



## MULTI AGENCY REFERRAL FORM

4<sup>th</sup> Floor North Wing, Mercury House, Mercury Gardens, Romford, RM1 3DW

Telephone: 01708 433 222

Facsimile: 01708 433 375

Email: [tmash@havering.gov.uk](mailto:tmash@havering.gov.uk)

Website: [https://www.havering.gov.uk/info/20017/children\\_and\\_families](https://www.havering.gov.uk/info/20017/children_and_families)

**Consent** Refer to guidance on last page. Where possible, written consent should be obtained unless seeking consent will put the child at imminent risk of significant harm.

Do you have consent, from a person who has parental responsibility for this child, to make this referral and share appropriate information with other agencies? **Written**  **Verbal**  **Not Obtained**

Consenters Name:

Relationship to Child:

Date of Consent:

Signature:

### Family Details

Family Address:

Young Person's contact details if applicable:

First Language:

Is an interpreter required?

Yes  No

Does any child or family member have a disability? If yes, please provide details:

### Family Composition

#### Child 1

Name:

DOB/EDD:

Gender:

Tick if same Address

Other address:

Ethnicity:

#### Child 2

Name:

DOB/EDD:

Gender:

Tick if same Address

Other address:

Ethnicity:

#### Child 3

Name:

DOB/EDD:

Gender:

Tick if same Address

Other address:

Ethnicity:

#### Child 4

Name:

DOB/EDD:

Gender:

Tick if same Address

Other address:

Ethnicity:

#### Child 5

Name:

DOB/EDD:

Gender:

Tick if same Address

Other address:

Ethnicity:

#### Parent/Carer

Name:

DOB:

Gender:

Tick if same Address

Other address:

Ethnicity:

Contact Details:

Relationship:

#### Parent/Carer

Name:

DOB:

Gender:

Tick if same Address

Other address:

Ethnicity:

Contact Details:

Relationship:

**Referral****What is the reason for your referral?**

*Do you believe the child is at immediate risk of significant harm? Please state the nature of harm.  
 Has the subject sustained an injury? Please provide a description of the injury.  
 Is the child/young person afraid to be home? If yes, where is the child currently?  
 Please state date, time and location of the incident.  
 Has the child been spoken to? What is their account?*

**Are there any support services that the child/family is currently or has previously been receiving?****What are the desired outcomes you would like to see? What services do you believe are required?****Are there any contributing factors that you would like us to be aware of such as health, housing, financial, education, and emotional/social wellbeing?**

*e.g. In your opinion, are there any heightened risks to persons making contact with the child/family such as a dangerous dog, persons of a violent nature, drug use in the home etcetera?*

**Referrer's Details**

Name:

Role:

Agency (if applicable):

Full Work Address, including post code:

Telephone, including mobile:

Fax:

Email:

Name of Agency Safeguarding Lead:

Date:

**Consent**

Parents/Carers should be asked to provide consent to both the referral being made to Havering Children's Services and to obtaining and sharing information with partner agencies. In most circumstances the agreement of the parent/legal guardian must be sought before a referral is made, providing this will not place the child at an increased risk of significant harm.

If a professional has any concern that informing a parent may place a child at risk, please seek advice from the Triage, MASH and Assessment Team on 01708 433 222.

For all referrals to the Early Help Service, a signature is required from the Parent/Carer.