



## Warwickshire MASH

### Multi-Agency Referral Form (MARF)- Concerns about a Child

**This form should always be completed when making a referral about a child/ren to the Warwickshire Multi-Agency Safeguarding Hub (MASH). Please complete as fully as possible.**

**All urgent child protection referrals where there is an immediate concern about a child should be made by telephone by calling the MASH on telephone number 01926 414144. Outside of office hours for an immediate concern about a child in danger dial 999 and contact the Emergency Duty Team on telephone number 01926 886922. You must then complete this Multi Agency Referral Form as written confirmation of your referral and send to mash@warwickshire.gcsx.gov.uk**

**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 <input type="checkbox"/>
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**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	

**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 a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text

**OFFICIAL/SENSITIVE UPON COMPLETION**

<b>4. 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
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

<b>5. The Child's Voice</b>	
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? Enter text	

<b>6. Informing the Parent(s) and Carer(s).</b>	
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.	
Have you informed parents or carers about making this referral?	Choose an item
If not, what is the rationale for not informing the parent/carer you are making this referral? Enter text	

<b>7. Reason for referral (If your concern is about a risk from an adult we still need you to complete this section)</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?	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

**OFFICIAL/SENSITIVE UPON COMPLETION**

**8. Details of Father / Mother / Adult Siblings / Carers / Grandparents / Family Members / Significant Adults etc.**

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
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
Please state who has parental responsibility for the children?					Please provide details of those with PR.		
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		

**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?

**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.

**Upon completion of the MARF please email the referral from a secure email address and send to the MASH at [mash@warwickshire.gcsx.gov.uk](mailto:mash@warwickshire.gcsx.gov.uk) or complete the form online. The MASH has no fax facilities. If you are having difficulties sending your referral please call the MASH on 01926 414144.**

**Remember to send any other relevant documents with the MARF, such as copies of a single assessment if this has been completed or other documents which may evidence concerns or detail previous action/concerns that your agency has undertaken.**

**After sending this referral to the MASH please maintain a copy of this form on the child's record or in your agency file and ensure you record when the referral was sent and when you receive an acknowledgement from the MASH. If you work in Education or Health please also send another copy of the referral to your agency safeguarding lead for monitoring purposes.**

**For further information please refer to the Warwickshire Safeguarding Children's Boards Procedures available at [www.warwickshire.gov.uk/wscb](http://www.warwickshire.gov.uk/wscb) and the MASH Standard Operating Procedures available at [www.warwickshire.gov.uk/mash](http://www.warwickshire.gov.uk/mash)**