

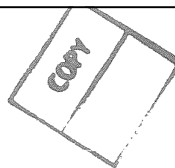
Multi-Agency Referral Form from Playgroup to Social Services 23/4/2015

This record received following Data Protection Subject Access Request direct to playgroup of 24th July 2015

Publication Converted PDF 28th September 2015

Herefordshire Multi-Agency Referral Form

Amended October 2014



This form is to be used by all professional agencies referring a child/young person to Children's Well Being Services (Children's Social Care) for assessment as a child in need of:

- support services;
- child protection; or
- accommodation (to become looked after).

It is your responsibility to provide as much information as possible and to inform the parent/carer of your referral unless in doing so you believe that the child/young person would be placed at risk of significant harm.

To assist your decision in whether a referral to social care is the correct option for the child and for support in ensuring you submit a good quality referral you should refer to the following guidance when completing this form:

- HSCB's Standards and Guidance for Multi-Agency Referrals to Children's Social Care
- Herefordshire Levels of Need Threshold Guidance

If you are still unsure whether a referral is appropriate, please telephone the Multi Agency Safeguarding Hub on (01432) 260800.

If a referral is made by telephone/direct contact the MARF should be completed within two working days.

If you do not have any relevant information for specific sections please state "No Information Available" or "Not Applicable". Please do not leave sections blank.

Guidance on how to submit this form securely is included within the Standards and Guidance Document above.

If an up to date Common Assessment Framework (CAF) is available please attach and provide additional information using this form.

Consent

Have you informed the child/family that you are making this referral? Yes No

If 'no', please state why not: LADO contacted first as Megan was Voluteer Helper at setting who was dismissed because she said she could hit a child and she had Hit her own child at setting.

Has consent been obtained for the sharing of information between agencies? Yes No

Who gave the consent? Not Applicable

Whose information is covered by the consent? Not Applicable

Details of the child(ren)

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith

Name: Pippa McGeown

AKA/Previous Names: no information

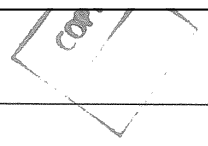
Male Unknown

Date of Birth or Expected Due Date: 01/08/2011

Female

Please ensure that this referral is made securely. Guidance on the secure submission of this document is provided in *HSCB's Standards and Guidance for Multi-Agency Referrals to Children's Social Care* available on Herefordshire Safeguarding Children Board's website through the link on page 1 of this form.

Page 1 of 5



Address: 1 Newton Cottages
Dilwyn Hereford

School /nursery/college attended:
Dilwyn Playgroup

Health Professionals – insert NHS Number:
no information

Schools/Colleges – insert Unique Pupil Number (UPN):
Not applicable

Post Code: HR4 8QX

Religion: C of E

Ethnicity: White British

Contact Phone Number for Carer/Parent:
01544 318313

Child's first language: English

Parent's first language: English

Is an interpreter or signer required? Yes No

Does the child have a disability? Yes No

If yes, please give details Not Applicable

Family composition/significant others (attach genogram if available)

(e.g. family structure including siblings, other significant adults etc; who live with the child and who do not live with the child and parents/carers/siblings. Significant adults also includes those not related to the child, eg lodger etc)

Name:	Date of Birth:	Relationship to child:	Parental responsibility		Address (if different from child above)
Freya McGeown		Sibling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
James McGeown		Father	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Megan McGeown		Mother	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Referral Information

Please refer to the Herefordshire Level of Needs and Service Response Guidance in completing this section, and communicating your specific concerns as to how the child's health and development are being adversely affected by the issues that are causing you concern. Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:

What is the foundation/evidence for your concerns and how and why has the concerns arisen?

What appear to be the needs of the children? And what appear to be the needs of the family?

- **Child's development needs**
This includes health, education, identity, self-care skills, social presentation, family & social relationships and

Please ensure that this referral is made securely. Guidance on the secure submission of this document is provided in HSCB's Standards and Guidance for Multi-Agency Referrals to Children's Social Care available on Herefordshire Safeguarding Children Board's website through the link on page 1 of this form.

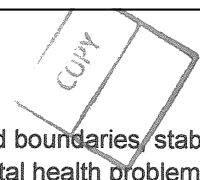
emotional & behavioural development, any special needs/disabilities:

- **Parenting capacity**

This includes basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability and any issues likely to affect parenting capacity, problems with drugs or alcohol, mental health problems, domestic abuse, special needs /disability:

- **Family and social environment factors**

This includes community resources, family's social integration, income, employment, housing, wider family history and functioning, history of offending behaviour



Which Level of Need do you feel this referral meets? Level 3 Level 4

Communicate your specific concerns as to how the child's health and development are being adversely affected by the issues that are causing you concern. Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:

What is the foundation/evidence for your concerns and how and why has the concerns arisen?

What appear to be the needs of the children? And what appear to be the needs of the family?

I have just taken over as Play leader on the 20th March. I have just been on my Level 5 Safegusrding course on Monday 20th April during the Course i mentioned my concerns to Alison Murphy and Deborah Ball Course Tutors they told me to Ring LADO which i did on Tuesday 21st I also Informed Ofsted by Email. I was contacted by a member of MASH on Wednesday but as i wasn't at work as setting closed. I was asked to fill out a referral from so you had Megans Daughters details.

The incident. we had a parent volunteer (Megan) on placement she was studying towards her level 3 at Ludlow college.

on the 13th March Megan got angry with a child and she felt she wanted to hit him, she told the manager at the time. she didn't hit him but the thought was there.

looking back at her record she had hit her own child (Pippa) in the setting in September 2014, she was reprimanded at the time and told the behaviour was unacceptable. I think the manager thought the training for level 3 would help her understand how to deal with children's behaviour.

A meeting was held with her College tutor on the 17th March. at the meeting Megan showed no remorse for her thoughts and said she couldn't say she wouldn't hit a child if she became angry with them. She was offered Parenting Classes or Angry Councilling which she took offence to. The college made the decision to remove her from the course and she was told that she could no longer volunteer at playgroup

Megan is quite a fiery character and has had quite fierce confrontations with a Teacher at Freya's School and a parent in the playground. Megan regulary handles her children quite roughly in front of people. Jim(James) is a calming influence on Megan and i have never witnessed any ill treatment from Jim.

My concern is that Megan is not suitable to work with Children

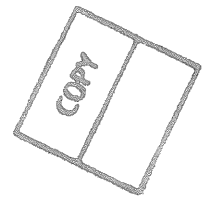
Is a CAF in Place?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has a CAF been Offered?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has a CAF been offered but declined?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are the parents/carers/family engaging in the CAF?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has CAF been effective – if not why not?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If a CAF has been in place, but has not been effective, please explain why not:

Please ensure that this referral is made securely. Guidance on the secure submission of this document is provided in *HSCB's Standards and Guidance for Multi-Agency Referrals to Children's Social Care* available on Herefordshire Safeguarding Children Board's website through the link on page 1 of this form.

*Safeguarding Children Administrator, Wye Valley NHS Trust,
Vaughan Building, Belmont, Hereford, HR29RP*

Email: wvt.safeguardingchildren@nhs.net



Please ensure that this referral is made securely. Guidance on the secure submission of this document is provided in *HSCB's Standards and Guidance for Multi-Agency Referrals to Children's Social Care* available on Herefordshire Safeguarding Children Board's website through the link on page 1 of this form.

Page 5 of 5