

**Multi-Agency Referral Form for Early Help and Social Care services (MARF)**

**Any professional or practitioner wanting to make a request for service to Rutland County Council including Early Help or Social Care should complete this MARF.**

**Where risk of significant harm to a child is identified this should be referred immediately by telephone to the relevant Children’s Social Care on the numbers below:**

**Leicester: 0116 454 1004 | Leicestershire: 0116 3050005 | Rutland: 01572 758407**

**Before completion, all professionals should have knowledge of and refer to the**

[**LLR Threshold for Access to Services**](https://lrsb.org.uk/uploads/view-the-llr-scp-thresholds-for-access-to-services-for-children-and-families-in-leicester-leicestershire-rutland.pdf)**.**

**Leicester:**

It is expected that any professional/practitioner wanting to make a referral to Leicester City, will in the first instance call their ‘One Front Door’ on **0116 454 1004** and discuss the details of the referral. This should then be followed up by the referrer by submitting an online referral

[HERE](https://my.leicester.gov.uk/service/Multi_Agency_Referral_Form__MARF_)

<https://my.leicester.gov.uk/service/Multi_Agency_Referral_Form__MARF_>

Please note: Following the conversation with ‘One Front Door’ please ensure you tick the box on the final page of the form as to whether you are seeking Early Help support or referring to Children’s Social Care. If you are requesting Early Help support, please ensure you complete the box regarding seeking engagement and cooperation below. Please complete all the questions on pages 2 – 5.

If you are from an agency where it has been agreed that you use an internal embedded form please email it securely to[early-help@leicester.gov.uk](mailto:early-help@leicester.gov.uk) for Early Help and [das.team@leicester.gov.uk](mailto:das.team@leicester.gov.uk) for Children’s Social Care.

MARF guidance: [LLR Multi-Agency Referral Form (MARF) (leicestershire.gov.uk)](https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2020/7/28/MARF-guidance-for-Leicestershire.pdf)

**Rutland:**

It is expected that any professional/practitioner wanting to make a referral to Rutland County Council including Early Help and Social Care will in the first instance call their ‘Single Front Door’ on **01572 758407** and discuss the details of the referral. Following this conversation, the expectation is that the referrer will then follow up this phone call with a written referral **using** **this template** and email it appropriately marked to [childrensreferrals@rutland.gov.uk](mailto:childrensreferrals@rutland.gov.uk). Please ensure you tick the box on the final page of the form as to whether you are seeking Early Help support or referring to Children’s Social Care.

MARF guidance: [marf\_guidance\_rutland.pdf (proceduresonline.com)](https://llrscb.proceduresonline.com/files/marf_guidance_rutland.pdf)

**Leicestershire:**

Any professional or practitioner wanting to make a request for service to Leicestershire County Council including Early Help or Social Care should complete this (MARF) form online

[HERE](https://resources.leicestershire.gov.uk/education-and-children/child-protection-and-safeguarding/multi-agency-referral-form-for-early-help-and-social-care-services-marf)

<https://resources.leicestershire.gov.uk/education-and-children/child-protection-and-safeguarding/multi-agency-referral-form-for-early-help-and-social-care-services-marf>

If there are urgent concerns based on evidence that a child is suffering or at risk of significant harm which requires a Child Protection response this should be reported immediately by telephone on **0116 305 0005**. A written referral must be submitted to document the information shared within 24 hours. In any case where a professional is unclear if the threshold is met contact should be made with agency safeguarding leads for advice or in complex cases a call can be made to the consultation line on **0116 305 5500** between 10:00am and 4:00pm. If there are immediate concerns about risk to the safety of a child, call the Police immediately.

If you are from an agency where it has been agreed with Leicestershire County Council that you use an internal embedded form please send it securely from your secure email account to [childrensduty@leics.gov.uk](mailto:childrensduty@leics.gov.uk.cjsm.net)

MARF Guidance: [marf\_guidance\_leicester.pdf (proceduresonline.com)](https://llrscb.proceduresonline.com/files/marf_guidance_leicester.pdf)

**If you cannot access the MARF either online or via a word or PDF fillable version you should contact the relevant local authority for confirmation of where and how to submit your referral.**

**Use of information**

It is expected that you will have made efforts to discuss your concerns with the parent/carer and made them aware of the MARF, unless to do so would create additional risk to the child. In situations where risk is not identified, the lack of parental permission may lead to a request for service being declined by Children’s Social Care

If you are asking for Early Help services from the Early Help Service, a parent will always need to agree to this request being made.

Parents do not always have to give permission to make a request for social work intervention. This is usually when worries are so great that the child is suffering or at risk of harm and child protection responses are required. If you are not sure if Threshold is met take advice immediately. If parental permission to make a request for service is an issue impacting on your ability to support a child, seek advice from your manager or Designated Safeguarding Lead.

Further guidance on collecting, using and sharing information is available [HERE](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf).

