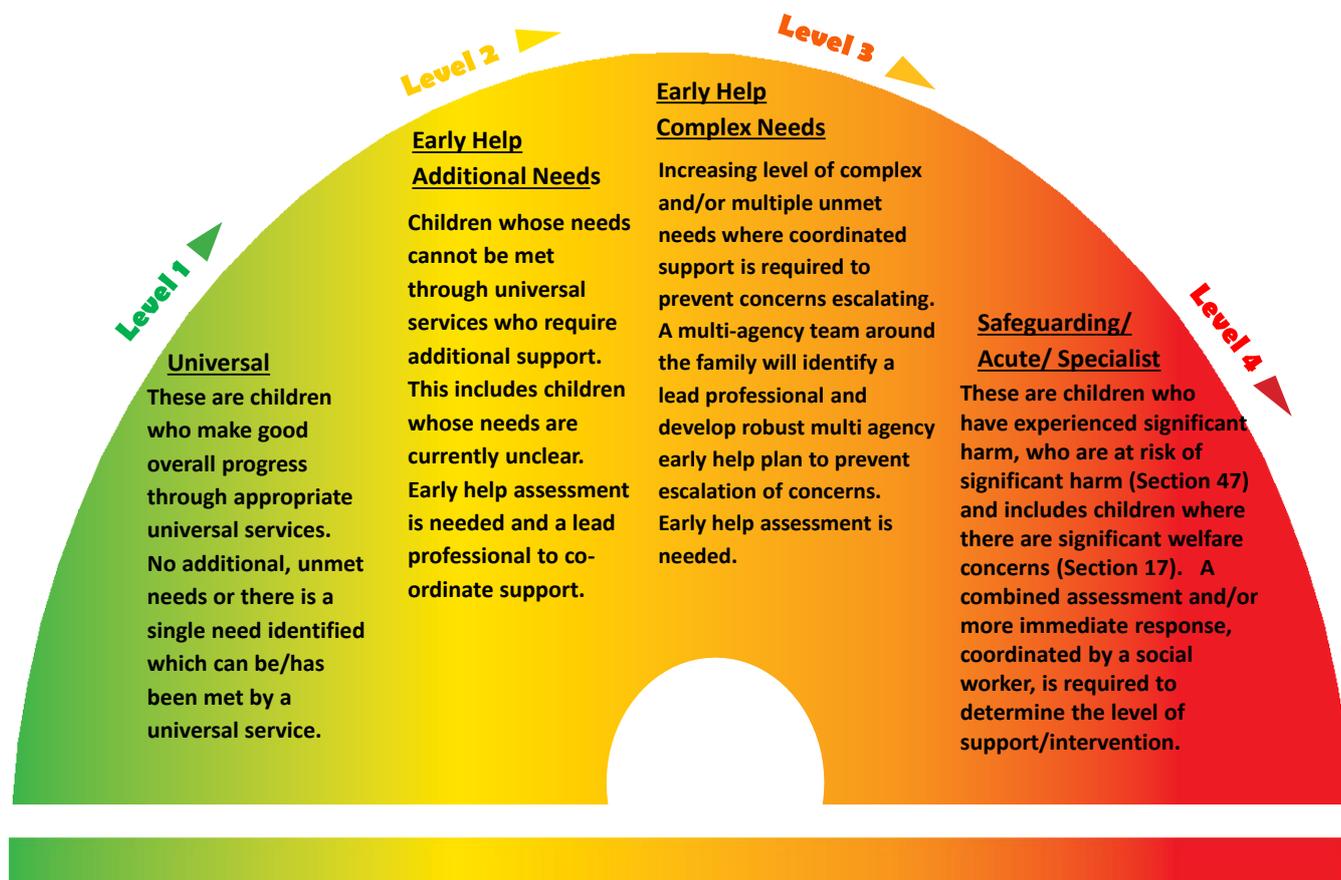


These notes are a step-by-step guide to completing the Warrington Multi-Agency Request for Services (MARS) form, following a discussion with a child/young person/family.



