# Multi Agency Support Team (MAST) Request for Support Form

If you are concerned about a child or family, use this form to get support from the team at Tower Hamlets Council and our partners.

You can expect feedback within 24 to 48 hours upon submission of this referral form. We are dedicated to actively collaborating with you and other relevant services to guarantee every child receives the necessary support.

*\*Please indicate the relevant option by placing a tick in the corresponding box.*

## Agency

We work with several agencies and partner organisations in Tower Hamlets.

## Do you work for an agency or partner organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

## Anonymous reporting

If you are not working for an urgency or partner organisation, do you want to make this referral anonymously? If you are reporting anonymously, by reporting this anonymously we will not be able to email you conformation of the report and will not be able to let you know about the outcome.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

## Consent

If a child is giving consent, they must be over 16.  
Someone with parental responsibility is an adult who is a biological parent or an adult that has a court order to care and make decisions about the welfare of the child daily

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child over 16 |  | Someone with parental responsibility |  | Neither |  |

**If you have selected ‘Neither,’** Consent should be given by the child or family before making a referral, unless the child is at risk of immediate significant harm.

## Is the child at risk of immediate significant harm?

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

## What’s your name (if you are not reporting anonymously)?

|  |  |
| --- | --- |
| What is your first name? |  |
| What is your last name? |  |

**Referrer’s agency**

**What agency do you work for?**

|  |  |
| --- | --- |
| Name and Details |  |

**What is your role at your Organisation/ Institute?**

|  |
| --- |
|  |

**What is your phone number?**

|  |
| --- |
|  |

**What is your email address?**

|  |
| --- |
|  |

**Child’s name**

|  |  |
| --- | --- |
| What is the child’s first name? |  |
| What is the child's last name? |  |

**Date of Birth**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you know the date of birth of the child? | **Yes** |  | **No** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth or expected date of birth. | **Day** |  | **Month** |  | **Year** |  |
| Sex at Birth | **Male** |  | **Female** |  | **Not Known** |  |

|  |
| --- |
| **Child's ethnicity** What is child’s ethnic group? |

*Choose from the following: English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveler, Roma, Any other White background, White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or Multiple background, Bangladeshi, Pakistani, Indian, Chinese, Any other Asian background, Caribbean, Somali, Other African, Any other Black, Black British or Caribbean background, Arab, Other, Prefer not to say, Don't know.*

## Child's religion

**What is the religion of the Child?**

|  |
| --- |
|  |

*Choose from the following: Christian, Muslim, Hindu, Buddhist, Sikh, Prefer Not to say, Don’t Know, No Religion, Other.*

**Does the child have a disability or special educational need?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t Know** |  |

## Child’s Education

**Is Child being educated?**

|  |  |
| --- | --- |
| Yes, at School |  |
| Home schooled |  |
| Not in education |  |
| Don’t know |  |

**Name of the School:**

|  |
| --- |
|  |

**Child’s Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you know the child’s address? | **Yes** |  | **No** |  |

|  |  |
| --- | --- |
| **If ‘Yes’, provide the following** |  |
| Postcode |  |
| Address |  |

**Child’s first Language**

|  |
| --- |
|  |

*Choose from the Following: Don't know, English, British Sign Language, Bengali, Italian, Spanish, French, Portuguese, Chinese, Polish, Romanian, Greek, Russian, Arabic, Somali, German, Turkish, Other (Please Mention)*

**Sign language**

We are able to offer a British Sign Language interpreter to anyone who needs it.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does Child need a British Sign Language interpreter? | **Yes** |  | **No** |  | **Don’t Know** |  |

**Child's immigration status**

What is child’s immigration status?

