

REFERRAL TO MAST: mastadmin@calderdale.gov.uk
 REFERRAL TO EIP: EIP.UVandCentral@calderdale.gov.uk
EIP.LVandNE@calderdale.gov.uk

Tel: 01422 393336 Fax: 01422 392875
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Early Intervention and Safeguarding Statutory Referral / Request for Service

- Prior to a referral to Children's Social Care please consider whether an Early Intervention Single assessment should be completed.
- All completed referrals received will be recorded on the Children's Social Care electronic system and the necessary consent will apply.
- If you are currently providing a service to the family and are actively involved, should this request commence to a Child and Family Single Assessment, then you may be asked to undertake a joint visit with the allocated worker within 5 days.

[For Referral to the Multi-Agency Screening Team \(MAST\)](#) – For urgent Child Protection concerns, please contact MAST and complete this form within 24 hours.

[For Referral to an Early Intervention Panel \(EIP\)](#) – All agencies please complete this form. It is a recommendation the Child and Family Early Intervention Single Assessment (EISA) is completed and attached.

PLEASE INDICATE REQUEST FOR SERVICE / REFERRAL TO:

Multi-Agency Screening Team (MAST) ☐

Early Intervention Panel (EIP) ☐

Please complete this form as fully as possible. Please type this form or ensure it is written legibly. If you are aware that the child has a Social Worker, go directly to the Social Worker/ Team, there is no need to use this form. (Please refer to the referral guidance on the Calderdale Safeguarding Children Board website).

1. REFERRAL DETAILS					
Date of Referral				Time of Referral	
Name					
Job title					
Agency					
Address					
Telephone					
Email					
2. DETAILS OF CHILD / YOUNG PERSON					
Child's Name		DOB / EDD		Age	
Gender M / F		SEND/Disability (please specify)		Ethnicity	
Is English their first language? <small>(child and parents / carer)</small>		If no, please specify preferred language		Is an interpreter needed? Y/N	
				Religion	

Address			
Postcode		Tel No	
Early Years Provider/School/College attended: <i>(Also please give name of any key contact person)</i>			UPN: Attendance: %
Child's GP Address/ Tel No		NHS No:	

3. DETAILS OF CHILDREN AT THE ADDRESS

If not at the same address, a separate referral needs to be made in respect of each household.

Name	DOB / EDD / Age	Gender M/F	Disability	School / Nursery	Relationship to the above child	Child also referred Y/N

FAMILY / HOUSEHOLD MEMBERS

Name	DOB / EDD / Age	Gender M / F	Ethnicity	Parental Responsibility (PR)	Employed Y / N	Relationship to the above child

OTHER SIGNIFICANT PEOPLE NOT LIVING IN THE HOUSEHOLD

Name	DOB / EDD / Age	Gender M / F	Address/ Contact number	Ethnicity	Parental Responsibility (PR)	Employed Y / N	Relationship to the above child

4. DETAILS OF REQUEST

4a. Please detail your safeguarding concerns and why you are requesting a service. Clearly specifying presenting issues and areas of concern, and the evidence you have to support this, for example child's developmental needs, parenting capacity, or family and environmental factors. Is there a concern regarding an injury, if so please include details of the injury/mark and when the incident/concern occurred. Has the child seen a medical professional?

4b. Please detail the child's voice and the lived experience of the child. Consider the child's views and wishes as well as any observations and how these views have been captured.

4c. Views of parents/carers. Please also include anything that we need to be aware of, including risks for workers visiting the family.

4d. What targeted service are you requesting from the Early Intervention Panel? (EIP REFERRAL ONLY)

4e. List the actions taken, or support provided so far. (EIP REFERRAL ONLY) e.g. Early Intervention Single Assessment, Early Intervention Plan, Agencies currently involved, and any intervention tools you have used with the child and family.

4f. Have you attached additional information? (If so please specify, e.g. any previous assessments / plans)

4g. Are you aware of any previous Children's Social Care involvement? Y / N

Was this in Calderdale? Y / N

If no, which Local Authority?

5. CHRONOLOGY**Brief chronology of relevant historical information of significant dates and events**

All agencies should provide a brief chronology of any relevant historical information of significant dates and events. Record clearly which child this significant event relates to.

Date	Significant event	Child / Family Member	Professional / Agency

6. PROFESSIONALS / AGENCIES INVOLVED WITH THE FAMILY

Details of professionals / agencies involved with the child(ren) / family / household members.

Child / Family Member	Agency	Agency Contact Name / Job Title	Telephone Number(s)

A. CONSENT - [MULTI-AGENCY SCREENING TEAM](#)

Consent is not required where there is a risk of immediate harm to a child/young person y the parent/carer. Please contact MAST immediately.

Where the above does not apply, you must ensure the parent/carer or child/young person is informed that this request for service/referral is being made and consent is sought.

Do you have consent for this referral? Y / N

I agree to the gathering and sharing of information on this form with partner agencies and representatives as required so that they can help to provide the right services for my child and family.

I agree that any personal information provided by me on this form will be treated in accordance with the provisions of the Data Protection Act 2018 and my family's details will be held on the Calderdale Children's Services databases.

PARENT / CARER: *(please state)*

Name:

Signed:

Date:

Contact Telephone Number:

YOUNG PERSON:

Name:

Signed:

Date:

If consent is not obtained please state reason:

B. CONSENT - EARLY INTERVENTION PANEL ONLY

I agree to the gathering and sharing of information on this form with partner agencies and representatives of the Early Intervention Panel as required so that they can help to provide the right services for my child and family.

I agree that any personal information provided by me on this form will be treated in accordance with the provisions of the Data Protection Act 2018 and my family's details will be held on the Calderdale Children's Services databases.

PARENT / CARER: *(please state)*

Name:

Signed:

Date:

Contact Telephone Number:

YOUNG PERSON:

Name:

Signed:

Date:

Referrals to Early Intervention Panels cannot be accepted without **written** consent.