have **witnessed**;
- ✓ What you have learned from **discussions** with the **child/young person**; and/or **family**.
- ✓ What type of referral are you making?
- ✓ Is abuse or neglect suspected or evidenced?
- ✓ What other information or actions have your agency undertaken.
- ✓ What if any early help support has your organisation already tried or offered?

7. Reason for referral <i>(If your concern is about a risk from an adult we still need you to complete this section)</i>	
Why are you concerned about the child? Give as much information as possible, including when any incidents occurred and who was present. What has the child said or experienced?	Click here to enter text
<b>What type of referral are you making?</b>	
Are you making a Child Protection referral as you are concerned this child is at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you making a Child Protection referral because you believe the child is or may be suffering significant harm on an ongoing basis but is not at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you making a Child In Need referral as you are not concerned about the child being at immediate risk of harm but the family require statutory child in need services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you referring for SEND Social Care? If yes, what support is needed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
<b>Is abuse/neglect suspected?</b>	
Physical harm to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Sexual Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Alcohol or Substance Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Mental Ill Health or Self-Harm?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Emotional Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Domestic Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Child Sexual Exploitation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Trafficking?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Female Genital Mutilation (FGM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Forced Marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Honour Based Violence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Extremism?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
<b>What actions and additional information does your agency hold about the family?</b>	
What action have you / your agency taken to address this specific concern or needs?	Click here to enter text
Confirm how long you have been involved; include any historic information and action taken.	Click here to enter text

<p><b>Why are you concerned about the child? Give as much information as possible, including when any incidents occurred and who was present. What has the child said or experienced?</b></p>	<p>Please set out why you are concerned about the child in questions. Provide a clear narrative to explain your concern that includes questions such as:</p> <ul style="list-style-type: none"> <li>• What is the identified cause for concern?</li> <li>• Is the child at risk of immediate harm?</li> <li>• What is the <i>impact</i> (or potential impact) on the child/young person?</li> <li>• How will the impact impair the child/young person's development?</li> <li>• What would be the impact if no timely action was taken i.e. what would the situation look like in four weeks?</li> <li>• What have you seen or heard?</li> <li>• Where did you get information from? Is it second hand or direct from the child?</li> <li>• Describe child's presentation</li> <li>• Describe the parents / carers / family</li> <li>• Have you considered the impact of the child's/family's: age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation?</li> </ul>
<p><b>What type of referral are you making?</b></p>	
<p>Please state what kind of referral you are making. Do you believe that the concerns are so serious they are on the basis of Child Protection or do you believe that the child and their family require support at a Child In Need level, which is beyond an Early Help level? For more information refer to the Warwickshire Safeguarding Board Threshold Document.</p>	
<p>Are you making a Child Protection referral as you are concerned this child is at immediate risk of harm?</p>	<ul style="list-style-type: none"> <li>• You believe there is evidence that the child is in immediate danger and/or is going to suffer immediate harm.</li> <li>• You believe an immediate same day Child Protection Investigation is required.</li> </ul>
<p>Are you making a Child Protection referral because you believe the child is or may be suffering significant harm on an ongoing basis but is not at immediate risk of harm?</p>	<ul style="list-style-type: none"> <li>• You believe the child may be suffering significant harm or will suffer harm in the future.</li> <li>• You believe a Child Protection Investigation is required but the child is not at immediate danger today.</li> </ul>
<p>Are you making a Child In Need referral as you are not concerned about the child being at immediate risk of harm but the family require statutory child in need services?</p>	<ul style="list-style-type: none"> <li>• You believe the child is unlikely to achieve or maintain a reasonable level of health or development without the provision of social work led; multi-agency intervention.</li> <li>• You believe the child's health or development is likely to be significantly or be further impaired without social work and multi-agency intervention.</li> <li>• You believe Child In Need support is required but the child's safety is not in any immediate danger.</li> </ul>
<p>Are you referring for SEND Social Care? If yes, what support is needed?</p> <p>Please note professionals should also refer to the SEND Social Care criteria for a service. See the County Council SEND website.</p>	<ul style="list-style-type: none"> <li>• The child has a disability. You believe Child In Need support is required but the child's safety is not a concern.</li> <li>• You believe the child is unlikely to achieve or maintain a reasonable level of health or development without the provision of social work led; multi-agency intervention.</li> <li>• You believe the child's health or development is likely to be significantly or be further impaired without social work and multi-agency intervention.</li> </ul>

