

**Multi Agency Referral Form**

Please note that this form is for those in a professional capacity only. Members of the Public should call 03458 503 503 if they have concerns for a child.

If a child is in imminent danger or at risk of significant harm, you should consider contacting 999 in the first instance.

An initial telephone consultation should take place prior to completion of the MARF with the Integrated Front Door (IFD) to refer a child where you are worried about their safety and/or the parent’s capacity to meet the child’s care needs. A multi-agency referral should be made when the agency considers that a child has been identified as a ‘Child in Need’ or is a Child in need of Protection’, as detailed at level 4 in the threshold document. All telephone referrals must be followed up in writing by completing this form within 24 hours.

If you are unsure about whether or not to make a referral, or which service will best help the family and safeguard the child, please refer to the Wakefield Continuum of Need on the Wakefield Safeguarding Children Partnership website <http://www.wakefieldscp.org.uk/?s=continuum+of+need> You can also contact MASH for a consultation with a Social Worker on the number below.

Daytime hours (Mon to Friday 8.30 to 4.30pm) 03458503503, email [social\_care\_direct\_children@wakefield.gov.uk](mailto:social_care_direct_children@wakefield.gov.uk)

Out of Hours (4.30pm to 8.30am seven days per week) Emergency Duty Team number: 03458503503

**Children’s Social Care referrals**

The Children’s Social Care service is an intensive and specialist Level 4 service, please refer to the Wakefield Continuum of need (CON), which assesses and provides services for children and families whose needs are complex and enduring and/or who are experiencing, or at risk of experiencing significant harm, if they are not provided with statutory intervention.

It is good practice to inform those with parental responsibility of your referral, unless to do so would place the child at further risk of harm.

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| **Referrer’s Details** | | | | | | |
| **Date of referral:** |  | **Time of referral:** |  | **Referral is a follow up to a telephone consultation.** | | **Who did you speak to at IFD?** |
| **Name of referrer:** |  | | | **Role / relationship to child:** |  | |
| **Organisation:** |  | | | **Address of referrer:** |  | |
| **Contact number** |  | | | **Postcode:** |  | |
| **E-mail:** |  | |

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| **Consent: Consent to make a Referral to Children’s Social Care**  *Permission to share information with IFD should always be sought from an adult with parental responsibility for the child / young person before passing information about them to Children’s Social Care, UNLESS seeking permission would place the child at risk of significant harm or may lead to the loss of evidence for example destroying evidence of a crime or influencing a child about a disclosure made. If a child is at immediate risk of significant harm, a referral to Children’s Social Care SHOULD NOT BE DELAYED whilst consent is sought.* | | | |
| Does the family know you are making this referral to us? Has consent been obtained and how? |  | Date consent obtained: |  |
| If yes, what are the parent / carer’s view of the referral? |  | | |
| What is the child’s view of the referral if appropriate to obtain? |  | | |
| If No, explain the immediate risk that has prevented you from obtaining consent: |  | | |

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| **The Child’s Details** | | | | | | | |
| **Surname:** |  | | **First name(s):** | |  | | |
| **D.O.B or expected date of delivery:** |  | | **Gender:** | | Male  Female  Unborn  Trans-gender  Prefers not to say | | |
| **School / early years setting** |  | | **GP surgery and NHS number:** | |  | | |
| **Child’s home address:** |  | | **Postcode:** | |  | | |
| **Telephone Numbers:** | |  | | |
| **Current address (if different from above):** |  | | **Postcode:** | |  | | |
| **Telephone Numbers:** | |  | | |
| **Child’s ethnicity:** | | | | | | | |
| **White**  White British  White Irish  White any other background | **Black or Black British**  Caribbean  African  Any other black background | **Mixed**  White and black Caribbean  White and black African  Any other mixed background | | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background | | | **Other Ethnic Groups**  Chinese  Any other ethnic Group  **NOT KNOWN** |
| **Child’s first language or preferred means of communication:** |  | | | **Is an interpreter or signer required?** | No  Yes  ***Details:*** | | |
| **Child’s religion** | Buddhist  C of E / Anglican  Eastern religion  Hindu  Jehovah’s witness  Jewish  Methodist  Mormon  Muslim  Not known  No religion  Other  Other Protestant  Pentecostal Christian  Roman Catholic | | |  |  | | |
| **Does the child have a Special Educational Need or Disability?** | No  Yes  ***Details:***   |  | | --- | | Autistic spectrum disorder  Hearing impairment  Moderate learning difficulty  Multi-sensory impairment | | Other difficulty / disability  Physical disability  Profound and multiple learning difficulty  Severe learning difficulty  Social, emotional or mental health  Specific learning difficulty  ☐ Speech, language and communication  Visual impairment | | | | **Does the child have an Education Health and Care Plan?** | | No  Yes  Not known | |

