**Inter-Agency Contact Form to**

**Portsmouth Multi-Agency Safeguarding Hub (MASH)**

**This form may be posted, transmitted by fax, or sent as an email attachment from a secure email address:**

**By email to**: **pccraduty@portsmouthcc.gcsx.gov.uk**

**By post to**: **Portsmouth MASH, Civic Offices, Floor 4 Core 5/6, PO1 2EA**

**By fax to**: **023 9275 4709**

**Telephone: Office hours**: **023 9268 8793 or 0845 671 0271**

**Telephone: Out of hours**: **0300 555 1373**
*(17:00-08:30 Monday-Thursday, 16:30-08:30 Friday and 24 hrs weekends & bank holidays)*

**Details of person making Contact**

|  |  |
| --- | --- |
| Referrer's name:       | Referrer's role:       |
| Referrer's Organisation/Agency:       | Referrer's address:       Post code       |
| Referrer's tel no:       | Date:       |
| Referrer's work email address (***not*** a central point of contact email):       |

**Parental/Guardian Consent to Sharing Information**

All Contacts to the Portsmouth MASH should be made with the knowledge and agreement of the family.

*They need to know what information has been shared and recorded by the Portsmouth MASH. They must also be aware that the Portsmouth MASH may need to share information with, and to seek information from other agencies to help them decide if additional services are needed, e.g. schools, health visitors, doctors, police, housing etc.*

*The exceptions to this are:*

* *when seeking consent to share information would put a child, young person or others at risk of significant harm, or*
* *if it would undermine the prevention, detection or prosecution of a serious crime, or*
* *the professional has either tried to seek consent or consent was refused, and they feel that the indicators clearly demonstrate the threshold for tier 3 or 4 are met* ***and*** *not to do so would potentially have a significant impact on the child's safety and well-being*

*In these circumstances the Portsmouth MASH and/or Children’s Social Care teams may seek and share necessary information about a child, young person or family without consent being given.*

*If you want to know more about how MASH will use your information, please see Portsmouth City Council's '****data protection privacy notice'****.*

|  |
| --- |
| [ ]  I the parent/guardian understand the above and agree to the sharing of personal information between agencies as described. I also understand that the information provided will be stored on a Children’s Social Care database and that I may see the records held by Children’s Social Care that directly concern me. [ ]  I the professional making the contact has explained the above to the parent/guardian who **has agreed** to the contact but has not been able to sign to that effect. |
| Signed:       | Print name:       |
| Relationship to child:       | Date:       |

|  |
| --- |
| * If verbal consent has been given by parent/guardian please document how this contact was made i.e. telephone, face-to-face and when it was given:

     * If consent has not been given, please evidence the indicators of potential needs or risks from harm to the child that, in your professional opinion, demonstrates the threshold for tier 3 or 4 is met and so needs to be considered by Portsmouth MASH:

     * If you have been unable to obtain the parent/guardian's consent to share this concern because you have not been able to make contact with them **and** you feel further delay would have a negative impact on the child. You must give details of the dates, times and methods by which you have attempted to contact them

      |

**Child's details** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |
| --- | --- | --- |
| Child1 first name:       | Middle names:       | Surname:       |
| Previous names:       | Child's gender:       | DOB:       |
| Child’s address:  |       Post code       |
| Child’s ethnicity:       | Child’s first language:        |
| Immigration status:       | Religion:       |
| Does the child have a disability? No [ ]  Yes [ ]  If 'yes' give details:       |
| Details of any special requirements:       |

**Details of Parents/Guardians**

**Parent/Guardian 1**

|  |  |
| --- | --- |
| Name: |       |
| Also known as /previous names: |       |
| DOB:  |       |
| Relationship to child/unborn baby:  |       |
| Do they have parental responsibility:  | Yes [ ]  No [ ]  Don’t Know [ ]  |
| Immigration status:  |       |
| Address if different to the child: |       Post code       |
| Telephone: |       |

**Parent**/**Guardian 2**

|  |  |
| --- | --- |
| Name: |       |
| Also known as /previous names: |       |
| DOB:  |       |
| Relationship to child/unborn baby:  |       |
| Do they have parental responsibility:  | Yes [ ]  No [ ]  Don’t Know [ ]  |
| Immigration status: |       |
| Address if different to child: |       Post code       |
| Telephone: |   |

**Sibling 1** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |
| --- | --- | --- |
| Child first name:       | Middle names:       | Surname:       |
| Previous names:       | Child's gender:       | DOB:       |
| Address if different to child1: |       Post code       |
| Child’s ethnicity:       | Child’s first language:        |
| Immigration status:       | Religion:       |
| Does the child have a disability? No [ ]  Yes [ ] If 'yes' please give details:       |
| Details of any special requirements:       |

**Sibling 2** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |
| --- | --- | --- |
| Child first name:       | Middle names:       | Surname:       |
| Previous names:       | Child's gender:       | DOB:       |
| Address if different to child1: |       Post code       |
| Child’s ethnicity:       | Child’s first language:        |
| Immigration status:       | Religion:       |
| Does the child have a disability? No [ ]  Yes [ ] If 'yes' please give details:       |
| Details of any special requirements:       |

**Sibling 3** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |
| --- | --- | --- |
| Child first name:       | Middle names:       | Surname:       |
| Previous names:       | Child's gender:       | DOB:       |
| Address if different to child1: |       Post code       |
| Child’s ethnicity:       | Child’s first language:        |
| Immigration status:       | Religion:       |
| Does the child have a disability? No [ ]  Yes [ ] If 'yes' please give details:       |
| Details of any special requirements:       |

*Note: for additional siblings please put details on a blank sheet of paper and attach to this referral.*

**Current family and home situation**

Other adults/children who live either full time or part-time at focus child's address: e*.g. step-parent, parent's partner, grandparents etc.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of birth**  | **Relationship to child**  | **Living with child F/T or P/T** |
|       |       |       |       |
|       |       |       |       |

**Other adults/children who play a significant role in the focus child's life but live outside the home address:**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |

**Early Help Assessment (EHA)**

|  |  |
| --- | --- |
| Is there an EHA? No [ ]  Yes [ ]  Don’t know [ ] Lead Professional:       | Date of most recent EHA:       |

**Reasons for Contact**

I am completing this Contact because*: (please tick as appropriate)*

|  |  |
| --- | --- |
| **I believe this child is at risk of significant harm.** | [ ]  |
| **I believe this child is in need or vulnerable.** | [ ]  |
| **I need support to access early help services for this child from the MASH.**  | [ ]  |

|  |
| --- |
| Current concerns for the child's safety and/or wellbeing are: *Provide specific facts, what have you seen, heard and/or been told. Include* ***extent****,* ***severity******and frequency*** *of concerns and attach any supporting documents used i.e.: Child Sexual Exploitation or Neglect Toolkit.*      |
| Specific family factors which may impact on the child *e.g. substance misuse, domestic abuse, parental mental health, learning difficulties or any other factors that may impact on parenting.* |
| I have taken the following actions to address these concerns: *.e.g. met with parents, involved other agencies* |
| Any known risks to visiting this family? Yes [ ]  No [ ] If 'yes', please provide details: |

**Additional information:**

|  |
| --- |
|  |

**Parent/guardian and child's views of the Contact**

|  |
| --- |
| Please state parent/guardian's views of this Contact:      |
| Any views expressed by the child:      |

**Other agencies involved with the child are:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** *i.e. Health services, school etc.* | **Details** *(e.g. name, address)* | **Telephone**  | **Lead professional (X)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Our aim is to respond to your contact within 24 hours.

Please contact us if you have any further concerns.