<b>Is abuse/neglect suspected...</b>	
<b>In this section please answer yes or no to each of the possible categories of abuse that is suspected. Where professionals indicate yes please give as much detail as you can.</b>	
<b>Physical Abuse?</b>	Section 58 of the Children Act 2004 updates the legislation on physical punishment. It limits the use of the defence of reasonable punishment so that it can no longer be used when people are charged with the offences against a child of wounding, actual or grievous bodily harm or cruelty. Therefore any injury sustained by a child which is serious enough to warrant a charge of assault occasioning actual bodily harm cannot be considered to be as the result of reasonable punishment
<b>Sexual Abuse?</b>	Has there been a disclosure of sexual abuse and if so, who has disclosed this? Was it the child or another party? What makes you suspect that this is happening? Is there anyone else who may be at risk? Has the child demonstrated any overtly sexual behaviour?
<b>Alcohol or Substance Abuse?</b>	Please make it clear if this relates to the child or responsible adult. It is important to know whether there is a history of substance misuse or alcohol misuse and who has disclosed this.
<b>Mental ill Health? Or Self-Harm.</b>	Is there suspected mental ill health? Has there been a disclosure or diagnosis? Does this relate to the child or a responsible adult?
<b>Emotional Abuse</b>	Has there been a disclosure of emotional abuse and if so, who has disclosed this? Was it the child or another party? What makes you suspect that this is happening? Does this relate to the child or another person in the household, e.g. the mother?
<b>Neglect?</b>	Please state what evidence there is of neglect. Consider the impact neglect is having upon the child or young person. Is this impacting on their health and/or development?
<b>Domestic Abuse?</b>	Has there been a disclosure of domestic abuse and if so, who has disclosed this? Was it the child or another party? What makes you suspect that this is happening? Does this relate to the child or another person in the household, e.g. the mother?
<b>Child Sexual Exploitation?</b>	Do you suspect that child sexual exploitation is taking place? Have you consulted the <a href="http://www.warwickshirecse.co.uk">www.warwickshirecse.co.uk</a> where you can access information and the Warwickshire Safeguarding Children's Board procedures and risk indicator checklist regarding CSE.
<b>Trafficking</b>	Is this a suspected case of trafficking? If so please select yes and explain why you believe this to be the case. Trafficking can include trafficking from overseas or movement of child or young person without their or parents' consent.
<b>Female Genital Mutilation (FGM)?</b>	If you believe that FGM may have taken place please refer to <a href="#">government guidance</a> to assess your concern and set out here why you believe this may have happened. Evidence includes preparations for a trip abroad with reference to special ceremony or prolonged absence from school with pronounced behavioural changes upon return.
<b>Forced Marriage?</b>	Forced marriage can affect both men and women and the Government has published comprehensive <a href="#">multi agency guidance</a> on indicators. If you suspect that this is an issue please select yes and explain why.
<b>Honour Based Violence?</b>	Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. If you believe this to be the case then please select yes and set out why.
<b>Extremism</b>	Have you seen any indication of Extremism? Please consider the circumstances around this and provide evidence. Possible indicators can be changes to behaviour and expression of extremist views, concerns about internet use and changes in attitude and values.



## What actions and additional information does your agency hold about the family?

This section is particularly important so that the MASH fully understand the context of the referral professionals are making. Most often professionals and/or organisations should have provided intervention to a family. In order to stop repeat cycles of abuse or recurrent service provision; it is vital that referrals make it clear what, if any information or early intervention has been provided.

<b>What actions and additional information does your agency hold about the family?</b>	To effectively risk assess the child and family it is useful for the MASH to know how long you have been aware of the current situation and whether you have previously taken any action, as well as the outcomes of that action. This enables the MASH to understand the severity of the situation. Please record information such as whether the child, family or siblings are known to you already in this matter and what response your organisation has taken to address your concerns.
<b>Confirm how long you have been involved; include any historic information and action taken.</b>	It is useful for the MASH to understand the child or family's history. Please record whether this is a one-off incident or a series of many, related incidents? Consider whether you have ever completed an Early Help Assessment for this child/young person? Or whether the child is already subject to a child protection plan?

### Actions and information known to the profession or organisation.

It is essential that professionals make clear what they or their organisation has already done to support a child. This might be informal early interventions such as:

- Provided advice around money, debt, behaviour or domestic abuse.
- Provided the child with additional food or change of clothing/uniform.
- Provided support to get the child to and from school.

