

**Multi Agency Referral Form**

This form should be used to refer a child to one of the following services:

1. A service from the **Children First Hub** where you are concerned for a child’s wellbeing and the family have asked for support, in relation to one or more of the difficulties specified below.
2. A Service from **Children’s Social Care** where you are worried about the safety of a child and/or the parent’s capacity to meet the child’s care needs.

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’s Partnership website <https://www.wakefieldscp.org.uk/professionals-and-practitioners/professional-referral/> 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

If you are worried about an immediate risk of significant harm to a child, it is essential that you contact the police on 101.

If your concern is not an immediate risk of significant harm to a child but you do have safeguarding concerns it is appropriate to complete the Multi Agency Referral Form (MARF). All telephone referrals from partner agencies/Professionals must be followed up in writing by completing the Multi Agency Referral Form within 24 hours of contacting MASH.

**Referral to Children First Hubs**

The Children First Hubs offer whole family support and targeted interventions at Level 3 on the Wakefield Continuum of Need (CON) there are a range of services for families who are experiencing difficulties that may include;

* Unemployment/financial hardship
* Domestic Abuse
* Mental health or other health difficulties
* Drug or alcohol misuse
* School attendance problems
* Crime and anti-social behaviour problems
* Children who need help

The referral must always be discussed with the family and consent for the referral should always be sought from those with parental responsibility.

If you are worried about a child and the parents do not give consent, please contact MASH for a consultation with a Social Worker.

**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. If you are worried about a child and you are unable to contact the parents, this should not stop you from making a referral.

**This is a referral for: please tick one of the boxes below**

**\*Please refer to the consent information on page two at the front of this document. The need for consent should not override your referral if you are worried that a child is at risk of harm or significant harm.**

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| **Children First Hubs** |  | **Children’s Social Care** |  | |
| This referral has been discussed with the family and consent to make the referral has been given. | | The family have been informed about this referral, or have given consent for this referral. | | |
| If parents have not been informed or given consent please explain why | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person’s details** Family name/Surname | | Forenames | | Date of Birth or Expected Due Date | | |
|  | |  | |  | | |
| Gender | | Religion | | Any special needs/disabilities? | | |
|  | |  | |  | | |
| Male/Female | |
|  | |  | |  | |
| Ethnicity | | Child’s first language | | Interpreter required? | |
|  | |  | |  | |
| Current Address | | | | | |
| Any other significant information e.g. a secondary address or telephone number | | | | | |
| **Parent/Carers details** Parent/Carers Surname | Forenames | | | | Date of Birth or Age |
|  |  | | | |  |
| Relationship to the child | Does this person have parental responsibility? | | | | Any special needs/disabilities? |
|  |  | | | |  |
| Ethnicity | Parent/carer’s first language? | | | | Interpreter required? |
|  |  | | | |  |
| Current Address | | | Contact details i.e. Tel; Number. & Email | | |
|  | | |  | | |
| **Parent/Carers details** Parent/Carers Surname | Forenames | | | | Date of Birth or Age |
|  |  | | | |  |
| Relationship to the child | Does this person have parental responsibility? | | | | Any special needs/disabilities? |
|  |  | | | |  |
| Ethnicity | Parent/carer’s first language? | | | | Interpreter required? |
|  |  | | | |  |
| Current Address | | | Contact details i.e. Tel; Number. & Email | | |
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| **Other household members & significant relationships** Name/s | DOB/Expected Due Date | | Relationship | Ethnicity | | Language | Address & Contact details | | |
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| **School details** | | | | | | | | |
| **Full Name of School:** | | | | | | | | |
| **Address & Tel No:** | | | | | | | | |
| Senior Designated Safeguarding Lead (DSL) | | Contact details | | | Class/form teacher | | | Contact details |
|  | |  | | |  | | |  |
| **Referrer’s details**     |  |  |  | | --- | --- | --- | | Name: | Organisation/Job Title: | Relationship to child: |      |  |  |  | | --- | --- | --- | | Address: | Email: | Contact Tel. No: |     Any other professionals/agencies involved with the child?   |  |  | | --- | --- | | Name of professional | Role | | Agency name | Contact details | |  |  |   Are there any existing assessments/plans in place e.g. Common Assessment Framework (CAF), My Support Plan, SOS Signs of Safety, Education Health and Care Plan (EHCP)? If so please attach a copy of the assessment/Plan to this referral.  What, if any, actions have you already taken in respect of this presenting concern? | | | | | | | | |

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| **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 Complicates the Situation?**  **What have you heard or seen first hand?** |
| **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 different today that makes this more of a concern?**  **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**

|  |  |  |  |
| --- | --- | --- | --- |
| Alcohol misuse by child/young person |  | Learning disability of parent/carer/adult in household |  |
| Alcohol misuse by parent/carer/adult in household |  | Missing from Home |  |
| 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)

**Version 2 May 2018**

**(2020 Updated partnership logo/weblink)**