|  |  |
| --- | --- |
| British or Irish citizen, habitually resident in UK, Ireland, Channel Islands, or Isle of Man, or deported from another country |  |
| EEA citizen residing in the UK prior to 31 December 2020: worker |  |
| EEA citizen residing in the UK prior to 31 December 2020: self-employed |  |
| EEA citizen residing in the UK prior to 31 December 2020: settled status |  |
| EEA citizen residing in the UK prior to 31 December 2020: other |  |
| EEA citizen residing in the UK prior to 31 December 2020: A family member of one of the above groups |  |
| Non-UK: Granted refugee status |  |
| Non-UK: Exceptional Leave to Remain |  |
| Non-UK: Indefinite Leave to Remain |  |
| Non-UK: Limited Leave to Remain |  |
| Non-UK: Other protection (e.g. humanitarian, discretionary, family of Northern Ireland and stateless persons under Immigration rules) |  |
| Don't know |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is child a young carer?** | **Yes** |  | **No** |  | **Don’t Know** |  |

|  |  |
| --- | --- |
| **What is child's NHS number? (Optional)** |  |
| **What is child's unique pupil number? (Optional)** |  |

**Has child or their family ever been the subject of a Children Social Care assessment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

**Is there a Private Fostering agreement for child?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

**Are there any other children in the household?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

|  |  |
| --- | --- |
| **Number of other children** |  |
| **How many other children are there in the household?** |  |

## Other children’s information

|  |  |
| --- | --- |
| **Child’s first name** |  |
| **Child’s last name** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is there a Private Fostering agreement for Child** | **Yes** |  | **No** |  | **Don’t know** |  |
| **Do you know Child's date of birth?** | **Yes** |  | **No** |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth** | **DD** |  | **MM** |  | **YYYY** |  |
| **Child’s Sex** | **Male** |  | **Female** |  | **Don’t know** |  |

|  |  |
| --- | --- |
| **What is Child's ethnic group?** |  |
| **What is Child's religion?** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does Child have a disability or special educational need?** | **Yes** |  | **No** |  | **Don’t Know** |  |

## Is Child being educated?

|  |  |
| --- | --- |
| Yes, at School |  |
| Home Schooled |  |
| Not in Education |  |
| **Who provides education for Child?** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Has Child previously been referred to Children's Services?** | **Yes** |  | **No** |  | **Don’t Know** |  |

|  |  |
| --- | --- |
| **What is Child's first language?** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does Child need an interpreter to translate for them?** | **Yes** |  | **No** |  | **Don’t Know** |  |
| **Does Child need a British Sign Language interpreter?** | **Yes** |  | **No** |  | **Don’t Know** |  |

|  |  |
| --- | --- |
| **What is Child's immigration status?** |  |
| **What is Child's NHS number? (Optional)** |  |
| **What is Child's unique pupil number? (Optional)** |  |

## Principal carer's details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you know child's principal carer's information?** | Yes |  | No |  |

## Principal/main carer

The person who has most parenting time with child

|  |  |
| --- | --- |
| **Principal carer's first name** |  |
| **Principal carer's last name** |  |
| **Principal carer's relationship** What is Principal carer's relationship to child |  |
| Parent |  |
| Guardian |  |
| Carer |  |
| Other Family Membe**r** |  |
| Other |  |

## Principal carer's sex

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Not Known |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you know the principal carer's date of birth?** | Yes |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Principal carer’s date of birth** | DD |  | MM |  | YYYY |  |

|  |
| --- |
| **Principal carer's ethnicity** |

*Choose from the following: English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveler, Roma, Any other White background, White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or Multiple background, Bangladeshi, Pakistani, Indian, Chinese, Any other Asian background, Caribbean, Somali, Other African, Any other Black, Black British or Caribbean background, Arab, Other, Prefer not to say, Don't know.*

## Principal carer's first language

|  |
| --- |
|  |

*Don't know, English, British Sign Language, Bengali, Italian, Spanish, French, Portuguese, Chinese, Polish, Romanian, Greek, Russian, Arabic, Somali, German, Turkish, Other (Please Mention)*

## Principal carer's contact number

|  |
| --- |
|  |

## Principal carer's sign language

Does Principal carer need a British Sign Language interpreter?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

## Does child have another parent, guardian or carer in their household?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

## If the child has another parent, guardian or carer in their household, do you know the other parent, guardian or carer's details?