**Level of Need relating to this concern (When to use this form section)**

This section **MUST** be completed. Using the Levels of Need Framework above, please tick one box only:

- Early Help – Level 2 additional needs of Warrington’s Levels of Need Framework – consent needed
- Early Help – Level 3 complex needs of Warrington’s Levels of Need Framework – consent needed
- Child in Need – Safeguarding Level 4 of Warrington’s Levels of Need Framework – consent needed
- Child Protection – Safeguarding Level 4 of Warrington’s Levels of Need Framework – child/children has/have suffered significant harm or is/are at risk of suffering significant harm.

## 1. Children/Young Person for whom you have cause for concern

(a) **Child's Name**

Enter the correct spelling of the child's/ren's full names and any other names that the child is known by.

(b) **DOB and Age/Expected Date of Delivery**

Enter the full date of birth of the child/ren and the age at the time of completing the form. If the child is unborn, record the expected date of delivery.

(c) **Address, Postcode and Telephone Number**

Enter the full home address of the child, including the postcode and telephone number. If the child is residing at more than one address, or is residing away from their home address, please include all the details.

**Please note**

An alternative home address may indicate that the child is privately fostered. If enquiries confirm this, a referral to Children's Services Social Care is required. If in doubt, seek advice.

(d) **Education Provider**

For example, Nursery/ School /College – please complete if known.

(e) **Ethnicity and Religion**

Enter, to the best of your knowledge, the ethnicity and religion of the child. This information may assist the person/agency you are referring to, by identifying services that meet the child's ethnic and cultural background.

(f) **Disability**

Record, Yes, No or Unknown in response to the question about the child's/young person's disability. If Yes, please provide more details at Question 36 in the section "FOR ALL LEVELS, PLEASE COMPLETE THE FOLLOWING SECTIONS".

(g) **NHS Number**

Record NHS number for the child/young person.

## 2. Other Children/Young Person within the immediate family/household

Please provide details of all other children in the household and state if you are requesting services for these children too.

## 3. Parent(s)/Carer(s)/significant adult(s)

(a) Record the name, date of birth and address of the person(s) who is/are the main carer(s) for the child/ren and their relationship to the child, e.g. mother, father, grandparent, etc.

If the address is different to the child's home address, this may indicate a private fostering arrangement. If enquiries confirm this, Level 4 **MUST** be selected at page 1. If in doubt, seek advice. If the parent is not the main carer and resides at a different address, please give information about the parents here, but make it clear if they are not the main carers.

(b) If known, record whether the parent/carer has parental responsibility.

(c) It is essential to identify the child's first language. This information will ensure that the person/agency you are referring to is aware of any language needs when engaging and communicating with the child/ren.

Laming Recommendation 12 states that when communication with a child is necessary for the purpose of safeguarding and promoting the child's welfare and the first language of that child is not English, an interpreter must be used.

If the child's first language is not English and an interpreter is not needed, please record clearly the reason why.

It would be helpful to include any other communication needs in this section.

Does any member of the family need an interpreter or an alternative method of communication, e.g. sign language?	Yes <input type="radio"/> No <input type="radio"/>
If so, what language or type of support is needed and for whom?	

#### 4. About You

Please be accurate with your contact details as this will help in avoiding delay should we need to contact you.

#### 5. (a) Parent(s)/Carer(s) Informed Consent

As a referrer working with the child/young person/family, it is your responsibility to speak with parents/carers about your concerns, **unless doing so would place the child/young person at risk of significant harm.**

It is good practice to seek permission from the parent/carer to request services. It is critical to develop a co-operative working relationship from the outset (wherever possible), so that parents and caregivers feel respected and informed that professionals are being open and honest with them and they in turn are confident about providing vital information about their child, themselves and their circumstances.

You must state your reason if sharing without consent.