There may have been more formal early intervention arrangements through an Early Help Single Assessment. Where this is the case the latest Single Assessment and Family Support Meeting record should be provided. In addition please give a summary of the interventions that have been tried through the provision of early help and explain why the decision has been made that the professionals involved believe that a referral beyond early intervention is now required.

To avoid duplication of effort and stop repeat cycles of abuse or intervention which may not impact on change it is vital that all details of services and interventions provided are detailed. Be clear why you think early intervention has or has not been successful.

If appropriate and relevant, do include other information with your referral. Such as the school attendance record, safeguarding records (green forms) or a chronology. However, do not attach all documents you have on file. Just those that are relevant and tell us why you think they support your referral.

This information will help the MASH to make the most informed decision regarding the outcome of your referral.



## Section 8. Details of Father / Mother / Adult Siblings / Carers / Grandparents / Family Members / Significant Adults.

This information should be completed to your fullest ability, as it significantly affects how effectively the MASH gathers information and assesses risk. It also avoids duplicating records. **You do not need to include any children included in Section 2 or 3.**

### 8. Details of Father / Mother / Adult Siblings / Carers / Grandparents / Family Members / Significant Adults etc. (please insert row if you require space for more people - right click and insert below)

First Name	Last Name	DOB/EDD /Age	Ethnicity	Address	Telephone	Email	Relationship to the Child
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
Please state who has parental responsibility					Please provide name(s)		
Do any members of the family require an interpreter or an alternative method of communication (e.g. sign language)? If so what language or type of support is required and for who?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		
Do the family have the legal right to be living in the UK?					Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please describe		
Does your referral relate to any other children or young people?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		

<b>Family Members</b>	Please provide details of all other children and adults who live in the household. Even if parents do not live together or if there is an unborn child, we still need details of both parents where possible. Please ensure that you record the relationship to the child and if you need to record any additional information, e.g. school details if different to the principle child, you can use the Additional Information field.
<b>Significant others – not in household</b>	<p>Please provide details of significant others who are not known to live in the household e.g. relatives, friends, ex partners of adults living in the household or others who have recently taken on caring responsibilities etc.</p> <p>Please state: name; gender; date of birth; relationship to subject child; whether they hold parental responsibility; and whether the person is known to pose a risk to children.</p>
<b>School or GP if different to the child</b>	If you are providing details of siblings who attend a different school or GP Practice to the child in question, it is important for us to know the name so that we can carry out effective information gathering.
<b>Email Address</b>	<u>Please try and obtain an email address</u>
<b>Parental Responsibility</b>	Please state who has parental responsibility for the child. If there are any Court Orders in place then please advise this.

<b>Do any members of the family require an interpreter or an alternative method of communication?</b>	<p>If the family's first language is not English or an interpreter is needed, please state clearly the reason why and what language</p> <p>Please make it clear who requires this support e.g. interpreter needed for parent but not the child.</p>
<b>Do the family have the legal right to be living in the UK?</b>	Do the family have any issues regarding their immigration status? Do they have recourse to public funding?
<b>Does your referral relate to any other children?</b>	If your referral impacts the safety of any other children, please ensure that their details are recorded above and highlight their name in this field.

## Section 9. Details of Professionals Involved

Please provide details of the main professionals who you are aware are involved with the child. In particular please record the GP and school of the child if possible. This will allow the MASH to triage your referral quicker.

9. Details of Professionals Involved with Child or Family (GP, School, Health, Voluntary Organisation etc)			
Name	Organisation	Relationship to Child	Email Address and telephone number
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Has an Early Help Single Assessment already been completed? ( <i>Please attach and provide contact details for the lead professional</i> )			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is the lead professional?
Have you discussed this already with a MASH Officer?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who did you speak with?

**Please include email addresses where these are known.**

If an Early Help Single Assessment has been completed please provide details and include a copy along with the latest Family Support Meeting record with your referral as an electronic attachment.

If you have already called the MASH and spoken to a member of staff please state their name so that we can ensure our records are correct.

## Section 10. Details of Date and Time, Referral completed.

Please provide details of the date and time the MARF has been completed.

The date can be selected from the menu.

The time can be set by clicking “Today” from the menu and enter the time.

10. Date & Time referral has been sent to MASH	
Date of referral:	Click here to enter a date.
Time of referral:	Click here to enter a date.

***Once you have completed the referral with as much detail as possible please send this to [mash@warwickshire.qcsx.gov.uk](mailto:mash@warwickshire.qcsx.gov.uk)***

## 6 What makes a good or poor referral?

It is crucial that your referral includes as much information as possible. The quality of a referral significantly impacts how effectively the MASH is able to respond to safeguarding concerns about a child.



With poor information, MASH is unable to make appropriate and proportionate decisions. This can put a child or young person at risk OR lead to overly intrusive interventions which are disruptive to the child and/or family.

A good quality referral	A poor quality referral
✓ Is typed electronically	✗ Handwriting is difficult to read, poor spelling
✓ Uses clear, simple language	✗ Uses jargon or acronyms
✓ Provides detail, such as: <ul style="list-style-type: none"> <li>– telephone numbers &amp; email addresses</li> <li>– previous assessments</li> <li>– father's name of an unborn child</li> </ul>	✗ Very short with no detail <ul style="list-style-type: none"> <li>– It is not clear if the concern is in the past or present</li> <li>– No contact details means MASH has to chase for information making referral process times longer.</li> </ul>
✓ Provides context	✗ Does not provide context – for example how often has this happened?
✓ Is accurate and evidence-based	✗ It's not clear who / what / where, and encourages assumptions
✓ Includes specific details and times	✗ Is vague and unclear whether it is describing an existing or past concern
✓ Has spoken to the child (and parents where appropriate)	✗ Makes assumptions. Does not make it clear where the information is coming from, e.g. is it second hand?
✓ Provides specific information relevant to the agency doing the referral, for example: <ul style="list-style-type: none"> <li>– School attendance</li> <li>– Health visits</li> </ul>	✗ It is not clear what action the agency has taken or what their concerns are
✓ MARF form is submitted to MASH as soon as a disclosure or incident occurs e.g. in the morning	✗ The referral is delayed, meaning opportunities to speak to the child or collect evidence are lost
✓ Completes all appropriate sections in the MARF	✗ Leaves gaps

## 7 Examples of good and poor referrals:

### GOOD QUALITY REFERRALS

The following example has been completed by a nursery teacher to report a domestic abuse concern. It is a good quality referral because it:

- ✓ Uses the child's words and gestures to explain the concern
- ✓ Makes it clear when the conversation took place
- ✓ Tells us what advice has been given to the child's parents
- ✓ Provides details of the local safeguarding Hub and a name that MASH can follow up

7. Reason for referral (If your concern is about a risk from an adult we still need you to complete this section)	
Why are you concerned about the child? Give as much information as possible, including when any incidents occurred and who was present. What has the child said or experienced?	<p>Child has disclosed domestic abuse between his parents to his nursery teacher. Jack disclosed to me (Kelly Jones) that uncle and father had a fight last night. He said that that his father had been a "naughty boy" and had been taken away by the police. He said that his father had hit his mother.</p> <p>Without any prompting, Jack pulled up his jumper and used his hand to gesture towards his stomach area and said that, that is where mum has been hit. He also said that there was blood. I asked, what happened then? To which he replied, that dad had poured hot water over his mother. Jack informed me that the police took his father and locked him up.</p> <p>I (Kelly Jones) spoke to Leanne (Jack's mother) at 12:30 today. She denied that anything violent had occurred between her and her partner. She did say that they both argue a lot "like other couples"</p> <p>Leanne said that she has threatened dad with the police during arguments and suggested that was why Jack thinks the police took dad. Leanne was adamant that her partner had not been violent to her.</p> <p>I advised Leanne that if at any point she felt unsafe that she should call the police. And that the school would support her and Jack in any way they could if issues were to arise with her husband. Leanne replied that she understood this</p>

The following example has been completed by a school welfare officer to report a CSE concern. It is a good quality referral because it:

- ✓ Is specific
- ✓ Provides context about what the agency has been doing to support the young person and parent
- ✓ Provides details such as the police log number and known links

7. Reason for referral (If your concern is about a risk from an adult we still need you to complete this section)	
Why are you concerned about the child? Give as much information as possible, including when any incidents occurred and who was present. What has the child said or experienced?	<p>Sarah is putting herself at risk of CSE and has been going to unsupervised house parties. Sarah disclosed to me that she was involved in an incident on 07/03/14. The other girls that were with her engaged in sexual behaviour however one of them, Mel, has alleged that she was raped. Sarah has described to me that she said no on several occasions, but the young man continued to pressure her through fear and intimidation. During this evening, the other men are also</p>

