

**Shropshire Multi-Agency Referral Form**

**(MARF)**

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| **This form should be used to make contact with Children’s Social Care when you have a**  **non urgent safeguarding concern (level 4)**  Level 4 - These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989.  **If your concerns are urgent, and indicate the child is at immediate risk of harm you must contact FPOC: 03456 789021 without delay,** the MARF must then be fully completed and forwarded within 24 hrs to the Compass Team email account (you will need to do this securely\*): [Compass.Referrals@shropshire.gov.uk](mailto:Compass.Referrals@shropshire.gov.uk)   |  |  | | --- | --- | | First Point of Contact (FPOC) | **0345 678 9021** | | Out of hours Emergency Duty Team | **0345 678 9040** |   **BEFORE PROCEEDING PLEASE** ensure you have referred to the [Threshold Document](http://westmidlands.procedures.org.uk/local-content/2gjN/thresholds-guidance/?b=Shropshire) on the local pages of the [West Midlands Safeguarding Procedures](http://westmidlands.procedures.org.uk/). |

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| **HOW TO ACCESS EARLY HELP SUPPORT**  **PLEASE DO NOT COMPLETE THIS FORM IF YOU ARE**  **REQUESTING EARLY HELP SUPPORT AT LEVEL 2 OR 3**   * If you want to access Early Help or Targeted Early Help please follow this link: <https://next.shropshire.gov.uk/early-help> alternatively contact FPOC and ask for the Early Help and Support Team * If you are working with a family and would benefit from seeking advice on how to support the family please follow the link to find out more about the Integration Project <https://www.shropshire.gov.uk/early-help/practitioners/integration-projects/> |

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| **Communication with the family and consent**  All intervention is likely to be more meaningful for children if parents understand professional worries and have an opportunity to work in partnership to bring about change. Having an open and honest conversation with parents as soon as you are worried about a child will generally be the way to start the process of providing help.  It is expected that you will have made efforts to discuss your concerns with a parent/carer and made them aware of the MARF, unless to do so would create additional risk to the child.  However, parents do not always have to give permission to make a request for service for social work intervention.  If you are making a request for a Child in Need (section 17) referral, agreement **must** be sought from the parent/carer (and where appropriate the young person). If parental agreement is not obtained it will not be possible to progress a Child in Need referral.  If you are making a referral of a child protection concern (section 47) and are unsure about whether to advise the parent/carer about the referral, you should consult your agency about this issue. If you remain unsure about whether the parent/carer should be contacted/informed about the referral i.e. due to evidence being compromised, or someone being placed at risk, please consult Children’s Services in the first instance. | | | |
| Have you had a discussion with the child/family and informed them  that you are making this referral? | Yes | No |
| If you haven’t obtained **parental consent,** why not? |  | |
| **PLEASE NOTE the parent will be notified of your contact and the actions taken.** | | |

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| 1. Child / Young Person Details (if more than one child can you please list all the children’s details in the boxes below, a separate MARF for each child is not required). | | | | | | | | |
| Child’s First Name | | | | | Child’s Surname / Last Name | | | |
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| Any alternative name: | | | | | | | | |
| Date of Birth or Estimated Date of Delivery | | Gender  (M/F) | | | Gender Identity | | | |
|  | |  | | |  | | | |
| Religion | | NHS number | | | Language or preferred method of communication e.g. sign language | | | |
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| Does the child have any special needs disability? | | | | | | | | |
| Yes No  If YES, please provide details: | | | | | | | | |
| Name of Parents / Carers: Include all adults involved in the care of the child | | | | Date of Birth | | | Contact Telephone Number | |
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| Who holds parental responsibility? | | | | | | | | |
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| Address: | | | | | | | | |
| Home Address: | | | Any other relevant addresses: | | | | | |
| 1. Ethnic Origin (please check as applicable) | | | | | | | | |
| White: | | White English / Welsh / Scottish / Northern Irish / British  White Irish Gypsy or Irish Traveller  Any other White background please specify……………… | | | | | | |
| Mixed / Multi-Ethnic Group: | | White and Black Caribbean White and Black African  White and Asian Any other Mixed Multi-Ethnic background, please specify…… | | | | | | |
| Asian / Asian British: | | Indian Pakistani  Bangladeshi Chinese  Any other Asian background, please specify…………….. | | | | | | |
| Black / African / Caribbean / Black British: | | African Caribbean  Any other Black / African / Caribbean background, please specify… | | | | | | |
| Other ethnic group: | | Arab Any other ethnic group, please specify………………… | | | | | | |
| 1. Other Significant Family Members / Adults and children e.g. siblings, grandparents and any other people residing in the home | | | | | | | | |
| Name | Relationship | | Phone Number | | | Address | | School |
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| 1. Contact information**: of other agencies involved if known** (please add others you think may be relevant) | | | | | | | | |
| Agency | | Name | Address | | | Telephone | | |
| GP | |  |  | | |  | | |
| Health Visitor | |  |  | | |  | | |
| School | |  |  | | |  | | |
| School Nurse | |  |  | | |  | | |
| Other Agency | |  |  | | |  | | |
| Other Agency | |  |  | | |  | | |
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| 1. What are your current concerns for the child and what evidence do you have to support these concerns? | | | | | | | | |
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| 1. What is the impact on the child(ren)? | | | | | | | | |
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| 1. What historical information do you hold that is relevant?   Please provide a chronology to support your concerns  [Threshold and Chronology guidance](https://westmidlands.procedures.org.uk/local-content/2gjN/thresholds-guidance/?b=Shropshire%20%20%20%20%20%20%20%20%20%20Manage%20Cookie%20Consent%20%20We%20use%20some%20necessary%20cookies%20to%20make%20this%20website%20work.We%27d%20like%20to%20set%20additional%20cookies%20to%20understand%20how%20you%20use%20the%20site,%20remember%20your%20settings%20and%20improve%20the%20website.See%20our%20full%20cookie%20policy%20for%20more%20information%20which%20includes%20a%20list%20of%20all%20of%20the%20cookies%20we%20use.%20%20%20%20%20%20Accept%20additional%20cookies%20%20%20%20Reject%20additional%20cookies%20%20%20%20%20%20%20%20Cookie%20Policy%20%20%20%20Manage%20Consent) | | | | | | | | |
|  | | | | | | | | |
| 1. What Intervention do you think this child/family require? | | | | | | | | |
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| 1. What support has already been offered by your agency and/or other agencies and what were the outcomes in terms of helping the family? If nothing, could this be appropriate? | | | | | | | | |
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| 1. Is there a perceived risk that could place those making contact with this family in danger i.e violence to staff, dangerous dog, etc? | | | | | | | | |
| Yes No  If yes, please specify what the identifies risk is: | | | | | | | | |

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| 1. Referrer details | |
| Name and Status |  |
| Email Address **(required in order to receive feedback about your contact outcome)** |  |
| Work Address |  |
| Telephone Number |  |
| Signature |  |
| Date |  |

Appendix 1

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| **BODYMAP** |

**(This must be completed at time of observation)**

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| --- | --- | --- | --- | --- | --- |
| Name of Child: |  | | Date of Birth: | |  |
| Name of observer: |  | | Job title: |  | |
| Date and time of observation: | |  | | | |

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| BODY-1 | BODY-2 |

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| Appendix 2  Name of child: |  | | Date and time of observation: |  |
| HEAD-1 | | HEAD-2 | | |
| **FRONT** | | **BACK** | | |
| HEAD-3 | | HEAD-4 | | |
| **RIGHT** | | **LEFT** | | |

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| Appendix 3  Name of child: | |  | | | | Date and time of observation: | |  | |
| HAND-1 | | | | | HAND-2 | | | | | |
| **R** | | | | | **L** | | | | | |
| **BACK** | | | | | | | | | | |
| HAND-3 | | | | | HAND-4 | | | | | |
|  | | | | |  | | | | | |
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| Appendix 4  Name of Child: | |  | | | | Date and time of observation: | |  | |
| FOOT-1 | | | | FOOT-2 | | | | | |
| **R** | **TOP** | | **L** | **R** | | | **BOTTOM** | | **L** |
|  | | | | | | | | | |
| FOOT-3 | | | | FOOT-4 | | | | | |
| **R** | | | | **L** | | | | | |
| **INNER** | | | | | | | | | |
| FOOT-5 | | | | FOOT-6 | | | | | |
| **R** | | | | **L** | | | | | |
| **OUTER** | | | | | | | | | |