## 5. (b) Child/Young Person Informed Consent (where appropriate)

Where possible, it is important that the child understands why services are needed and it is good practice for professionals to seek their views regarding this.

Children may have strong opinions about their needs and ways in which they can be met.

Professionals should take into account the child's age, developmental level, language, disability, gender, culture and age when communicating with them and ensure the child feels they have been listened to and their concerns have been heard.

Unless it would place the child at risk of harm, parents should be informed about the request for services and encouraged to express their views about this and the needs of their child and what support they require in order to support their child's needs.

## 6. Reason(s) for Contact or Request

In this section, you need to tell us what it is exactly that you are worried about or what concerns you have about child/young person/family:

1	What has prompted you to make a referral today?	
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Be specific about what is needed for the child/ren and family and why, and about the nature of any concern for the child's welfare, including the need for protection and why you think they are at risk of significant harm or require a statutory assessment (if Level 4):

2	Where is the child/young person at the point of referral, e.g. at home, with a friend/relative?	
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## The voice of the child/lived experience:

<b>3</b>	<u>The voice of the child/young person</u> <ul style="list-style-type: none"><li>• What did the child/young person say?</li><li>• What are your observations of the child / young person, including their lived experience?</li><li>• What is the child's / young person's view on what needs to happen?</li></ul>	
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Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust, and to have consistent support provided for their individual needs. This should guide the behaviour of professionals.

*Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs (Working Together 2015).*

- Take time to get to know the child/young person you are working with, what they enjoy, what their concerns are and what are their ambitions and aspirations.
- Document the child or young person's journey from needing help, to receiving help.
- Record the child or young person's wishes and feelings
- Observe and record their behaviour and experiences.
- Ask other professionals for their knowledge of the child or young person as they may have significantly more contact with the child.
- No child is too young to have a voice – involve the child regardless of age. This can be documented by reflecting on what life is like for the child/young person, e.g. talk about a typical day in the life of the child.

Record when the child/young person was last seen by you and under what circumstances:

<b>4</b>	When did you last see the child/young person?	
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## Completing Sections for Level 2/3 Concerns

This section should be completed if you have Level 2 or Level 3 concerns.

### Level 2

- Children, young people and families/carers who have additional unmet needs, who may need extra support to thrive.

### Level 3

- Children, young people and families/carers struggling to cope, presenting significant concern and living in circumstances where the worries, concerns, behaviour or conflicts are frequent, are multiple and over an extended period or are continuous **and** need a more targeted and coordinated response.

This section is specifically related to Early Help, i.e. providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years, and in addition, relates directly to services offered by Warrington Borough Council's Early Help Division.

Please record Yes or No for **all** questions.

ONLY COMPLETE THE FOLLOWING SECTIONS IF YOUR CONCERNS ARE LEVEL 2/3						
Please say what type of support is needed:						
5	Support to complete an Early Help Assessment	Yes	<input type="radio"/>	No	<input type="radio"/>	If YES, please provide further details, e.g. for a child, young person or family.
6	Early Years, i.e. children's centre services	Yes	<input type="radio"/>	No	<input type="radio"/>	If YES, for example, baby massage.

For Yes answers, please provide additional information (your rationale for requesting that specific support).

### Completing Sections for Level 3/4 Concerns

A child in need is defined under the Children Act 1989, as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Complete this section if your concerns are at Level 4:

- a child or young person living in circumstances where there is a significant risk of abuse or neglect;
- where the young person themselves may pose a risk of serious harm to others or;
- where there are complex needs in relation to disability (refer to WSCB Threshold document).

Please record Yes or No for **all** questions.

ONLY COMPLETE THE FOLLOWING SECTIONS IF YOUR CONCERNS ARE LEVEL 4						
14	Is there any indication of physical harm to the child/young person?	Yes	<input type="radio"/>	No	<input type="radio"/>	If YES, please describe.
			↑		↑	
<b>Is there suspected:</b>						
15	Sexual Abuse?	Yes	<input type="radio"/>	No	<input type="radio"/>	If YES, please describe.

For Yes answers, please provide additional information (your rationale for requesting that specific support). \_\_\_\_\_

- **If there is an immediate and/or significant risk to a child, you should always contact the MASH team immediately.**
- **It is a requirement that all contacts with the MASH team should be through the use of the MARS form.**
- **Only child protection referrals should be made by telephone and then followed up with a MARS form within 24 hours.**

## Completing the Section for All Levels (Questions 34 to 40)

It is really important in this section for you to tell us what interventions and actions have been undertaken with the child/young person/family **and** for you to attach supporting documentation.

This section is self-explanatory and all sections are mandatory.

- Please give details of any support your service has already provided to address the concerns or needs of the child.
- Please indicate whether an Early Help Assessment or other assessment has been completed and whether an agreed plan is in place and a lead professional identified.
- It may also be useful to identify the outcome of the plan, specifically noting what has worked/not worked.
- It is expected that unless in an emergency requiring a Section 47 Enquiry, then the referring agency will have worked with the family to develop a support plan via the Early Help Assessment process.

## Agencies working with the child/young person

The form allows for other agencies to be listed.

- Information sharing good practice asks us to ensure that agencies consent/know that information they hold may be shared.
- Details of agencies involved allows for easier sharing of information and therefore more effective provision of service/support.
- Please try to be as accurate as possible as this will avoid delay.

### **PAGE 13 - ADDITIONAL INFORMATION**

#### **PLEASE NOTE THAT THIS SECTION MUST BE COMPLETED BEFORE CHECKING AND SUBMITTING YOUR MARS FORM**

**Please use this page to include any additional information or information you were unable to complete in any entry field on the form.**

**If completing a response to a specific question, please include the number of the question.**

## 7. Parental Agreement

It is good practice to seek permission from the parent/carer to request services. It is expected that parent/carers will have given permission.

Working in partnership with the parent/carer by explaining the purpose and reason for the request for services is likely to encourage a better working relationship with parent/carers.

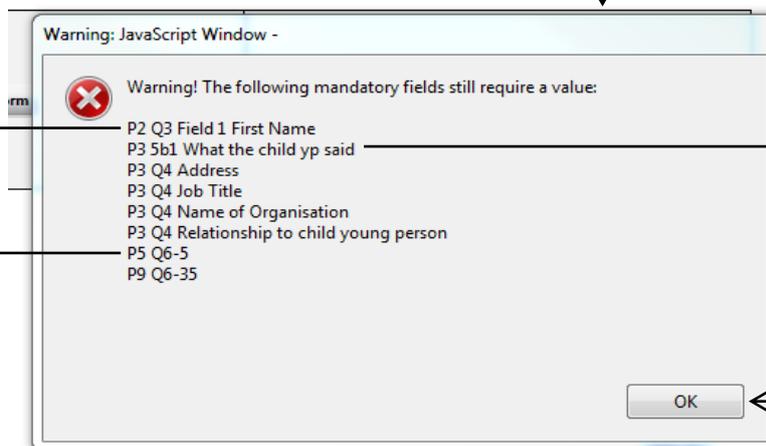
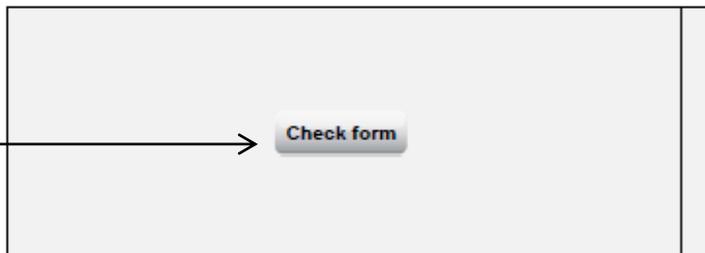
Parents should be informed about the request for services and encouraged to express their views about this and the needs of their child and what support they require in order to support their child's needs.

**However, do not inform the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm). Seeking parental agreement to obtain, share and assess is vital from the start, otherwise this will delay the needs of the child/young person/family being met.**

## 8. What to do next – CHECK FORM

The form will successfully submit only if fully completed, including all mandatory sections. Click on **Check form** and this will list any missing information, which you will need to go back and add before the system allows you to submit the form.

### 8. What to do next



The Warning dialogue box (above) will give you details about the sections where information has been omitted.

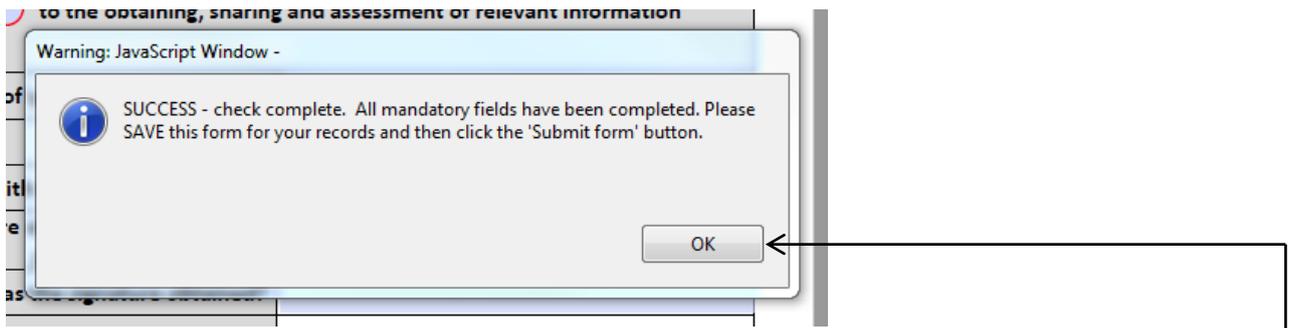
→ Page numbers.

→ Question and section numbers.

Type of information is missing. ←

Click **OK** to close down the Warning box and return to the form to complete/add any missing information.

Click on **Check form** again to check that all missing information has been entered. Only when the form has been fully completed, will you see this message:



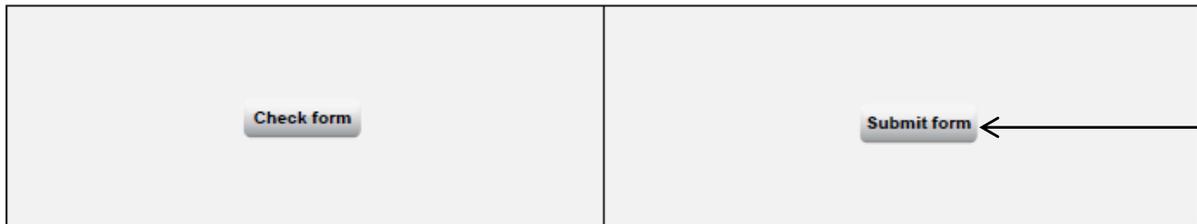
Please ensure that you save your completed form for your own records. **Please note that the system will NOT allow you to submit the form unless you do!**

When you have saved your completed form, click **OK** to continue.

