

Our Safeguarding Children Partnership for Cornwall and the Isles of Scilly

Inter-agency referral to Local Authority Children's Social Care Guidance Notes



Our Safeguarding Children Partnership for Cornwall and the Isles of Scilly has agreed that all contacts with the Multi Agency Referral Unit (MARU) within Cornwall should be made using the inter-agency referral form. The form is in line with the requirements of Working Together to Safeguard Children and local procedures for sharing information when you have concerns about the welfare or development of a child including Child Sexual exploitation. The following guidance is designed to explain when and how to use the form. There are additional guidance notes to support referrals in respect of Child Sexual Exploitation on the OSCP website alongside this form.

1. Please complete the form as fully as possible. The quality of information provided at the point of contact with specialist social work services is critical to safeguarding vulnerable children effectively. It is very important that full details of names, dates of birth, addresses and ethnicity are completed. Please indicate who has parental responsibility under the Children Act 1989. Ensure that you record the name of the social worker and details of all discussions, including any agreed actions in your own agency record.
2. To avoid delay if we need to contact you, please be specific about your contact details (including email address), especially if you work part-time or work from different locations at different times.
3. Wherever possible, the permission of parents/carers/children/young people (as appropriate to age and understanding) should have been sought before contacting the Multi Agency Referral Unit (MARU) and before a social worker discusses your concerns with any other agency. However, "this should only be done where such discussion and agreement seeking will not place a child at further risk of significant harm or prejudice enquiries under Section 47 of the Children Act 1989, or a police investigation". Where possible you may wish to fill in the form whilst with the family and obtain their signatures before sharing the information with the MARU. If parental permission is refused and you consider the child to be at risk of significant harm, the interests of the child must come first and therefore the referral must go ahead. Please ensure that you document the reasons for your actions. If you are making the referral without the knowledge of the family, the MARU will need to discuss the situation with you before taking any further action.
4. By completing this referral form as comprehensively as possible, you will be helping the MARU to make an informed decision on further action within the requirements of Working Together and in line with the time scales set by the Framework for the Assessment of Children in Need and their Families (2000). You will also help determine whether the level of need meets the threshold for statutory social work intervention. In particular, details of any work you have already done with the family, when you last saw them, and the child or young person, and specific information about what might need to change to help safeguard the child's welfare and development are essential. Whilst undertaking a CAF is not a prerequisite for making a referral (particularly when there is a risk of significant harm) this is best practice and if a CAF has already been undertaken it should be used and attached to support the referral to the MARU.
5. If you are making a referral because of child protection concerns, you will need to telephone the MARU without delay, (see details below) following up with this referral form, as soon as possible, but no later than within 48 hours (Working Together).

6. On receipt and consideration of your referral, the MARU will give you feedback, confirmed in writing within two working days about the decision and within the limits of confidentiality, the actions being undertaken. If the referrer has not received an acknowledgement within three working days they should contact the local authority children social care again. Please note that wherever possible specialist social work services will use the information you share as a significant part of the initial assessment and therefore they may contact you to clarify the information you have provided.
7. If you are not sure about what action to take or have any difficulties or queries, please do not hesitate to contact your own Child Protection Advisor, such as a designated teacher, named or designate practitioner or the MARU advice line.
8. To contact the MARU in hours phone 0300 1231 116 and out of hours 01208 251300.

John Clements
Independent Chair
Our Safeguarding Children Partnership for Cornwall and the Isles of Scilly

MANDATORY INTER-AGENCY TO LOCAL AUTHORITY CHILDREN SOCIAL CARE REFERRAL FORM

Please ✓ all appropriate boxes or write Not Applicable N/A or Not Known N/K
Please complete legibly in BLACK INK

Child/Young Person's Details	
Surname: <input style="width: 90%;" type="text"/>	AKA: <input style="width: 90%;" type="text"/>
Forename(s): <input style="width: 60%;" type="text"/>	Date of Birth <input style="width: 20%;" type="text"/> Or Expected Date of Delivery: <input style="width: 60%;" type="text"/>
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/> Unborn <input type="checkbox"/>
Current Address: <input style="width: 95%;" type="text"/>	
Postcode: <input style="width: 25%;" type="text"/>	Type of Address: <input style="width: 65%;" type="text"/>
Tel No. (inc. code): <input style="width: 95%;" type="text"/>	
Home Address (if different): <input style="width: 95%;" type="text"/>	
Postcode: <input style="width: 35%;" type="text"/>	
Tel No. (inc. code): <input style="width: 35%;" type="text"/>	
Child/young person's ethnicity:	
<input type="checkbox"/> A1 White – British	<input type="checkbox"/> B4 Mixed - Any other mixed background
<input type="checkbox"/> A2 White – Irish	<input type="checkbox"/> C1 Asian or Asian British – Indian
<input type="checkbox"/> A3 White – Any other White Cultural Background	<input type="checkbox"/> D1 Black or Black British - Caribbean
<input type="checkbox"/> B1 Mixed - White and Black Caribbean	<input type="checkbox"/> C2 Asian or Asian British – Pakistani
<input type="checkbox"/> B2 Mixed -White and Black African	<input type="checkbox"/> D2 Black or Black British – African
<input type="checkbox"/> B3 Mixed - White and Asian	<input type="checkbox"/> C3 Asian or Asian British – Bangladeshi
	<input type="checkbox"/> D3 Black or Black British - Any other Black background
	<input type="checkbox"/> E1 Chinese
	<input type="checkbox"/> E2 Any other ethnic group
If E2, Nationality:	
Religion: <input style="width: 95%;" type="text"/>	
Child's first language: <input style="width: 95%;" type="text"/>	
Parent/carers' first language: <input style="width: 95%;" type="text"/>	
Interpreter/signer required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details: <input style="width: 90%;" type="text"/>	
Does child/young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details: <input style="width: 90%;" type="text"/>	
Other special/cultural needs: <input style="width: 95%;" type="text"/>	
Has child/young person received an Education Health and Care Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
On School Support? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child/young person's GP: <input style="width: 95%;" type="text"/>	
School attended: <input style="width: 95%;" type="text"/>	
Details of Referrer	
Surname: <input style="width: 45%;" type="text"/>	Forename(s): <input style="width: 45%;" type="text"/>

Role: _____

Agency & Address: _____

Postcode: _____

Tel No. (inc. code): _____

Email: _____

When can referrer be contacted? _____

Is parent aware of referral? Yes No

Some referrals may not require a response from Social Work, but an alternative service may be appropriate to meet the needs of the family which can be determined by the Early Help Hub. By ticking this box, you are confirming that the following verbal consent has been given: "I agree to the information within this referral being passed to the Early Help Hub and to my information being shared with agencies who are part of the Early Help Hub response. I understand this information may be sensitive":

Please note anybody over 13 years, who is deemed competent, can give their own consent. This may be with or without parental consent.

Communication with the Family and Consent

Does the person with parental responsibility know that a referral to Children's Social Care has been made? Yes No Date completed / /

If 'Yes', does the person with parental responsibility consent to the sharing of information for:

Members of the family's network Yes No Date completed / /

Professionals to be contacted for further information Yes No Date completed / /

If this referral is based on information from a third party, are they aware that it is being made? Yes No Date completed / /

Does the child or young person know about this referral? Yes No Date completed / /

Does your Line Manager or Safeguarding Lead know about this referral? Yes No Date completed / /

If 'No' to any of the above, please explain why:

Parents/Persons caring for child/young person:						✓ if parental responsibility	
Surname	Forenames	M/F	AKA	Address/Tel No.	Date of Birth	Relationship to child	

Other children in household (please indicate by * against name if another child/young person is also being referred):

Surname	Forenames	M/F	AKA	Date of Birth	Relationship to child

						✓ if parental responsibility	
Surname	Forenames	M/F	AKA	Address/Tel No.	Date of Birth	Relationship to child	

Agencies/professionals known to be involved

Name: _____

Agency: _____ Tel No. (inc. code): _____

Name: _____

Agency: _____ Tel No. (inc. code): _____

Name: _____

Agency: _____ Tel No. (inc. code): _____

Name: _____

Agency: _____ Tel No. (inc. code): _____

Name: _____

Agency: _____ Tel No. (inc. code): _____

Name: _____

What is your involvement with the family? (include how long you have known the family, in what capacity and what work you have been doing to support them):

Risks – What are you worried about?

Strengths – What is working well?

What would you like to see happen?

Do you consider the child/young person to be a victim of, or at risk of, exploitation?