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| **Key Relationships and Networks** | | | | | | | | | |
| **Other Household Members including other children** | | | | | | | | | |
| Name | Relationship | | DOB | Gender | NHS Number | Ethnicity | Language | Does the person have PR? | School |
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| **Other Important People** | | | | | | | | | |
| Relationship | | Name | | Date of Birth | Gender | NHS Number | Ethnicity | Address & Telephone Numbers | |
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| **Services Working with the Family** | | | |
| Agency / Role | Professional’s Full Name | Address & Postcode | Telephone Number |
| GP |  |  |  |
| Health Visitor/ Midwife |  |  |  |
| School |  |  |  |
| CAMHS |  |  |  |
| Early Help |  |  |  |
| Probation |  |  |  |
| Substance/ Alcohol misuse service |  |  |  |
| Mental Health services |  |  |  |
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| **Details of your /concerns, request for support** |
| **Reason for Referral. What are you and/or the family worried about?** Do the family share your worries? Please describe facts including frequency, severity and impact. What are the specific behaviours of the parents/child/young person that may pose a risk to their welfare or safety? |
| **What, if any, actions have you already taken in respect of this presenting concern?** |
| **What is the impact on the child/young person? How is this affecting the child’s health, development and wellbeing? What are you worried will happen if nothing changes?** |
| **What is working well for this child and/or this family? What are the strengths/support systems within the family, the things they do well, the resources within the family that reduce the danger and the times where danger has been present but the parents have been able to manage/reduce this danger?** |
| **What do you want to happen next? What needs to happen next to ensure the child is safe and ensure the parents can keep the child safe?** |

**Risk Factors: Please indicate which of the following risk factors are Present within this family**

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| Alcohol misuse by child/young person |  | Missing from Home |  |
| Alcohol misuse by parent/carer/adult in household |  | Learning disability of parent/carer/adult in household |  |
| Criminal and Anti-Social behaviour |  | Missing from school/education |  |
| Child Sexual Exploitation |  | Mental health of child/young person |  |
| Domestic Abuse |  | Mental health of parent/carer/adult in household |  |
| Drug Misuse by parent/carer/adult in the household |  | Neglect (Has the neglect toolkit been consulted/) |  |
| Sexual harassment and violence |  | Online safety/grooming |  |
| Emotional Abuse |  | Physical disability or illness of parent/carer/adult in household |  |
| Fabricated Illness |  | Physical abuse |  |
| Harmful Sexual Behaviours |  | Child criminal exploitation/county lines |  |
| Family in Acute Stress |  | Physical disability or illness of child/young person |  |
| Female Genital Mutilation |  | Private Fostering |  |
| Forced Marriage |  | Radicalisation |  |
| Gang affiliation and/or serious youth violence |  | Sexual abuse |  |
| Homeless Young Person |  | Self-harming |  |
| Honour based violence |  | Trafficking |  |
| Learning disability of child/young person |  | Unaccompanied Asylum-Seeking Child (UASC) |  |
| Other |  | Young Carer |  |

**Send Securely**

**Please email this completed form to:** [**social\_care\_direct\_children@wakefield.gov.uk**](mailto:social_care_direct_children@wakefield.gov.uk)