	<p>alleged to have physically assaulted Sarah.</p> <p>Mother has come into school previously to disclose other incidents of alcohol going missing. She is known to leave the girls in the family home while she goes to work in the evenings.</p> <p>Sarah spoke to me directly about what had happened on 23.02.16 at 11.30am. She was very upset. Sarah has alleged that the men involved burnt her leg and punched her in the head. Without being prompted she showed me a burn on her leg the size of a fifty pence piece. She showed me a small bruise to the back of her neck.</p>
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<b>What actions and additional information does your agency hold about the family?</b>	
What action have you / your agency taken to address this specific concern or needs?	<p>Sarah has been at the school for the past 2 years and the concerns have mainly been around attendance and punctuality. There have been behavioural issues but nothing too serious, such as friendship group issues.</p> <p>Sarah's best friend is called Louise Knight who is well known to Children's Services and is currently working with a social worker. Sarah is part of a vulnerable girls group that has been raised on 18/11/13 with the CSE team Matthew Hill.</p>
Confirm how long you have been involved; include any historic information and action taken.	<p>Sarah's father and mother are separated, and the two children live with their mother. We feel that mother is capable of dealing with Sarah and siblings, however mother has struggles with finances and similar history of sexual abuse in the past. The concerns are that Sarah is openly lying to her mother about where she is and what she is doing. Mother is in need of support in dealing with these situations</p>

## POOR QUALITY REFERRALS

Poor quality referrals do not give the MASH enough information to take appropriate and proportionate action. This means that the MASH is not able to respond quickly and effectively to your concerns and assess risk and the level of the child's need.

The below referral from a hospital nurse is a poor quality referral because it includes:

- ✗ Copied and pasted medical notes
- ✗ Large amounts of medical jargon which are not easily interpreted by a non-medical professional
- ✗ Very limited context, such as:
  - What is the medication?
  - What is the 'maximum dose', how far is it exceeded?
  - Who is giving the medication?
  - What is the illness?
  - What are the concerns?
  - What advice has been given to parents?
  - Is the child at risk?

7. Reason for referral <i>(If your concern is about a risk from an adult we still need you to complete this section)</i>	
Why are you concerned about the child? Give as much information as possible, including when any incidents occurred and who was present. What has the child said or experienced?	2 yr female. Temperature, high fever, rash HPC. PMH: Nil O/E: Alert, P: Ibuprofen, R/V. Child exceeding maximum doses of medication for unknown term. Education required re appropriate administration of medication.

This referral from a GP is a poor referral because it does not provide enough detail, such as:

- ✗ Information about the assault: Who did it? When was it? Were the police involved?
- ✗ Where is the child now?
- ✗ What are the concerns now?

7. Reason for referral <i>(If your concern is about a risk from an adult we still need you to complete this section)</i>	
Why are you concerned about the child? Give as much information as possible, including when any incidents occurred and who was present. What has the child said or experienced?	Anabel lives at home with her mother. She states that she would like to be rehoused as Mother is not helping her financially with college or providing her with food. Anabel was involved in an assault which caused her fractured mandible and require an operation. However, Mother was not able to provide any emotional support, according to patient.



## **8 What happens after you make a referral?**

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### **What will MASH do with your referral?**

- The MASH will acknowledge your written referral via email within 24 hours of receiving it. If you have not heard back within two working days, you should contact the MASH again by calling or via email.
- Following a referral, the MASH team (including social workers, police, health and Early Help representatives) will assess your referral, and review all historical information they hold on their individual agency systems. They will jointly discuss and assess the risks and needs of the child, and agree what action needs to be taken.
- The MASH will confirm the outcome of the referral.

### **What will you need to do after you submit a MARF?**

- You may be asked to have further conversations with the child and family, to support the MASH with information gathering and their ability to make appropriate and proportionate decisions.
- You are also likely to be contacted to be involved with follow up actions. For example, you may be asked to complete an Early Help Single Assessment (EHSA). If you have not completed an Early Help Single Assessment before, you can speak to your local district Early Help Officer directly by calling 01926 414147 or email [earlyhelp@warwickshire.gov.uk](mailto:earlyhelp@warwickshire.gov.uk)