Often children and young people who are the victims of sexual do not recognise that they are being abused. There are a number of warning signs that can indicated a child may be being groomed for sexual exploitation and behaviours that could indicate that a child is being sexually exploited. To assist you in remembering in assessing these signs and behaviours, see the mnemonic (S.A.F.E.G.U.A.R.D.) Sexual health and behaviour, Absenteeism from school or repeated running away, Familial abuse and/or problems at home, Emotional and physical condition, Gangs, older age group and involvement in crime, Use of technology and sexual bullying, Alcohol and drug misuse, Receipt of unexplained gift or money, Distrust of Authority figures.

Yes

No

If yes, please complete the Risk Assessment below:

Child Sexual Exploitation (CSE) Risk Assessment Tool with Risk Indicators

Please select the type of Exploitation:

Sexual Exploitation

Other

The mnemonic to assist you in remembering CSE warning signs and behaviours:
(S.A.F.E.G.U.A.R.D.)

- S**exual health and behaviour
- A**bsenteeism from school or repeated running away,
- F**amilial abuse and/or problems at home,
- E**motional and physical condition,
- G**angs, older age group and involvement in crime,
- U**se of technology and sexual bullying,
- A**lcohol and drug misuse,
- R**eceipt of unexplained gift or money,
- D**istrust of Authority figures

Please answer the following questions as to whether the child/young person is:

Being groomed on the internet. Sexualised risk taking including on the internet?

Yes

No

Unknown

If yes, evidence and comments:

Truancing from school. Non school attendance or excluded due to behaviour?

Yes

No

Unknown

If yes, evidence and comments:

Regularly coming home late or going missing. Staying out overnights with no explanation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Associating with unknown adults or other sexually exploited children and young people. Getting into cars with unknown adults, associating with known CSE adults. Pattern of street homelessness or staying with an adult believe to be sexually exploiting them?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Unaccounted for monies or goods including mobile phones, drugs and alcohol. Receiving reward of money or goods for recruiting peers into CSE?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Experimenting with drugs and alcohol. Indicators of CSE in conjunction with chronic alcohol and drug abuse?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Disclosure of a physical assault with no substantiating evidence to warrant a Child Protection enquiry, then refusing to make or withdrawing a complaint. Disclosure of serious sexual assault and then withdrawal of statement?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Poor self-image, eating disorders and some self-harm. Self-harming that requires medical treatment. Indicators of CSE alongside serious self-harming?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Sexually Transmitted infections?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Having an older boyfriend/girlfriend. Reduced contact with family/friends and other support networks. A child under 13 engaging in sexual activity?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		

Children under 16 meeting different adults and exchanging or selling sexual activity?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Additional vulnerability and underlying factors to consider		
Witnessing/experiencing domestic abuse?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Children and Young People 'Looked After'?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Patterns of abuse or neglect in family?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Homelessness/sofa surfing?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Substance misuse by parents/carers?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Particular needs, including learning disabilities, emotional/mental health issues?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Homophobia?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		

Death, loss or illness of a significant person in a child/young person's life?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Financially unsupported?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Family conflict, including breaks in adult relationships?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		
Migrant/refugee/asylum seeker?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, evidence and comments:		

NOTE: Information provided on this form will be shared with families and young people, if relevant to assessment and planning, unless indicated otherwise and agreed between the referrer and the MARU or where sharing would put any individual at risk of significant harm.

Signature of referrer:	Date:

Thank you for your Referral.

NOTE: You should be informed about the outcome of your referral within 3 working days. However, if you have not heard from the MARU about the outcome of your referral within this timescale, it is incumbent on you to follow it up.

To contact the MARU in hours phone 0300 1231 116 and out of hours 01208 251300

The inter-agency referral form should be sent to:

Multi Agency Referral Unit
 Together for Families
 3 North, New County Hall
 Treyew Road
 Truro TR1 3AY

Email: multiagencyreferralunit@cornwall.gov.uk

Standard Email: cscintake@cornwall.gov.uk

Data Protection -Privacy Statement

The information you provide is being collected by Together for Families Multi Agency Referral Unit (MARU) for the purpose of helping us to make the right decisions about the type of service you need ensuring you receive services best suited to your needs and circumstances.

This information may also be shared with other relevant professionals in conjunction with the nature of the request or enquiry. The data held relating to the delivery of support by MARU to your child will be used both for the provision of services and also for performance and service planning. This information will be held in a secure environment for a minimum of 3 years from date of case closure for all contacts and a maximum of 25 years from date of birth for all referrals in accordance with the TFF data retention policy after which time it will be destroyed in a secure manner. A full copy of our Privacy Notice can be found at www.cornwall.gov.uk/tffprivacynotice .