**Inter-Agency Contact Form to**

**Portsmouth Multi-Agency Safeguarding Hub (MASH)**

**This form may be posted, transmitted by fax, or sent as an email attachment from a secure email address:**

**By email to**: **MASH@portsmouthcc.gov.uk**

**By post to**: **Portsmouth MASH, Civic Offices, Floor 4 Core 5/6, PO1 2EA**

**By fax to**: **023 9275 4709**

**Telephone: Office hours**: **023 9268 8793 or 0845 671 0271**

**Telephone: Out of hours**: **0300 555 1373**   
*(17:00-08:30 Monday-Thursday, 16:30-08:30 Friday and 24 hrs weekends & bank holidays)*

**Details of person making Contact**

|  |  |
| --- | --- |
| Referrer's name: Sandra Twynings | Referrer's role: DSL |
| Referrer's Organisation/Agency: Portsmouth School | Referrer's address: Portsmouth school, Portsmouth street, Portsmouth Post code PO11OP |
| Referrer's tel no: 02392123456 | Date: 02/09/20 |
| Referrer's work email address (***not*** a central point of contact email): Sandra.Twynings@portsmouthschool.gov.uk | |

**Parental/Guardian Consent to Sharing Information**

All Contacts to the Portsmouth MASH should be made with the knowledge and agreement of the family.

*They need to know what information has been shared and recorded by the Portsmouth MASH. They must also be aware that the Portsmouth MASH may need to share information with, and to seek information from other agencies to help them decide if additional services are needed, e.g. schools, health visitors, doctors, police, housing etc.*

*The exceptions to this are:*

* *when seeking consent to share information would put a child, young person or others at risk of significant harm, or*
* *if it would undermine the prevention, detection or prosecution of a serious crime, or*
* *the professional has either tried to seek consent or consent was refused, and they feel that the indicators clearly demonstrate the threshold for tier 3 or 4 are met* ***and*** *not to do so would potentially have a significant impact on the child's safety and well-being*

*In these circumstances the Portsmouth MASH and/or Children’s Social Care teams may seek and share necessary information about a child, young person or family without consent being given.*

*If you want to know more about how MASH will use your information, please see Portsmouth City Council's '****data protection privacy notice'****.*

|  |  |  |
| --- | --- | --- |
| I the parent/guardian understand the above and agree to the sharing of personal information between agencies as described. I also understand that the information provided will be stored on a Children’s Social Care database and that I may see the records held by Children’s Social Care that directly concern me.  I the professional making the contact has explained the above to the parent/guardian who **has agreed** to the contact but has not been able to sign to that effect. | | |
| Signed: | Print name: | |
| Relationship to child: | | Date: |

|  |
| --- |
| * If verbal consent has been given by parent/guardian please document how this contact was made i.e. telephone, face-to-face and when it was given:      mother has accepted need for T3 support and agrees to IACF   * If consent has not been given, please evidence the indicators of potential needs or risks from harm to the child that, in your professional opinion, demonstrates the threshold for tier 3 or 4 is met and so needs to be considered by Portsmouth MASH:      * If you have been unable to obtain the parent/guardian's consent to share this concern because you have not been able to make contact with them **and** you feel further delay would have a negative impact on the child. You must give details of the dates, times and methods by which you have attempted to contact them |

**Child's details** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child1 first name: Joey | Middle names: | | Surname: Raymond | |
| Previous names: | Child's gender: | | | DOB: 02.03.2012 |
| Child’s address: | Forest Hill Post code PO1… | | | |
| Child’s ethnicity: Black British | | Child’s first language: English | | |
| Immigration status: | | Religion: Evangelical Christian | | |
| Does the child have a disability? No  Yes  If 'yes' give details: | | | | |
| Details of any special requirements: | | | | |

**Details of Parents/Guardians**

**Parent/Guardian 1**

|  |  |
| --- | --- |
| Name: | C.J. (Catherine Jane) Raymond |
| Also known as /previous names: | Prefers C.J. |
| DOB: | 01.01.86 |
| Relationship to child/unborn baby: | Mother |
| Do they have parental responsibility: | Yes  No  Don’t Know |
| Immigration status: | NIL |
| Address if different to the child: | Post code |
| Telephone: | 07818 111111 |

**Parent**/**Guardian 2**

|  |  |
| --- | --- |
| Name: | Clem Burke |
| Also known as /previous names: |  |
| DOB: | 03.09.1970 |
| Relationship to child/unborn baby: | Father to Joey, Johnny and Tommy |
| Do they have parental responsibility: | Yes  No  Don’t Know |
| Immigration status: |  |
| Address if different to child: | 17 Browning Avenue Post code PO6… |
| Telephone: | 07545 111111 |

**Sibling 1** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child first name: Johnny | Middle names: | | Surname: Raymond | |
| Previous names: | Child's gender: m | | | DOB: 05.04.2013 |
| Address if different to child1: | Post code | | | |
| Child’s ethnicity: Black British | | Child’s first language: English | | |
| Immigration status: | | Religion: RC | | |
| Does the child have a disability? No  Yes  If 'yes' please give details: | | | | |
| Details of any special requirements: | | | | |

**Sibling 2** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child first name: Dee Dee | Middle names: | | Surname: Raymond | |
| Previous names: | Child's gender: | | | DOB: 22.07.2015 |
| Address if different to child1: | Post code | | | |
| Child’s ethnicity: Black British | | Child’s first language: English | | |
| Immigration status: | | Religion: RC | | |
| Does the child have a disability? No  Yes  If 'yes' please give details: | | | | |
| Details of any special requirements: Diagnosed with ASD, ADHD an developmental delay results in difficulties in communication | | | | |

**Sibling 3** *(If unborn, state name as ‘unborn baby’ and mother’s namee.g. unborn baby of Ann Smith)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child first name: Tommy | Middle names: | | Surname: Raymond | |
| Previous names: | Child's gender: | | | DOB: 22.07.20 |
| Address if different to child1: | Post code | | | |
| Child’s ethnicity: Black British | | Child’s first language: Non-Verbal | | |
| Immigration status: | | Religion: | | |
| Does the child have a disability? No  Yes  If 'yes' please give details: | | | | |
| Details of any special requirements: | | | | |

*Note: for additional siblings please put details on a blank sheet of paper and attach to this referral.*

**Current family and home situation**

Other adults/children who live either full time or part-time at focus child's address: e*.g. step-parent, parent's partner, grandparents etc.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of birth** | **Relationship to child** | **Living with child F/T or P/T** |
|  |  |  |  |
|  |  |  |  |

**Other adults/children who play a significant role in the focus child's life but live outside the home address:**

|  |  |  |  |
| --- | --- | --- | --- |
| Richard Raisson | 24.12.89 | Fatehr to Dee Dee | Address: xxxxxxxx  Phone - xxxxxxxxx |
| Deborah Harry | 18.02.1970 | Maternal Grandmother | Address: xxxxxxxx  Phone - xxxxxxxxx |

**Early Help Assessment (EHA)**

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| --- | --- |
| Is there an EHA? No  Yes  Don’t know  Lead Professional: Mr Twynings, DSL | Date of most recent EHA: XX.XX.XX |

**Reasons for Contact**

I am completing this Contact because*: (please tick as appropriate)*

|  |  |
| --- | --- |
| **I believe this child is at risk of significant harm.** |  |
| **I believe this child is in need or vulnerable.** |  |
| **I need support to access early help services for this child from the MASH.** |  |

