

**MULTI AGENCY REFERRAL FORM**

4th Floor North Wing, Mercury House, Mercury Gardens, Romford, RM1 3DW

**Telephone:** 01708 433 222 **Facsimile:** 01708 433 375 **Email:** tmash@havering.gov.uk

**Website:** [www.havering.gov.uk/Pages/Category/Children-and-families.aspx](http://www.havering.gov.uk/Pages/Category/Children-and-families.aspx)

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| **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:  Donald Duck | Relationship to Child:  Father | Date of Consent:  22/06/2022 |
| Signature:  D.Duck | | |

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| **Family Details** | |
| Family Address:  121 Duck Road  Romford  RM22XX | |
| Young Person’s contact details if applicable: | |
| First Language:  English | Is an interpreter required?  Yes  No |
| Does any child or family member have a disability? If yes, please provide details:  No | |

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| **Family Composition** | | | |
| **Child 1** | Name: Daisy Duck | DOB/EDD: 20/05/2014 | Gender: F |
| Tick if same Address  Other address: | | Ethnicity: White British | |
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| **Child 2** | Name: | DOB/EDD: | Gender: |
| Tick if same Address  Other address: | | Ethnicity: | |
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| **Child 3** | Name: | DOB/EDD: | Gender: |
| Tick if same Address  Other address: | | Ethnicity: | |
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| **Child 4** | Name: | DOB/EDD: | Gender: |
| Tick if same Address  Other address: | | Ethnicity: | |
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| **Child 5** | Name: | DOB/EDD: | Gender: |
| Tick if same Address  Other address: | | Ethnicity: | |
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| **Parent/Carer** | Name Donald Duck | DOB: 18/02/1972 | Gender: M |
| Tick if same Address  Other address: | | Ethnicity: White British | Contact Details:  01708 554433  07889945661 |
| Relationship: Father | | | |
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| **Parent/Carer** | Name: Della Duck | DOB: 02/06/1974 | Gender: F |
| Tick if same Address  Other address: | | Ethnicity: | Contact Details:  01708 554433  07788899455 |
| Relationship: Mother | | | |

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| **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?* |
| I do not believe this child is at immediate risk of significant harm.  Daisy has been at this school since January 2022 and has an attendance of 72.5% with a late mark recorded every day Daisy is in school.  Father reports both parents are struggling with Daisy’s behaviour, showing aggression towards parents.  Father states that Daisy is refusing to follow instructions and will argue and shout. Father states he finds this hard to manage and due to this has stopped taking Daisy out in the community.  Father mentions that both parents are having difficulty getting Daisy into school, with her saying she ‘doesn’t need to go’ and will refuse to get dressed and organised in the mornings.  In school Daisy will become increasingly upset when she does not understand a task, this will then lead to Daisy refusing to try or complete any work.  Daisy has been involved in one physical fight in school and has currently fallen out with peers in her class. |
| **Are there any support services that the child/family is currently or has previously been receiving?** |
| Daisy is welcome to speak with our schools pastoral worker when she feels she likes too. Daisy is aware of this support however has not spoken to the pastoral worker.  Parents have contacted parent surgery on one occasion in 2019.  Daisy was attending Brownies and Swimming after school club, it is unknown if this is still continuing. |
| **What are the desired outcomes you would like to see?****What services do you believe are required?** |
| Family to be supported via a family practitioner within the Early help Service.  Daisy to be able to regulate her own emotions without displaying aggression and refusal towards parents, professionals and peers.  Parent’s confidence to improve in regards to setting appropriate boundaries and consequences.  Daisy’s attendance to improve in school.  Daisy’s wishes and feelings explored in regards to future hopes and aspirations and lived experiences.  Communication between parents and school to be improved. |
| **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?* |
| Daisy moved to our school in January 2022 prior to this was being home educated by mother. |

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| **Referrer’s Details** | | | |
| Name: Peter Rabbit | | | |
| Role: Safeguarding officer | | Agency (if applicable): School | |
| Full Work Address, including post code: St Mickey School, Romford RM1 2JK | | | |
| Telephone, including mobile:  01708 654321 ext 987 | Fax: | | Email:  [P.Rabbit@Stmickey.org.uk](mailto:P.Rabbit@Stmickey.org.uk) |
| Name of Agency Safeguarding Lead:  Minnie Mouse | | Date: 22/06/2022 | |

**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.