Where a parent or carer is informed of a referral, under the General Data Processing Regulations (GDPR) 2018 you should also inform the parents or carers of the following:

* Information will be treated confidentially and will be used to understand the needs of the family – this will involve checking our records to see if we are already working with the family
* Information may be shared with other services to check whether they are working with the family or have done so previously
* Information will be shared when we are required to do so by law or there are concerns that someone has suffered or may be at risk of significant harm.

**Privacy notice**

Being transparent and providing accessible information to individuals about how you will use their personal data is a key element of Data Protection compliance . This does not mean however, that you need to get consent to use information in most cases, as there are many other conditions under the GDPR and the Data Protection Act 2018 that allow you to proceed without an individual’s explicit consent to use their information. The appropriate way to provide this information is in *a privacy notice*.

Each practitioner *should follow their own agency’s or organisation’s Information Governance requirements* for collecting, sharing and processing personal data. Information regarding the requirements including the use of privacy notices can be found at the following link:

[Guide to the UK General Data Protection Regulation (UK GDPR) | ICO](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/)

**Have you told the parent, carer or young person (where appropriate) you are making this referral?** Yes  No

(*Please note you should* ***not*** *inform the parent/carer where doing so may increase the risk of harm to the child or where you believe a crime may have been committed*.)

**Has the parent/carer indicated their engagement and cooperation with this referral for services?** Yes  No

It should be made clear to parents/carers that if they later decide not to engage or cooperate with services that their information will be retained. (*Where parental engagement and cooperation has not been agreed, unless there are specific child protection or safeguarding needs identified, this will have a significant impact on the ability to respond. For Early Help support parental engagement and cooperation is required although this can be verbal agreement.*)

**Details of Person Making Referral**

**Your details (the referrer)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name |  | | | | |
| Job Title |  | | | | |
| Agency |  | | | | |
| Telephone |  | | | | |
| Email address |  | | | | |
| Secure Email address |  | | | | |
| Do you expect to be involved with the family for the foreseeable future? | If Yes, in what capacity? | | | | |
| Have you informed those with Parental Responsibility (PR) for the child you are making the referral? | Yes |  | No |  | If Yes, who was informed? |
| What are the views of the parent/carer/children and young people you spoke to about this referral? |  | | | | |

**About the Children/Young People** (Who are you worried about?)

Please provide the details of all the children and young people in the family, starting with the child you are most concerned about, where appropriate. You should provide as much relevant information as possible.

**Child 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth (or Expected Delivery Date if unborn). |  | | Gender |  |
| Address |  | | Post code |  |
| Any Previous addresses |  | | | |
| Ethnicity |  | Religion |  | |
| Does the child have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| NHS Number |  | | | |
| Name of education setting (name of nursery, school, college) |  | Address of setting |  | |
| Name of the GP |  | Address of the GP |  | |
| Is the child known to another LA? |  | If yes, what LA? |  | |
| Is this child/family new to you? | Yes  No | If yes, how did you become involved? |  | |
| Is this child/family new to the area? | Yes  No | If yes, where have they arrived from? |  | |

**About the Family**

**Adult/parent/carer 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth |  | | Gender |  |
| Address |  | | Post code |  |
| Ethnicity |  | Religion |  | |
| Does the adult have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| Relationship to the child |  | | | |
| Does this adult have Parental Responsibility for the subject child? | Yes  No | If no, who does have Parental Responsibility? |  | |
| Telephone |  | Email address |  | |
| Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues | | | | |

**Adult/parent/carer 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth |  | | Gender |  |
| Address |  | | Post code |  |
| Ethnicity |  | Religion |  | |
| Does the adult have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| Relationship to the child |  | | | |
| Does this adult have Parental Responsibility for the subject child? | Yes  No | If no, who does have Parental Responsibility? |  | |
| Telephone |  | Email address |  | |
| Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues | | | | |

**Other children linked to the household**

**Child 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth (or Expected Delivery Date if unborn). |  | | Gender |  |
| Address |  | | Post code |  |
| Any Previous addresses |  | | | |
| Ethnicity |  | Religion |  | |
| Does the child have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| NHS Number |  | | | |
| Name of education setting (name of nursery, school, college) |  | Address of setting |  | |
| Name of the GP |  | Address of the GP |  | |
| Is the child known to another LA? |  | If yes, what LA? |  | |
| Is this child/family new to you? | Yes  No | If yes, how did you become involved? |  | |
| Is this child/family new to the area? | Yes  No | If yes, where have they arrived from? |  | |

**Child 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth (or Expected Delivery Date if unborn). |  | | Gender |  |
| Address |  | | Post code |  |
| Any Previous addresses |  | | | |
| Ethnicity |  | Religion |  | |
| Does the child have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| NHS Number |  | | | |
| Name of education setting (name of nursery, school, college) |  | Address of setting |  | |
| Name of the GP |  | Address of the GP |  | |
| Is the child known to another LA? |  | If yes, what LA? |  | |
| Is this child/family new to you? | Yes  No | If yes, how did you become involved? |  | |
| Is this child/family new to the area? | Yes  No | If yes, where have they arrived from? |  | |

