

Consent for information storage and sharing

The referrer only needs to fill in the first 3 sections

This form relates to

Consent must be obtained for the CAF Referral to proceed, except in the following circumstances:

- a) where there are clear child protection concerns and the referrer suspects that by attempting to get consent from the parents that this could potentially place the child/young person and or the adult victim at potential risk of harm. These cases must be discussed with the MASH Social Worker on a no names basis in advance of any referral.
- b) when the referrer has sought consent but the parent/carer has refused permission and there are concerns that the child may be at risk of significant harm. These cases must be discussed with the MASH Social Worker on a no names basis in advance of any referral.

Parental Consent

I understand the concerns held by professionals and why this referral is being made. I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- | | |
|-----------------------------|--|
| <input type="checkbox"/> Me | <input type="checkbox"/> This infant, child or young person for whom I am a parent / carer |
|-----------------------------|--|

I agree to the sharing of information other than those services listed below

- ☐ Yes ☐ No

This is a mandatory field. Please either select either Yes or No to confirm consent has been requested

Services with whom information cannot be shared

Parent has not consented for the following reason(s)

Parent not asked for consent for the following reason(s)

Date discussed with MASH Social Worker

Child, Family and Service information

Child/young person details

Name	<input type="text"/>
Date of birth or EDD	<input type="text"/>
NHS ID	<input type="text"/>
UPN ID	<input type="text"/>
Gender	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
Ethnicity	<input type="text"/>
Sub ethnicity	<input type="text"/>
Religion	<input type="text"/>
Language spoken	<input type="text"/>

☐ Interpreter/signer required

SGO/Kinship Details

Is the child/young person currently in Kinship care?

☐ Yes

☐ No

Is the child/young person subject to a Special Guardianship Order (SGO)?

☐ Yes

☐ No

If Yes, under which
Local Authority is child
subject to an SGO?

Parent(s), household members and other significant adults

Name	Date of Birth	Gender	PR	Ethnicity	Address and phone number	Religion	Language	Relationship

Presenting issues

At least one presenting issue MUST be selected. If multiple issues have been identified select all that are applicable

- ☐ Alcohol (child)
- ☐ Alcohol (parent)
- ☐ Child Bullying Others
- ☐ Child Developmental Concerns
- ☐ Child Exhibiting Problematic Behaviour
- ☐ Child Sexually Exploited
- ☐ Child Victim of Bullying
- ☐ Contact Issues
- ☐ Disability

Disability - Please give details

- ☐ Drugs (child)
- ☐ Drugs (parent)
- ☐ Extremism
- ☐ Families in Acute Stress

- ☐ Financial Problems
- ☐ Gangs
- ☐ Housing
- ☐ Ill health (child)
- ☐ Ill health (parent)
- ☐ Internet Safety
- ☐ Mental Health (child)
- ☐ Mental Health (parent)
- ☐ Missing Child
- ☐ Neglect
- ☐ Neighbour Dispute (e.g. Noise Disturbance, Verbal Altercation)
- ☐ Parenting Issue
- ☐ Self Harm
- ☐ Special Educational Needs / Additional Educational Needs

Special Educational
Needs / Additional
Educational Needs -
Describe briefly

- ☐ Teenage Pregnancy
- ☐ Trafficked Child
- ☐ Unaccompanied Minor
- ☐ Young carer

Abuse

- ☐ Domestic
- ☐ Emotional
- ☐ Physical
- ☐ Sexual

Abuse Through Faith or Belief

- ☐ FGM
- ☐ Forced Marriage
- ☐ Honour Violence
- ☐ Spirit Possession

Child Missing Education

- ☐ Child Being Bullied
- ☐ Excluded
- ☐ Excluded and Not Enrolled
- ☐ Ill Health
- ☐ Not Enrolled
- ☐ Truancy
- ☐ Young Carer

Youth Offending

- ☐ Assault
- ☐ Child as Perpetrator of Serious Offence
- ☐ Damage to Property
- ☐ Knife Crime
- ☐ Remanded to Care
- ☐ Remanded to YOI
- ☐ Theft
- ☐ Threats to Harm / Kill
- ☐ Verbal Abuse

Other Presenting Issue - 0

- ☐ Other

If Other - please
specify

Lead Professional (if known)

Lead Professional's
Name

Agency

Job Title

Contact Number

Contact e-mail

Services involved

Name	Agency	Contact details (Incl phone number)

Referral Information

Referral Date

Referral ID

Details of person making referral

Name

Organisation

Job Title

Contact telephone number

Contact e-mail

Referral Information

Information is mandatory.

What has led to the children, young person and family being referred?

What has been done to date?

What are the strengths/protective factors in the family?

What support is needed for the family?

Referral Outcomes

The next 2 sections should only be filled in by the receiving agency

- ☐ Accepted as a referral
- ☐ Pending because more information required

☐ Refused as it does not meet service access criteria

☐ Referral does not meet threshold and has been referred to _____

Please ensure that you complete the Request, select a Next Action and Finish the referral