



**Darlington Children’s Services**

**Multi Agency Referral Form**

**Every effort should be made to share this referral with those with Parental Responsibility if this is appropriate and safe to do so. In circumstances where this is not possible, please state reasons & make attempts to inform them of content verbally.**

**1. Child and Family Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Child: |  | | | Gender (M/F): | |  |
| Child’s address: |  | | | | | |
| Telephone Number: |  | | | | | |
| Postcode: |  | Date of birth/ expected birth date: | | |  | |
| Does the child have a disability?  **Yes**   **No** | | If **Yes** state the disability: |  | | | |

**2. Child’s ethnicity and language**

|  |  |  |
| --- | --- | --- |
| White  White British  White Irish  Gypsy/Roma  Traveller  Any other White background | Black or Black British  African  Caribbean  Any other Black background | Asian or Asian British  Bangladeshi  Indian  Pakistani  Any other Asian background |
| Mixed/dual background  White and Asian  White and Black African  White and Black Caribbean  Any other mixed background | Chinese and other  Chinese  Any other ethnic group  Not given | Religion    First Language    Is an interpreter required? **Yes**  **No** |

**3. Family/ Household Members and Significant Others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **DOB:** | **Relationship to the child:**  ***(State if they have PR)*** | **Address:** | **Telephone Number:** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**4. Other services involved with the child are:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency (e.g. name, address):** | | **Named person & Role:** | **Telephone Number:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**5. Details of Person Making referral.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Role: |  | | | |
| Agency: |  | | | |
| Email Address: |  | | | |
| Postal Address: |  | | Post Code: |  |
| Telephone: |  | Date: |  | |

**Has the referral been discussed with your agency Child Protection Lead?**

**Yes**   **No** **N/A**

**6. Consent**

If a practitioner believes a child is at risk of significant harm they have a duty to make a referral to Children’s Services immediately. These referrals do not necessarily require **consent** but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at further risk of significant harm or may lead to the loss or destruction of evidence of a crime or influencing a child about the disclosure made. For ALL other referrals **consent** should always be sought from an adult with parental responsibility for the child/young person (or the young person themselves if they are competent) before passing information about them to Children's Services.

|  |
| --- |
| Have parents/carers and/or young person been informed of this referral? **Yes**  **No** |
| Do you have consent to make this referral/ to share this information? **Yes**  **No**  If **Yes**, please state who provided consent:  Written consent:  Verbal consent:  Date:  If **No**, please state why consent was not obtained: |

**This form has been completed because:**

Support is being requested with school attendance, (Children Missing from Education (CME), Welfare checks, unauthorised absence and holiday fines).

This child/ family would benefit from an Early Help Assessment

This family have been assessed through an Early Help Assessment (formerly CAF) and it is believed they would benefit from additional support

It is believed that this child meets the definition of Child In Need

It is believed that this child may be at risk of significant harm

**7. Presenting Issues**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Absent Parenting |  | Gang Violence children |
|  | Abuse - Emotional |  | Homelessness (under 18) |
|  | Abuse - Neglect |  | Housing |
|  | Abuse – Physical |  | Incarcerated – Child |
|  | Abuse – Sexual |  | Incarcerated – Parent/Carer/Family Member |
|  | Adoption Enquiry |  | Information received / request |
|  | Adult Mental Health Issues |  | Inter Country Adoption Enquiry |
|  | Asylum Seekers – Child |  | Lone Child in Need of Accommodation |
|  | Asylum Seekers – Parental |  | Mother / Parent Shoplifting |
|  | Bullying (Physical and Cyber) |  | Not in Education, Employment or Training (NEET) |
|  | Child Absent (home or care) |  | Notification of Other Local Authority Looked After Child in Darlington |
|  | Child Death |  | Notification of Other Local Authority Child on Child Protection in Darlington |
|  | Child Illness |  | Parent / adolescent contact |
|  | Child Left Home Alone |  | Parent/ Adults Conflict |
|  | Child Mental Health |  | Parental Disability |
|  | Child Missing from Care |  | Parental Illness |
|  | Child Missing from Education (CME) |  | Private Fostering Enquiry |
|  | Child Missing from Home |  | Radicalisation |
|  | Child Sexual Exploitation (CSE) |  | School Attendance Issues |
|  | Child Shoplifting |  | Self-Harm |
|  | Child with a Disability |  | Sexually Harmful Behaviour |
|  | Childcare Issues |  | Sexually Inappropriate behaviour |
|  | Children Disappearing during Shopping |  | Socially Unacceptable Behaviour |
|  | Child’s behaviour |  | Special Educational Needs |
|  | Domestic Violence |  | Street Robberies by or against a child |
|  | Elective Home Education (EHE) |  | Subject to immigration control (adults) |
|  | Family Dysfunction |  | Substance Misuse - Child |
|  | Family in Acute Stress due to Low Income |  | Substance Misuse – Parent |
|  | Female Genital Mutilation (FGM) |  | Teenage Fights |
|  | Fixed Eligibility (e.g. Blue Badges) |  | Unaccompanied Minor |
|  | Fostering Enquiry |  | Young Carer |

**8. Have you consulted the** [**Darlington Continuum of Need Indicators**](http://www.darlingtonsafeguardingboards.co.uk/media/1307/darlington-continuum-of-need-jan-2017-v2.pdf) **(threshold) and/or** [**Self-harm pathway**](http://www.darlingtonsafeguardingboards.co.uk/media/1273/self-harm-pathway-v5-darlington.pdf) **documents?**

Yes  No

**Please outline your concerns and why you believe this child is at risk of significant harm or in need of additional services or there is an attendance issue, describing the level and frequency of concern. Include the impact on the child.**

|  |
| --- |
| ***(What are you worried about, what is the future danger for this child, any complicating factors?)*** |

**9. Outline what services have been provided and the impact on the child. Please outline what services you will continue to provide.**

|  |
| --- |
| ***(What is working well, what needs to happen/ change, what can your agency contribute to keep the child safe/ support the child and family?)*** |

**Please sign and date this form**

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Date Signed: |  |

**It is the responsibility of all agencies who are making enquiries and/ or making referrals about child/ren to inform the parents/ carers or those with parental responsibility that they are making a referral to Children Social Care if it is appropriate and safe to do so**.

**Referrals relating to risk of significant harm must be made via a telephone call and followed up in writing within 24 hours.**

The referral must be sent to:

Secure Email: [**childrensaccesspoint@darlington.gov.uk**](mailto:childrensaccesspoint@darlington.gov.uk)

Telephone: **01325 406222**

Orfor Out of Hours, call: **Emergency Duty Team: 08702 402994**

**Confidentiality Notice** – This information is shared in accordance with Darlington Safeguarding Children Partnership Information Sharing Protocol, if this form is received in error please contact the referring organisation.