**Child 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth (or Expected Delivery Date if unborn). |  | | Gender |  |
| Address |  | | Post code |  |
| Any Previous addresses |  | | | |
| Ethnicity |  | Religion |  | |
| Does the child have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| NHS Number |  | | | |
| Name of education setting (name of nursery, school, college) |  | Address of setting |  | |
| Name of the GP |  | Address of the GP |  | |
| Is the child known to another LA? |  | If yes, what LA? |  | |
| Is this child/family new to you? | Yes  No | If yes, how did you become involved? |  | |
| Is this child/family new to the area? | Yes  No | If yes, where have they arrived from? |  | |

**Child 5**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth (or Expected Delivery Date if unborn). |  | | Gender |  |
| Address |  | | Post code |  |
| Any Previous addresses |  | | | |
| Ethnicity |  | Religion |  | |
| Does the child have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| NHS Number |  | | | |
| Name of education setting (name of nursery, school, college) |  | Address of setting |  | |
| Name of the GP |  | Address of the GP |  | |
| Is the child known to another LA? |  | If yes, what LA? |  | |
| Is this child/family new to you? | Yes  No | If yes, how did you become involved? |  | |
| Is this child/family new to the area? | Yes  No | If yes, where have they arrived from? |  | |

**Other significant members linked to the household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name(s) |  | | | |
| Surname |  | | | |
| AKA / Previous names |  | | | |
| Date of birth |  | | Gender |  |
| Address |  | | Post code |  |
| Ethnicity |  | Religion |  | |
| Does the adult have a disability or special need? | Yes  No | Further Information |  | |
| Preferred First Language or method of communication e.g. sign language |  | Is an interpreter required? | Yes  No | |
| If yes, which language is required? |  | |
| Relationship to the child |  | | | |
| Does this adult have Parental Responsibility for the subject child? | Yes  No | If no, who does have Parental Responsibility? |  | |
| Telephone |  | Email address |  | |
| Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues | | | | |

**List here details of any other professionals or agencies that are working with the child/family (if known)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Agency** | **Address** | **Telephone number** | **Email** | **Secure Email** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**What are you worried about?**

Please summarise the main issues for the child(ren) and family including how the family is functioning and any issues for adults in the household and if they are impacting on the children. For example, refer to the issues listed below as a guide to include in your summary and guidance within [Working Together to Safeguard Children 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf) on types of abuse or neglect and the relevance of *contextual safeguarding*:

|  |  |  |
| --- | --- | --- |
| * Asylum seeking family * Behaviour management support * Child leaving care * Child leaving custody * Child Sexual Exploitation (CSE) * Cultural/language issues * Debt or benefit issues * Disabled Child * Domestic violence and abuse * Drug/alcohol/substance use * Education concerns * Emotional Harm * Fabricated or Induced Illness | * Female Genital Mutilation (FGM) * Gangs or groups * Honour based violence * Housing concerns * Mental or Physical Health * Missing child * Neglect * Offending or anti-social behaviour * No recourse to public funds * Not in employment, education or training | * Parent leaving custody * Parenting capacity * Pre-birth concerns * Physical Harm * Poverty * Person posing a risk to a child * Parent or carer of disabled child * Radicalisation * Self-harm and suicide * Sexual Harm * Trafficking * Vulnerable infant * Young carer |

|  |
| --- |
| **What are you worried about? (Include the child and family’s views)**  (Include here what is the current family situation, what key issues including any needs or dangers have been identified, what risks does this present to the child and what life is like for the child?) |
| How does this affect the child(ren) / (what is the impact?) |
| Please summarise your involvement with the family:(include any support provided by other agencies or services) |

|  |
| --- |
| **What is working well? (Include the child and family’s views)**  (include here what are the strengths and protective factors for the child; what is family doing to manage the need risk and dangers identified) |

|  |
| --- |
| **What needs to happen (to reduce the needs /risks and dangers presented to the child) (Include the child and family’s views)** |

**Additional information**

|  |  |
| --- | --- |
| Have any assessments been conducted by you or your agency/service such as CSE, Early Help, Neglect, FGM, DASH etc. | Yes  No |
| Have these been attached with this form? | Yes  No |

**For Leicester and Rutland only** - following your discussion with the worker at the ‘One Front Door’ or ‘Single Front Door’ as detailed on the first page, please select the referral you wish to make:

Early Help  Social Care

Please provide the **name of Duty worker you spoke to:**

**For use by the Local Authority Early Help or Duty Service** **only**

Action taken:

Decision made:

By:

Date of decision:

Feedback to referrer:

Date:

By: