

## Framework for the Assessment of Children in Need and their Families in Lancashire

### Multi-Agency Assessment and Referral Form

This multi-agency referral form should be used when an agency considers that a child has needs which cannot be met solely by that agency and where co-ordinated intervention is required to promote, safeguard or protect the welfare of the child/children concerned.

Forwarded by: (Name)	Date:
Designation and Agency:	Tel No:
Address of Referrer:	Postcode:

Family Surname/s: (or alias)			Ethnic Origin:	
Name of Child(ren)	M/F	DOB	Nursery/school	UPN
Current Address:				
Tel No:			Postcode:	

GP (Name and Address):	
Postcode:	Tel No:

<b>REASON FOR REFERRAL TO SOCIAL SERVICES:</b> (please indicate if previous referrals have been made and attach any relevant information)
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**If immediate protective action is required, a child protection referral must be made by telephone/visit to the local social services office. This multi-agency form must be completed and placed on the child's record. A copy must be forwarded to social services following the telephone referral.**

A copy of page 1 of this document should be sent under confidential cover to the Senior Education Welfare Officer at your local office or, where referrals are made from services maintained by the LEA, to line managers.

Family details

Names (Forename & family name/surname)	Date of birth	Parental responsibility?
Mother		<input type="radio"/> Yes <input type="radio"/> No
Father		<input type="radio"/> Yes <input type="radio"/> No
Other significant adults: <i>Please include relationship to child and whether the adult assumes any care responsibilities for the child/ren</i>		
Name	DOB	Relationship and Nature of Care Given

Previous Address of Family:

Other Children in the family: (*\*Please indicate which child/children are the subject of this referral*)

Names (forename & family name/surname)	M/F	D.O.B	Nursery/School	*

Details of other agencies known to be involved with the family / child (ren)

Agency	Name	Address & Tel No	Current Involvement

Please outline the work undertaken by your agency to support this child/family. Please include also any contact, which has been made with other agencies in respect of this referral, and provide details of any joint work.

Chronology of Significant Events in respect of the child: *(please use a separate sheet for each child)*  
*(Please tick if this is attached as an appendix)*

Date	Age	Event

Child's Developmental Needs:  
(Please use a separate sheet for each child):

Name:

General Health: *including child's growth and health compared to other children*

Education: *including factors which may inhibit child's ability to learn*

Emotional and Behavioural Development: *including the appropriateness of response in feelings and actions*

Identity: *including how the child talks about himself/herself). Does he/she identify with any particular family member? Does he/she perceive themselves as different in any way?*

Family and Social relationships: *including the presence of affectionate and stable relationships*

Self-Care and Social Presentation: *including how the child is able to care for himself/herself and how well they relate to others.*

### **Parenting Capacity**

It is important to be clear about how well parents are able to care for their child/children and what difficulties they may be experiencing. Please include any information you think is important.

Family and Environmental Factors

### **Family and Environment**

Please provide any information in respect of the wider family, including references to environmental factors where you believe this may have a bearing upon the child's well being and development.

Is the child able to make their view known, if so please comment?

Does the child consent to the sharing of information between agencies?

What are the parents view about this referral?

Do the parents consent to the sharing of information between agencies?

Please detail any special needs/circumstances of any family member, which may affect communication or understanding between family and professional agencies

Completed by:

Tel No:

Signature of Headteacher/Designated Personnel:

Referral forwarded to:

Date:

Copy also forwarded to:

Date:

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**RESPONSE OF SOCIAL SERVICES**

*To be returned to the referring agency within 7 working days.*

In respect of:

Address:

<i>Action</i>	<i>Comments</i>
No action by Social Services -	<i>(please give details)</i>
Family redirected to other services or other help	<i>(please give details)</i>
Initial Assessment	<i>(please give details)</i>
Core Assessment	<i>(please give details)</i>
Referral considered under Child Protection procedures (Sect 47)	<i>(please give details)</i>
Other	<i>(please give details)</i>

Copy to: (Referring agency)

Date:

Signed:

Tel:

Name: *(print)*

Designation: