

Name:

ID:

MASH contact and referral (CSSW)

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### Family / household details

#### Details of all subject child(ren)

Name	DOB / EDD	Gender	Disability	Address	Ethnicity	Religion	Looked After Legal Status	Non Looked After Legal Status	Communication needs

#### Family members and other significant people

Name	DOB / EDD	Gender	Parental responsibility	Address	Living in household	Ethnicity	Relationship to the above child(ren)	Communication needs

Relevant legal status and immigration status for any family household member or significant people not living in the household

## Details of contact

Date and time of contact

Source of contact

### Method of contact

- Telephone
  Online enquiry
  Email
  Office visit  
 Fax
  Letter
  Other

## Details of contact / referral

### Reason for contact

- Notice of other agency contact with child / young person
  Request for services  
 Request for information
  Other agency check

### Is the child / family already known?

- Yes
  No

### Has an Early Help Assessment previously been completed with the family?

- Yes
  No

Further details about this contact

### Is the parent / carer aware of the contact?

- Yes
  No
  Not known

- MASH Screening activity not required

## MASH Screening Activity and Findings

What action needs to be taken?

### MASH activity

Date and time	Action	Outcome

Initial RAG rating

This should only include a brief summary of the findings and analysis. Full details of telephone calls and requests for information should be recorded in case notes.

Summary of findings

## Decisions and actions

### Is this case being accepted as a referral into the social work service (CSSW)?

- Yes
  No (Tick NO if the case is passed to EH or NFA'd)

## Recommendations and decisions

### Advice given / practitioner's recommendation

## Risks / needs identified - 0

### Child / young person

- |                                                                                                    |                                                                                                         |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alcohol misuse                                                            | <input type="checkbox"/> Drug misuse                                                                    |
| <input type="checkbox"/> Domestic abuse                                                            | <input type="checkbox"/> Mental health                                                                  |
| <input type="checkbox"/> Learning disability                                                       | <input type="checkbox"/> Physical disability or illness                                                 |
| <input type="checkbox"/> Young carer                                                               | <input type="checkbox"/> Privately fostered - overseas child who intend to return                       |
| <input type="checkbox"/> Privately fostered -overseas child who intend to stay                     | <input type="checkbox"/> Privately fostered - UK child in educational placements                        |
| <input type="checkbox"/> Privately fostered - UK child making alternative family arrangements      | <input type="checkbox"/> Privately fostered - other                                                     |
| <input type="checkbox"/> UASC                                                                      | <input type="checkbox"/> Missing                                                                        |
| <input type="checkbox"/> Child sexual exploitation                                                 | <input type="checkbox"/> Trafficking                                                                    |
| <input type="checkbox"/> Gangs                                                                     | <input type="checkbox"/> Socially unacceptable behaviour                                                |
| <input type="checkbox"/> Self-harm                                                                 | <input type="checkbox"/> Abuse or neglect - neglect                                                     |
| <input type="checkbox"/> Abuse or neglect - emotional abuse                                        | <input type="checkbox"/> Abuse or neglect - physical abuse - physical abuse or neglect by another child |
| <input type="checkbox"/> Abuse or neglect - physical abuse - physical abuse or neglect by an adult | <input type="checkbox"/> Abuse or neglect - sexual abuse - sexual abuse by another child                |
| <input type="checkbox"/> Abuse or neglect - sexual abuse - sexual abuse by an adult                | <input type="checkbox"/> Female genital mutilation                                                      |
| <input type="checkbox"/> Abuse linked to faith or belief                                           | <input type="checkbox"/> Child criminal exploitation                                                    |
| <input type="checkbox"/> Child to parent abuse                                                     | <input type="checkbox"/> Emotional abuse - by another child                                             |
| <input type="checkbox"/> Poor school attendance                                                    | <input type="checkbox"/> Developmental concern                                                          |
| <input type="checkbox"/> SEND                                                                      | <input type="checkbox"/> NEET                                                                           |
| <input type="checkbox"/> At risk of exclusion                                                      | <input type="checkbox"/> 16/17 homeless                                                                 |
| <input type="checkbox"/> YO: Assault                                                               | <input type="checkbox"/> YO: Theft                                                                      |

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- YO: Knife crime
- YO: Serious offence
- Online safety
- Children missing education

- YO: Threats to harm/kill
- Extremism
- Teenage pregnancy
- Bullying

**Parent / carer**

- Alcohol misuse
- Domestic abuse
- Learning disability
- Parenting issue
- Crime/ASB
- Young parent

- Drug misuse
- Mental health
- Physical disability or illness
- Parental conflict
- Care leaver

**Other family / household member**

- Alcohol misuse
- Domestic abuse
- Learning disability
- Crime/ASB

- Drug misuse
- Mental health
- Physical disability or illness

**General**

- Housing
- Neighbour dispute
- No factors identified

- Financial issues
- Other

If other, please specify

**Manager's decision**

Manager's decision

Final RAG Rating

Date and time outcome decided

**Informing interested parties**

**Referrer informed**

- Yes
- No
- Not applicable

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**Parent / carer informed**

Yes

No

Not applicable

**Child(ren) informed**

Yes

No

Not applicable