



Buckinghamshire County Council

Version 6.4 April 2019

Multi Agency Referral Form (MARF)

A multi-agency referral should be made when the agency considers:

- A child has multiple needs requiring a multi-agency coordinated response with a lead professional (level 3 on the threshold document).
- A child has a high level of unmet and complex needs or is a child in need of protection (level 4 on the threshold document).

Consult

Use the thresholds document (www.bucks-lscb.org.uk/professionals/thresholds-document/), discuss with your safeguarding lead and use your professional judgement to identify the level of need.

If you think the need has reached level 3 or 4 and you need advice or guidance, you can consult by calling **First Response** on **01296 383962**.

Email MARF to: secure-cypfirstresponse@buckscc.gov.uk (note: only fully secure, if emailing from another secure email account).

For those that do not have access to a secure email account, there are two options for sending the MARF securely:

- Password protect the form and send the password in a separate email
- Email initially without personal details. A Contact and Referral Officer will then send you an encrypted email which you can use to send the MARF securely

First Response is open Mon-Thurs 9am to 5.30pm & Fri 9am to 5pm. If your referral is URGENT and is outside of these times or on a Bank holiday please contact the **Emergency Social Work Team on 0800 999 7677**.

All telephone referrals must be followed up with completion of a MARF by the referrer within 48 hours.

Details of Person Making a Referral (person completing this form) **this is so you can be contacted in case further information is needed or to invite you to a child protection conference**

Name:		Date of Referral:
Role:		Agency:
Contact Details:	Tel:	Email:
Address:		

Consent

Are the parents/carers aware of this referral to Early Help or Children's Social Care?

If parents/carers are not aware, the referral cannot be progressed further unless there are safeguarding issues which place the child at risk of significant harm or could lead to loss of evidential material

Yes No

If 'No' give a reason for not informing parents/carers

Information can only be sought for assessment purposes where consent has been given, unless this would place the child at risk of significant harm or lead to loss of evidential material

Please seek parents/carers permission to share information before making this referral

Dependent on age & understanding it may be appropriate to seek the child / young person's consent prior to sharing information

Parental Consent is not necessary at level 4 (if the child is likely to suffer / is suffering significant harm).

Parent / Carer / Young Person

I agree for this referral to be made to Children's Social Care/Early Help Services. I understand that they will contact other agencies, such as my doctor, my child's school and health visitor, for information sharing purposes between the agencies. I also agree to engage with agencies for assessment and/or support.

Signed: _____ (Parent/Carer/Young Person) Date: _____

Parental Consent given but unable to sign form (Please tick)

Please state reason for this:

If you do not agree for other agencies to be contacted to share their information, please say which agency you do not want contacted.

Agency: _____

Please explain why you do not want this agency contacted:

Contact complete giving as much detail as possible

Details of Child(ren)

Family Surname/s						
Family telephone numbers						
Family Address						

Child's Name or unborn baby (UBB)	Date of Birth	Gender M/F	Ethnicity Appendix A	Religion Appendix B	Disability Y/N	Disability Appendix C

Language spoken at home		Interpreter required important to complete in case we need to arrange for one to attend ICPC	Yes <input type="checkbox"/> No <input type="checkbox"/>
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School / Nursery: Name & contact info	
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GP: Name & contact info	
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NHS Number If known, as there is now a limited link between health and social care's IT systems	
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Child(ren) not living at home:	Current address:	Reason child not living in family home

FAMILY DETAILS:

Parents names forename and family name/surname	DOB	Address - if not living at family address given above	Parental responsibility
Mother:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Father:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other significant adults / carers forename and family name/surname it may be appropriate to place a child with another adult/ family member if the parent/carer are not suitable	DOB	Address - if not living at family address given above	Relationship & involvement with child(ren)

Reason for referral: (please indicate if previous referrals have been made and attach any relevant information, including chronologies if these have been created):

<p>Summary of Concerns</p> <ol style="list-style-type: none"> 1. Why are you making this referral? 2. What are you concerned about? 3. What is the impact on the child? Provide supporting evidence 4. What support will you continue to offer? 	<p>What is it RIGHT NOW that has made you so concerned to make a referral</p> <p>Explain what effect the situation is having on the child – provide evidence</p> <p>Once you have made a referral you still need to support the child/family, what will you do?</p>
<p>Support to child & family</p> <ol style="list-style-type: none"> 1. What has your agency already done to assist the child and family? 2. Has your agency completed an Outcomes Star / Graded Care Profile with the family? (If so, provide details & attach) 3. What have other agencies done? Provide contact details 	<p>What has your agency already done to support the child/family (think Early Help level's 1 and 2)</p> <p>Have you got evidence of what you have been doing?</p> <p>Are you aware of any other agencies that have been helping the child/family</p>
<p>What are the risks to the child(ren)? <i>Please refer to BSCB threshold document to support your information</i></p>	<p>Use the Threshold document to identify risks to the child. You do not have to write anything word for word from the threshold document, (please remember this is only a framework to guide you). Short meaningful information is better than reams of text, start with the most concerning aspect.</p>
<p>What outcome are you looking for?</p>	<p>Be specific eg “for Carol to live in an environment where she is not scared of mummy and daddy fighting and hurting each other”</p>
<p>What are the child(ren)'s views about this referral?</p>	<p>The voice of the child is very important, try to establish their thoughts and feelings without asking any leading questions</p>
<p>What are the parent/carer views about this referral?</p>	
<p>Known risk factors (e.g. dogs, violent behaviour)</p>	<p>This helps to safeguard any staff who may visit the children/family</p>

Attachments	Please list any supporting documents you are attaching to this referral
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Appendix A: Ethnicity

Asian or Asian British - Indian
Asian or Asian British - Pakistani
Asian or Asian British - Bangladeshi
Asian Other
Black or Black British - African
Black African Caribbean
Black Other
Chinese
Mixed White and Black Caribbean
Mixed White and Black African
Mixed White and Asian
Mixed Other
White British
White Irish
Traveller of Irish Heritage
Gypsy/Roma
White Other
Other ethnic group
Refused
Information not yet obtained

Appendix B: Religion

Record main category

Buddhist
Christian
Hindu
Jewish
Muslim
Sikh
Other Faith
No religion
Information not obtained

Add additional information alongside main category if required:

e.g. Specific denomination or other faith

Appendix C: Disability

Required for CIN Census 2.2 Type of Disability

Record main category

Behaviour
Communication
Consciousness
Diagnosed with autism or Asperger's syndrome
Disabled under DDS but not in other categories
Hand Function
Hearing
Incontinence
Learning
Mobility
Person Care
Vision

If Consent from Parent is given at point of Referral, the Outcome will be advised to the Referrer within 72 hours unless this is a Child Protection issue then a response will be made within 48 hours