**ENFIELD MASH**

**SAFEGUARDING ASSESSMENT REFERRAL FORM (SARF)**

**Statement of Use**

This form will be used by all agencies to assess and refer children and families where there are safeguarding concerns. Please complete as much of the form as you can.

**If you have immediate child protection concerns please phone the**

**Enfield Children’s MASH (multi agency safeguarding hub) on 0208 379 5555**

**To make an urgent referral outside office hours, please call the**

**Emergency Duty Team on 0208 379 1000**

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| **1. TYPE OF REFERRAL** |
| Are you concerned about the **safeguarding of a child or young person?** | Yes | ☐ | No | ☐ |
| ***If you answered ‘Yes’ to question 1, please complete as much of sections 2-7 as possible and submit to the MASH using the guidelines in section 8.*** |
| ***If you answered ‘No’ to question 1 and there are no safeguarding concerns, please visit the*** [***Local Offer***](https://new.enfield.gov.uk/services/children-and-education/local-offer/) ***(or visit*** [***www.enfield.gov.uk***](http://www.enfield.gov.uk) ***and search ‘Local Offer’) for eligibility criteria and refer direct to that agency.***  |
| **Enfield’s Early Help Family Hub** | Tel: 0208 379 2002 / 2525 |
| **CAMHS & EPS** | Tel: 0208 379 2000 |
| **Joint Service for Disabled Children** | Tel: 0208 363 4047 |
| **Enfield Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS)** | Tel: 020 8373 6243 |
| **Primary Behaviour Support**  | Tel: 020 8441 6448  |
| **Secondary Behaviour Support Service** | Tel: 0208 379 8014 |

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| **2. CHILD/YOUNG PERSON DETAILS** |
| Forename(s) | Click here to enter text. | DOB/EDD | Click here to enter a date. |
| Surname(s) | Click here to enter text. | Gender | Click here to enter text. |
| Languages spoken | Click here to enter text. | Interpreter required? | Yes | ☐ | No | ☐ |
| Primary address | Click here to enter text. | Contact number(s) | Click here to enter text. |
| GP Name/Address | Click here to enter text. | NHS Number | Click here to enter text. |
| Religion |  | Ethnicity | Click here to enter text. |
| Disability? | Yes | ☐ | No | ☐ | If ‘yes’, please provide details | Click here to enter text. |
| School Attending |  |

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| **3. FAMILY COMPOSITION** |
| Name | Address | DOB/EDD | Ethnicity | Disability | Language(s) spoken | Interpreter/Signer Required? Y/N | Relationship to child |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **4. DOES THIS FAMILY MEET ANY OF THE NATIONAL CHANGE & CHALLENGE INDICATORS AS DESCRIBED BELOW:** |
| **Family Concerns (please select those that apply)** | **Headline Indicator** | **Applicable Family Members**  | **Please Provide Details**  |
| **1. Education**  | **☐** | School attendance or exclusion  | Click here to enter text. | Click here to enter text. |
| **2. Crime and Anti-Social Behaviour** | **☐** | Anti-social behaviour interventionYouth or adult offending | Click here to enter text. |  |
| **3. Children who need help** | **☐** | Children who have been reported as missing from home and identified as a concernChildren who don't take up the Early Years EntitlementChildren previously known to social careA child who has been identified as at risk of sexual exploitationFamilies referred to the parenting support UnitChildren identified as having social, emotional and mental health problems | Click here to enter text. | Click here to enter text. |
| **4. Employment or at risk of financial exclusion**  | **☐** | Adults out of work and on Benefits NEET (Not in Employment Education or Training)Families being at significant risk of financial exclusion | Click here to enter text. | Click here to enter text. |
| **5. Domestic violence or abuse**  | **☐** | Victims of domestic violence or abuse DV/DAPerpetrator of DV/DA | Click here to enter text. | Click here to enter text. |
| **6. Families with health concerns** | **☐** | An adult with mental health (MH) problems who has parenting responsibilities Adults/children with drug/alcohol issuesUnhealthy weight  | Click here to enter text. | Click here to enter text. |

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| **5. INFORMATION SHARING** |
| **Please note that referral(s) should be discussed with the parent/carer unless obtaining so will place the child at further risk of significant harm – doing so should not delay a referral being made** |
| Has the parent and/or guardian been informed about this referral? | Yes | ☐ | No | ☐ |
| If ‘No’, please give reason(s) why | Click here to enter text. |
| **If you are concerned that this will put a child or young person at further risk, please contact the MASH on 0208 379 5555 for further discussion** |

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| **6. DETAILS OF THE PERSON MAKING THIS REFERRAL** |
| Name | Agency | Role | Telephone | Email | Date form completed |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| AGENCIES CURRENTLY INVOLVED WITH THE FAMILY (please name as necessary) |
| Name | Role | Organisation | Contact Details |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **7. REASONS FOR THIS REFERRAL** |
| What has prompted you to make a referral? What worries do you have for the child/family if the situation continues? |
| Click here to enter text. |
| Consider both the strengths and worries for the child**. It may not be necessary to fill in all the boxes,** however please provide as much detail as possible in order to more accurately assess the level of risk for this child and their family. |
| **1. What are we worried about?**What has happened or what have you seen that has made you worried about this child/ young person (this is the past and current harm and worries) | **2. What is going well?**The things that are going well, resource in place, best hopes, things which can be built on to reduce the worries (these are the Strengths) | **3. What Needs to Happen?**What the parent, child/young person, practitioner would need to see to be satisfied that the worried were sorted out |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What are you worried could happen if nothing changes for the child/young person (this is the worry/danger statement and your professional analysis) | The things that have been done to change the situation and have proven to be effective over time (this is the Safety) | What will you do next to reach the goals/improve the outcomes for the child/young person – this will become your action plan |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What things are making it harder to deal with the difficulties? |
| Click here to enter text. |

**Vulnerability Scale (Please tick only one)**

On a scale of 1 – 10 with 1 being the most concerning and 10 being the least concerning, how vulnerable do you think this child is?

 **1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐**

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| **8. SUBMITTING THIS FORM** |
| **NB: If you are requesting a single agency referral in part 1, please use the contact details and instructions for that agency to make a referral.** |
| Completed referral forms can be sent to the MASH by emailing childrensmash@enfield.gov.uk which can be done securely via egress.Referral forms being sent from a health nhs.net or other secure account not compatible with egress can be sent securely to childrensmash@enfield.gcsx.gov.uk If you would like to speak to someone to discuss you concerns, please call 0208 379 5555 to speak to a member of the team. |