### **What are the outcomes of your referral for the child / young person / family?**

- Following screening and assessment of the referral by MASH, if it appears that a service from Children's Social Care might be required, the family and child will be visited by a Social Worker who will undertake an assessment.
- Where child protection concerns meet the criteria for significant harm or risk of significant harm, a social worker and/or police officer will undertake a Child Protection Investigation (Children's Act 1989, Section 47).
- A Specialist Assessment may be undertaken – for example this could relate to a child's disability.
- MASH may refer the child to another agency for specialist or targeted support, for example Mental Health Services. They may suggest that professionals do this.
- Following an assessment, Social Care outcomes can include:
  - Child in Need procedures (Children's Act 1989, Section 17) to provide short-term services or support
  - The child may be admitted to local authority accommodation through agreement with the parents
  - Court proceedings may be started to remove the child to local authority care
  - A Private Fostering Assessment may be set up for the child or young person
- If the issues are not considered to be a safeguarding issue or a service is not required from Children's Social Care, the family will be informed. The child, young person or family may be offered a range of other services outside of Social Care.

## 9 Specific guidance for different professionals:

### Health Practitioners

- Include the child's / patient's presenting health need?
- Include the date and time of when the child / patient arrived in your department, treatment & advice given, and details of signposted agencies?
- Include who was with the child when they presented?
- Include the details of any other professionals involved in this incident – i.e Ambulance Staff and Police details (including Log No. where possible)
- Are there any discrepancies in the information provided by the child/ parent about the presenting injuries/ illness?
- Has the child/ parent presented with similar injuries/ concerns previously? Please provide dates and a description of what happened.
- Do you have any concerns about discharging this child home to their parents / carers?
- Have you ensured that you have not used medical jargon? This cannot always be understood by other professionals outside of the medical profession.
- Are you clear why you are escalating this concern to Children's Services?
- If the referral is about the parents it is still important to provide as much detail as possible about the child. It is very difficult for the MASH to act if we cannot identify the child.
- We do not require you to inform the parents or carers if you believe it would place the child at risk but we do need you to explain why this may be risky for the child. This information is vital to help us risk assess your referral.
- Include which part of Health you work for e.g. your CCG or Trust

### CAMHS

- Have you included which agency referred the child(ren) to CAMHS?
- How long have been working with the child(ren)?
- Who referred them to your service?
- What is the child's diagnosis (where applicable)?
- Separate the historical concerns from the present – please list concerns in chronological order to build a picture about the child's journey.
- What are the risks to the child e.g. self harm/ suicidal thoughts/ how are these managed by parents?
- How are these managed by CAMHS?
- How do you believe Children's Services can assist?
- What is the reason that has led you to believe that this child's needs should be escalated to Children's Services?

### Non Frontline workers

- There is no expectation that a worker who does not work directly with children (for example a refuse worker, recycling officer, and receptionist) should discuss their concerns with the family before making a referral.

## Probation

- What was the Offence?
- What was the date of sentencing?
- What was the Sentence?
- If the referral is in relation to a PPRC what are the offences?
- What contact does this person have with children, frequency, supervised/ unsupervised?
- Are there any restrictions in place?
- What is the assessed level of risk this person poses?
- Please note that with no details of the child, there is very little that Children's Services can do to action your referral.

## Housing / Homelessness

- When was a homeless application made?
- Why has the person been made homeless?
- What support has been offered / due from your service – or state it not entitled and reason for this?
- Are there any known issues of domestic violence?
- Have any family or friends been identified who could stay with?
- Does the person have recourse to public funds?
- Do you know their immigration status?
- How has the person been supporting themselves up until this point, why are they homeless now after a period of not having accessing to public funds?

## Education/ Schools

- What time and date were you made aware of this concern (if a specific incident)?
- How did this concern come to your attention?
- Was it a direct disclosure from the child (where applicable)?
- Have you spoken to any of the child's parents prior to considering this referral?
- If not, please explain why?
- Do you have any concerns about this child (and siblings) going home from school today?

## 10 Further information and key contact details.

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For further information and details of multi-agency training provided regarding the making of effective safeguarding referrals please refer to the Warwickshire Safeguarding Children's Board website available at [www.warwickshire.gov.uk/wscb](http://www.warwickshire.gov.uk/wscb)

The MASH standard operating procedures are available at [www.warwickshire.gov.uk/mash](http://www.warwickshire.gov.uk/mash)

Key contact details for more advice and information:

Local district Early Help Officer  
Telephone: 01926 414147  
Email: [earlyhelp@warwickshire.gcsx.gov.uk](mailto:earlyhelp@warwickshire.gcsx.gov.uk)

Multi Agency Safeguarding Hub (MASH)  
Telephone: 01926 414144  
Email: [mash@warwickshire.gcsx.gov.uk](mailto:mash@warwickshire.gcsx.gov.uk)