

Multi Agency Report (Referral) Form (Child Safeguarding)

Date of referral:	
Is the Parent/ Carer aware of the referral:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has consent been obtained to make this referral:	<input type="checkbox"/> YES Verbal or Written Consent <input type="checkbox"/> NO
If No, give reason:	

CHILD/ YOUNG PERSON'S DETAILS					
Surname:		Forename:		Gender:	
D.O.B: or E.D.D.		Age:		Social Services Number (if known):	
Address:		Postcode:		Telephone Number:	
Current address if different from above:		Child's first language or preferred means of communication :		Is an interpreter/ signer required:	
Child's Religion:		Child's Ethnicity:		Child's Nationality (if not British):	
Is the child an asylum seeker:		Child's immigration status (if known):		Home office registration number (if known):	
Is the child "looked after":		Is the child named on the child protection register:		Does the child have a disability?	
Is the child a traveller:		Is the child a young carer:		Any other information about the child's identity:	

BIRTH PARENT DETAILS/ MAIN CARERS/ PERSONS WITH PARENTAL RESPONSIBILITY (PR)							
Mother's Name:		Mother's address if different from child:		Is an interpreter required:		Mother's First Language:	
Mother's DOB:		Mother's Ethnicity:		Parental needs (learning difficulties, physical disabilities)		Telephone Number:	
Father's Name:		Father's address if different from child:		Is an interpreter required:		Father's First Language:	
Father's DOB							
Father's Ethnicity:		Parental needs (learning difficulties, physical disabilities)		Telephone Number:		Does father have PR:	
Name and DOB:		Relationship to child:		Does this person have PR:		Is an interpreter required:	
Name and DOB:		Relationship to child:		Does this person have PR:		Is an interpreter required:	

OTHER HOUSEHOLD MEMBERS (including NON-Family members)					
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Are all children in this household subject to this referral:		<input type="checkbox"/> YES <input type="checkbox"/> NO			

SIGNIFICANT OTHERS WHO ARE NOT MEMBERS OF THE CHILD'S HOUSEHOLD (i.e. alleged offender; other family members you consider relevant to this referral; fathers of half/ step siblings; partners of parent-carer)						
Name:		D.O.B:		Address:		Relationship to child:
Name:		D.O.B:		Address:		Relationship to child:
Name:		D.O.B:		Address:		Relationship to child:

REFERRAL INFORMATION (Guidance notes have been produced to assist the person submitting this referral)					
Referred by (name):		Agency/relationship to child:		Does the referrer wish to remain anonymous:	<i>(please note a professional cannot refer anonymously)</i>
Address:		Telephone Number:		Email:	
Reason for report:	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Financial Abuse <input type="checkbox"/> Other - please specify below (e.g. contextual safeguarding, CE, CSE, FGM, Forced Marriage, parental substance/alcohol misuse, parental learning disabilities, parental mental ill health, parental physical ill health, domestic abuse) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Request for services:	<input type="checkbox"/> Initial advice and assistance <input type="checkbox"/> Care and support needs <input type="checkbox"/> Child with disabilities <input type="checkbox"/> Child protection				

What has already happened and what are the circumstances now: include any Harm Statements	<i>Detail the reasons why you are contacting/referring including any details of the date, time and place where any alleged harm occurred. State concerns and impact on child/ren. Include any past incidents that add context and are relevant to the referral.</i>
What are you worried about now? (What are the risks or vulnerabilities?):	<i>State actual concerns, and impact on child / ren. Young person not understanding the risk; escalation of risk if not supported; short term and long term risks to overall wellbeing PLEASE ALSO DETAIL ANY RISK WHICH MAY AFFECT THE SAFETY OF STAFF</i>
What is working well and what are the strengths?:	<i>Positive/ protective relationships; family are keen to engage; good family network, trusted adults;</i>
What are the barriers:	<i>Reluctance to engage with support; financial difficulties; child care issues; communication issues (language/ hearing/ visual impairment)</i>
What action/ support has already been undertaken in yours and other agencies to address these concerns:	<i>Include details of referrals to other services i.e. Early Help. Also include information where referrals have been made to other agencies, ie. Preventions</i>
What other assessments have been undertaken by other agencies (if known):	<i>e.g. DASH; SERAF; MIRAF; Routine enquiry and CSERQ4, Recent medical examinations (including child protection medicals); any health assessments</i>
What are the expected outcomes of this referral:	<i>Safeguarding assessment undertaken to assess potential risk; services are put in place to support the child/ family; information is recorded for the child</i>
Any other relevant information:	<i>Are you aware of the child previously being named on the child protection register or being "looked after" previously; aware of previous convictions/ safeguarding concerns in relation to the alleged abuser</i>

KEY AGENCIES			
Agency:	Name:	Address:	Telephone Number:
GP			
Health Visitor/Midwife			
Nursery/ School			
Other Agency (please specify)			

SUBMISSION OF THE REFERRAL	
Cardiff	CSMASH@cardiff.gov.uk
Vale of Glamorgan	IntakeandFamilySupportTeam@valeofglamorgan.gov.uk

OUT OF HOURS/ EMERGENCY DUTY
Between the hours of 17:00pm - 08.30am Monday to Thursday, Weekends and Bank Holidays. Friday 16:30pm – 08:30am

YOU MUST PHONE
your concerns through to the Emergency Duty Team
029 2078 8570
then complete the Multi Agency Report (Referral) Form (MARF) and send to the appropriate Local Authority

Guidance notes on the completion of the Multi Agency Report (Referral) Form (MARF)

This Multi Agency Report (Referral) Form (MARF) has been reviewed in order for the content to align and be compliant with the Social Services and Well-being (Wales) Act 2014, (SSWB 2014). The new legislation has brought about changes to culture and practice in how we work with people in achieving “what matters to them” and that assessments and the care and support they need as a person are founded on a strengths based approach resulting in clear, outcome- orientated personal goals/ outcomes. By referrers also using this approach in their information sharing it allows for a better understanding of the child within their own context and assists in the decision making in how best to safeguard and promote their well-being.

The key differences in this document are based within the **“Referral Information”** section where the referrer presents the information based on the five elements of assessment as defined in the SSWB 2014, these are based on a person’s circumstances; strengths; barriers; risks and personal outcomes. The referrer is also asked to describe what interventions their own agency may have undertaken and to share their knowledge in respect of any other assessments they may be aware of which have been undertaken previously or currently. There is also a specific section for any other relevant information which the referrer feels is pertinent for Children’s Services to be aware of when considering the referral information holistically.

It is hoped that this revised referral will result in stronger multi agency collaboration and an improved information sharing process between the referrer and Children’s Services to effectively safeguard and support children and their families within this region.

For the purpose of this document a child is a person under the age of 18 years

1. Referral date and consent

The date of the referral must be recorded by the referrer.

It is always important to work with children/ young people and their families with their informed consent and knowledge wherever possible. The referrer should work from the principle that consent from the parent/ carer to submit a referral should always be sought UNLESS there are child protection concerns that may place the child at risk of harm if the parent/ carer were to be approached about the referral content. Examples where a referral is submitted without parental/ carer consent may be due to an allegation/ disclosure of abuse by the child about their parent/ carer; agency witnesses inappropriate behaviour by the parent/ carer towards the child. If in doubt whether consent to make the referral should be sought the referrer should seek advice and guidance from their designated safeguarding lead for their organisation or contact the local authority’s children’s services duty team for advice. **PLEASE NOTE- a referring agency should NEVER delay in contacting the Police and Children’s Services if they have immediate concerns for a child’s safety or well-being.**

2. Child/ Young Person's Details

This section should be completed within its entirety wherever possible. In the section “*Any other information about the child's identity*” the referrer should consider and provide any additional relevant information about the child's identity, this may include a brief physical description of the child to assist the person making an initial visit being assured they have seen the correct child (All Wales Child Protection Procedures, 2008).

3. Other household members including non-family members

This section should clearly detail ALL people, both Adults and Children, residing in the home. The referrer should provide as much detail as possible about all other household members including names, ages and their relationship to the child so that as clear a picture as possible of who is residing in the household with the child (subject) can be gathered.

If the referral raises concern for the well-being of ALL children residing in the **SAME** household this should be clearly indicated by selecting YES, however, where there are other children/ young people who DO NOT reside in the same household there is a requirement for a referral to be made for each child. An example of this may be where the referrer is notifying about an alleged child on child assault, although the referral content about the incident may be recorded verbatim for both children a separate referral form requires to be completed for EACH child as they are not residing in the same household.

4. Main Carers/ Persons with Parental Responsibility (PR)/ Birth Parents

It is essential to provide as much information within this section as possible. Remember that the child may not necessarily be residing with their birth parents and therefore for decision making purposes it is vital for agency decision makers to have as much information about the child and their care givers as possible within the referral. The “*Relationship to child*” and “*Does this person have PR*” questions should always be completed by the referrer where the information is known, for example, if you are aware that the child is residing with maternal aunt who has a Special Guardianship Order or you are aware that the child is “looked after” and resides with Foster Carers this should be detailed within this section.

5. Significant others who are NOT members of the household

This section should be used to provide information about the child's network beyond the immediate household where relevant to the referral. Examples may include the alleged offender; other family members you consider relevant to this referral (i.e. maternal grandmother who provides a lot of support to the family/ collects the children from school regularly); fathers of half/ step siblings; partners of parent/ carer.

6. Referral Information

The referrer must provide all of their contact details and define their role/ relationship in respect of the child. A professional CANNOT refer anonymously. Sometimes a professional is told information by a person/ member of the public who does not wish to be identified regarding the information they have shared, therefore, the professional should protect the anonymity of the person (i.e. do not disclose in the referral their name/ relationship to child) when submitting the referral but the professional cannot refer anonymously and must complete their details as they have received the information and therefore have a duty to

report. In such circumstances the professional should report that the information has been shared with them directly by a person who wishes to remain anonymous/ cannot be identified and detail the account as reported to them.

Reason for Referral/ Request for Services

This is a tick box section. The categories of abuse have been listed in addition to “*safeguarding concerns*” and “*request for service*” options. The referrer should consider the reasons why they are making the referral and select an appropriate field, it is acknowledged that alleged/ suspected abuse may often be linked to multiple categories and it is also acknowledged that the referrer may feel dubious about defining a particular category however the referrer should indicate the reason for the referral in this section by highlighting the predominant category they feel is the issue.

Outline the Circumstances

Detail the reasons why you are contacting Children’s Services. This section should include any details of the date, time and place where abuse is alleged to have occurred. In the case of a disclosure, the referrer should always try to record verbatim what the child/ young person has said using their exact words.

Details and examples within this section are vital. Wherever possible the referrer should try to illustrate what their concerns are beyond using stock statements/ phrases. For example, saying that “the child presents as unkempt”, what does “unkempt” mean or look like? By reporting the exact details of your concerns, i.e. the child’s hair is matted; the school uniform is visibly dirty and appears to have been worn on a number of occasions without being washed; hygiene is an issue and there is a distinctive body odour smell on the child and their clothing, etc., this descriptive information provides a more detailed account to inform the decision making rather than a reliance on stock phrases with the assumption that all professionals will have the same context/ understanding.

Describing the family’s circumstances and context is also important in this section, for example, have the family recently moved into the area; have they been known to social services previously.

What are the Strengths?

Sometimes the focus on sharing information is based solely on the difficulties or problems the child or family is facing and the “What’s working well” or “What’s acting as a positive factor” to keep a child safe can be overlooked. By considering what strengths there are within a family or available to the child can aid decision making in being able to identify realistic and viable options to support and safeguard in the immediate context but also in the longer term support for the child. The referrer should attempt to identify strengths and positive factors in respect of the information they are sharing, for example, if the family are keen to engage with support services; or the child has a positive relationship with a specific person in the school who they may be confident to talk openly with. Other things to consider may be, what would/ does the child say are the best things about their life/ family; what do they do well or what is good enough; etc.

What are the Barriers?

The referrer is asked to consider if there are any barriers which are impacting on the child and their family. Remember that barriers may be time limited or situation specific, for example, the parent may be recovering from an illness/ operation and their ability to meet the needs of the child for a certain period may be a barrier currently but this may not be the case in the long term.

The referrer should consider if there are any complicating factors which are making the situation more difficult for the child/ their family at this time, i.e. are there financial difficulties; child care arrangements/ issues.

Other barriers may be in relation to communication or how the child/ family has engaged with services/ interventions previously.

What are the Risks?

The referrer should attempt to identify what they feel are the risks both “to” and “from” the child/ family. For example risks “to” the child/ family may be in relation to them experiencing abuse or being placed at risk of harm; the child doesn’t identify their behaviour/ situation as worrying or concerning; if the situation with the parent is not addressed at this specific time the risk could escalate further.

Examples of risk “from” the child/ family may include physical or verbal aggression; non-compliance or lack of co-operation (known history or pattern of refusing to engage). The referrer should also identify any risks for Children’s Services to be aware of in respect of visiting/ working with the child or family, for example if the agency has a 2:1 or no lone working practice model in place then this should be clearly detailed. Also please highlight other risks which may be present including environmental factors, e.g. dogs at the property; known offender attending the property.

What are the expected outcomes of this Referral?

The referrer is asked to consider what they expect to be achieved as a result of the referral, for example, if the referrer has the expected outcome that an assessment is completed rather than diverting/ signposting to an alternate agency they should stipulate this.

What action/ support has already been undertaken in your agency to address these concerns?

If the referrer/ agency has already undertaken specific actions or work with the child/ family this should be clearly recorded, for example, if referrals have previously been submitted to preventative services and the family have not engaged then this should be clearly noted.

What other assessments have been undertaken by other agencies (if known)?

If the referrer is aware that an assessment has been undertaken by their own or other agency in respect of the child/ family this information should be noted. If the child has had any recent medical examinations (including child protection medicals) and the referrer is aware they should share this information (AWCPP, 2008). Examples of assessments may include; Missing Individual Risk Assessment Framework MIRAF, family has been discussed

at Multi Agency Risk Assessment Conference (MARAC); child has a Sexual Exploitation Risk Assessment Framework (SERAF) score of 20 so is already known to be at significant risk of child sexual exploitation; the alleged perpetrator is known to be supported/ on an order with Probation Services.

Any other relevant information

The referrer should provide any other known and relevant information. For example are you aware of the child previously being named on the child protection register or being “looked after” previously? If the referrer is aware of previous convictions/ safeguarding concerns in relation to the alleged abuser this information should also be recorded in this section in addition to the “outline the circumstances” or “what are the risks” sections.

7. Key Agencies

The referrer should complete this section where the information is known.

8. Submission of the referral

The MARF should be submitted to the appropriate Children’s Services local authority. The referrer MUST be notified that their referral has been received and must be notified of the outcome to the referral within a maximum of 10 working days, this process of notification and outcome response is managed via varying methods by the different local authorities, it is recommended that you establish with the Children’s Services team for the area in which you are submitting the referral how this process will be managed or confirm with your designated safeguarding lead for your agency.