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

## If ‘Yes’, please fill the following details

|  |  |
| --- | --- |
| Other parent, guardian, or carer details |  |
| Other parent’s first name |  |
| Other parent’s last name |  |
| **Relationship to the child and contact number** |  |
| Parent |  |
| Guardian |  |
| Carer |  |
| Other family member |  |
| **Ethnic group** |  |

**Are there any other significant people in child’s life.** Other significant people in the child's life, this might be grandparents, aunts, uncles, or other family members.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Don’t know |  |

**If the child has any other significant people in child’s life, details of the person.**

|  |  |
| --- | --- |
| **What is this person's first name?** |  |
| **What is this person's last name?** |  |
| **What is the relationship to child** |  |
| Parent |  |
| Guardian |  |
| Carer |  |
| Other family member |  |
| Other (Please mention) |  |

## Has anyone in the household ever had a Child Protection Plan?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

## If anyone in the household ever had a Child Protection Plan, please provide details of the person with a Child Protection Plan, dates and all relevant information.

|  |
| --- |
|  |

## Has anyone in the household ever been looked after by a local authority?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

**Child looked after by a local authority details**

Please provide details of name of person being looked after, dates and all relevant information

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| --- |
|  |

## Child in need

Under Section 17 Children Act 1989, a child is considered “in need” if:

* They are unlikely to achieve or maintain a reasonable standard of health or development without services from the Local Authority.
* Their health or development is likely to be significantly impaired without such services.
* They have a disability, which includes conditions like blindness, hearing impairments, mental disorders, and permanent illnesses or congenital deformities

**Has anyone in the household ever been a ‘child in need’?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

## Child in need details

Which children are or were considered to be a 'child in need? Please tell us the name of the child, the dates they were in need and any other relevant information.

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## Early help

‘Early help’ describes any service that supports children and families as soon as problems emerge.

Has anyone in the household ever received support from Early Help?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

## Early help details

Which children are or were receiving 'early help? Please tell us the name of the child, the dates they were receiving early help and any other relevant information.

|  |
| --- |
|  |

**Are any other agencies or professionals working with the family?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | **Don’t know** |  |

**If ‘Yes’, please provide the following**

|  |
| --- |
| **What is the name of the professional working with the family?** |
| **What is the role of the professional working with the family?** |
| **What is the name of the agency or organisation working with the family?** |
| **What is the contact email address for this agency or organisation?** |
| **What is the contact phone number for this agency or organisation?** |

## Level of need

More information on level of need: [The Four Levels of Need](https://www.londonsafeguardingchildrenprocedures.co.uk/thresholds.html#2.-the-four-levels-of-need)

|  |  |
| --- | --- |
| **Level 1: No Additional Needs** |  |
| **Level 2: Early Help** |  |
| **Level 3: Children with Complex Multiple Needs** |  |
| **Level 4: Children in Acute Need** |  |
| **Don't know** |  |

## Family strengths

What is currently working well for the child and family? Share positive aspects or abilities within the family that can be further supported.

|  |
| --- |
|  |

## Worry

**What are you most worried about?**

Describe your concerns for the family or any issues that require assistance or support

|  |
| --- |
|  |

## Further information

Please provide us with any further information about the child's development and any other presenting issues.

|  |
| --- |
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|  |
| --- |
| **Current situation**  How safe do you think child is? On a scale of 0 to 10 where 0 means the child is at risk of harm and 10 means the child is safe. |
| *0 1 2 3 4 5 6 7 8 9 10*  Please tell us how you reached this score? |

## Action

Please tell us if any action has taken place to help the family resolve the difficulties, they are experiencing

|  |
| --- |
|  |

|  |
| --- |
| Supporting documents Do you have any relevant supporting documents, like assessments or the latest review that you would like to upload? |
| (Attach and submit the files) |