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| --- |
| Current concerns for the child's safety and/or wellbeing are: *Provide specific facts, what have you seen, heard and/or been told. Include* ***extent****,* ***severity******and frequency*** *of concerns and attach any supporting documents used i.e.: Child Sexual Exploitation or Neglect Toolkit.*  Joey (8) lives with his younger brothers; Johnny (7), Dee Dee (5) and Tommy (1 month) and their mother CJ Raymond. Their father, Clem Burke, lives elsewhere having seperated from their mother 6 years ago, but has regular contact with the boys and an on/off relationship with Ms Raymond. Dee Dee (5) has a different father, Richard Raisson, who also resides in the area and provides support.  This IACF is intended to refer the family for Targetted Early Help Support regarding Joey, Johnny and Dee Dee's behaviours and to enable Ms Raymond to manage these and ensure these do not impact negatively on Tommy.  The three older boys all present with defiant and at times non-conforming behaviorus at school; Joey and Johnny are progressing but below expected levels despite having the ability to be in line with their peers. Joey, Johnny and Dee Dee can at times refuse to carry out work in class, can be aggessive to their peeers on the play ground and have been known to fight one another, although all 3 are popular with their peers despite this.  The school has been providing Ms Raymond support around parenting for approximately 6 months, and some progress has been made as Dee Dee has shown behavioural improvement at home and at school. This is particularly positive given Dee Dee's ASD, ADHD and communication difficulties and has required extensive support from the school SENCO, an EHCP and an EHA (See attached).  However Joey and Johnny continue to present difficulties at home as well as being difficult in school. At home, Joey and Johnny often fight physically but will stand by one another to 'outnumber' Ms Raymond when she tries to stop them fighting or breaking things. They can be rough towards Dee Dee, they will break toys, furniture and throw food at meal times, and Ms Raymond has at times struggled to get them to come to school.  This aggressive and violent behaviour in the home is a greater risk now that Ms Raymond has had Tommy (1 month), who with his age is incredibly vulnerable. This also impacts on Ms Raymond's energy levels and availability for the older 3 boys as she is managing an infant and because Tommy does not sleep well. Ms Raymond is getting support around sleep patterns and feeding from the Health Visitor, however with the difficulties arising from Joey and Johnny's behaviours any change is difficult to achieve or maintain.  Ms Raymond is now risking a Fixed Penalty Notice due to their attendance (Joey is 78% and Johnny is 81%) despite Ms Raymond and the school working together to resolve this issue.  Mr Burke visits the family home most days, and explains this is to support Ms Raymond in managing the children. However Ms Raymond states his visits are not always helpful as he 'tends to sit around' and is more leniant regarding the boys behaviours and laughs at what he views as 'play fighting'. Mr Burke has 3 other children (aged between 4 and 9). See additional info for further detail |
| Specific family factors which may impact on the child *e.g. substance misuse, domestic abuse, parental mental health, learning difficulties or any other factors that may impact on parenting.*  Ms Raymond has previously suffered depression, but is presently not on any medication.  Mr Burke is reported to be a regular cannabis user.  No reported DV  Richard Raisson is a Chief Petty Officer in the Royal Navy, and is presently based in Portsmouth but is on HMS Queen Elizabeth. He has been away a lot througout the Dee Dee's life, but does visit regularly and has a positive relationship with Ms Raymond. Mr Raisson will attend school events and meetings when he is at home. |
| I have taken the following actions to address these concerns: *.e.g. met with parents, involved other agencies*  Pastoral support for a year  SENCO support for Dee Dee  EHCP for Dee Dee  Parenting advice and support for 6 months  EHA Completed  Family review held and IACF for TEH response agreed. |
| Any known risks to visiting this family? Yes  No  If 'yes', please provide details: |

**Additional information:**

|  |
| --- |
| Mr Burke has 3 other children (aged between 4 and 9) from a different relationship. Ms Raymond reports he sees his children regularly, and that they have a social worker. It is believed Mr Burke's children live in Southampton. |

**Parent/guardian and child's views of the Contact**

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| Please state parent/guardian's views of this Contact:  Ms Raymond welcomes the referral and states she would like more support around her parenting and the boys behaviorus  Mr Burke does not believe a referral is necessary and views the boys behaviours as 'boys being boys'  Mr Raisson is supportive of this referral, having attended some plannign meetings over the alst 6 months and tried to support Ms Raymond when he can. |
| Any views expressed by the child:  Joey (8) has said to staff that he's the daddy of the house as daddy is not there. When talking about jobs as part of a school project he has said he wants to be a wrestler or a 'gangster'. He says he has learned about these 'jobs' whilst watching TV with Mr Burke  Johnny (7) says that he misses his dad when he's not there, but 'isn't sure if mummy and daddy are together' - Johnny appears very confused around his parents relationship.  Dee Dee (5) wants his brothers to 'stop being mean' to him. Dee Dee says he loves Tommy (1 month) and is very proud at being a big brother 'rather than the baby' |

**Other agencies involved with the child are:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** *i.e. Health services, school etc.* | **Details** *(e.g. name, address)* | **Telephone** | **Lead professional (X)** |
| Health Visitor | Louise Reed | XXXXX XXXXXX |  |
| School | Mr Twynings | XXXXX XXXXXX | X |
|  |  |  |  |
|  |  |  |  |

Our aim is to respond to your contact within 24 hours.

Please contact us if you have any further concerns.