**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 intervention  Youth 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 concern  Children who don't take up the Early Years Entitlement  Children previously known to social care  A child who has been identified as at risk of sexual exploitation  Families referred to the parenting support Unit  Children 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/DA  Perpetrator 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 issues  Unhealthy 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. |
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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](mailto: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](mailto: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. |