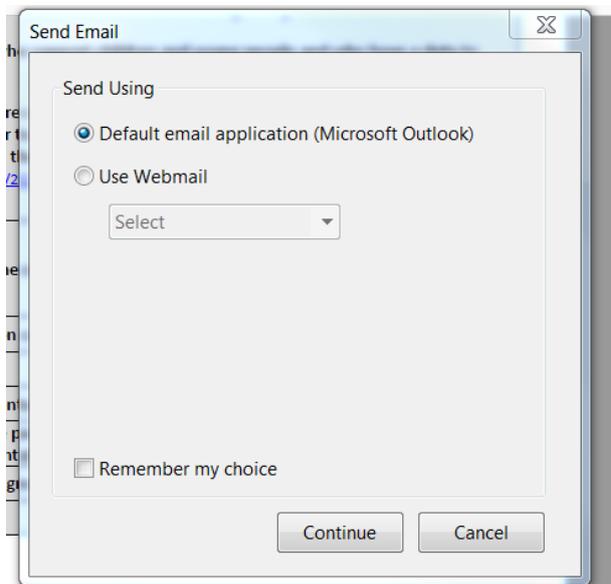
## 8. What to do next – SUBMIT FORM

When you have saved your completed form, it is now ready to submit. Click on **Submit form**.

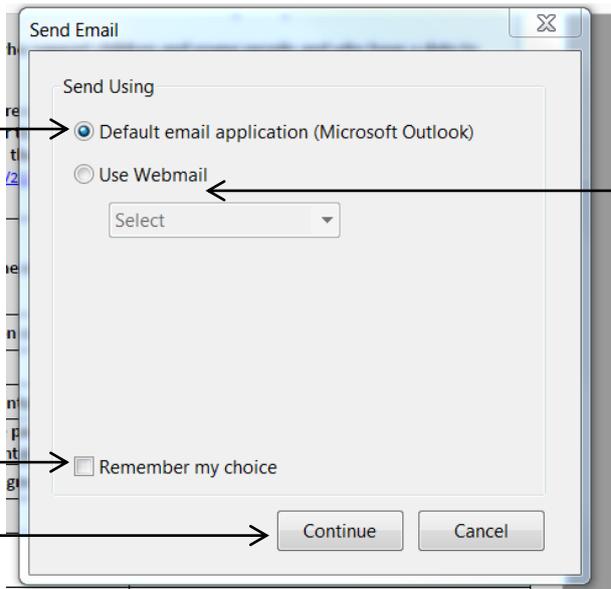
### 8. What to do next



If this is the **first MARS form** you are about to submit, the following dialogue box will be presented to you:



The **Default email application (Microsoft Outlook)** radio button will be selected – **DO NOT** change this option.

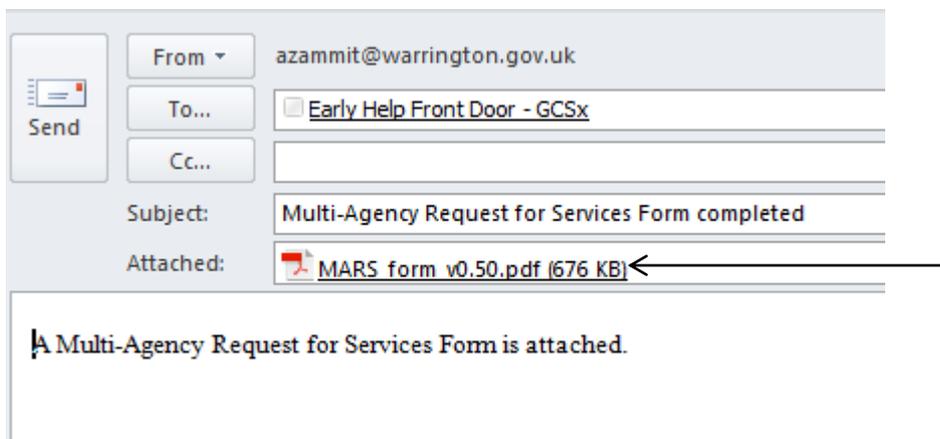


Click into the **Remember my choice** tick box and the system will remember how to send any other MARS forms you may submit and you will not need to do this again.

Click continue.

**Please note that the Use Webmail option is not being used and you must NOT select this at any time.**

You are now ready to submit your MARS form and will be presented with an email to which your completed MARS form will be attached.



If you have any supporting documents to attach, e.g. Early Help Assessment, Graded Care Profile, you must do this now and then send your email.