



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 <input type="checkbox"/> No <input type="checkbox"/>	If Yes state the disability:		

2. Child's ethnicity and language

White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Traveller <input type="checkbox"/> Any other White background	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background
Mixed/dual background <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background	Chinese and other <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not given	Religion First Language Is an interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Family/ Household Members and Significant Others

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

4. Other services involved with the child are:

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

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 <input type="checkbox"/> No <input type="checkbox"/>
Do you have consent to make this referral/ to share this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please state who provided consent:
Written consent: <input type="checkbox"/> Verbal consent: <input type="checkbox"/> Date: <input type="checkbox"/>
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

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

8. Have you consulted the [Darlington Continuum of Need Indicators](#) (threshold) and/or [Self-harm pathway](#) 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.gcsx.gov.uk

Telephone: **01325 406222**

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

Confidentiality Notice – This information is shared in accordance with [Darlington Safeguarding Children Board Information Sharing Protocol](#), if this form is received in error please contact the referring organisation.