**Herefordshire Multi-Agency Referral Form (MARF)**

This form is to be used by all agencies when referring a child(ren) to Herefordshire Multi-Agency Safeguarding Hub (MASH).

Before contacting the MASH, you need to consider whether the child or young person's needs can be met by services from within your own agency or by other professionals already involved with the family. If you are not sure about the needs of the child or whether you should make a referral, you can discuss with your designated Child Protection lead. We know that it is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment, please refer to the [Herefordshire Right Help, Right Time document](https://westmidlands.procedures.org.uk/local-content/2gjN/thresholds-guidance/?b=Herefordshire). If you are still not sure you can call on (01432) 260800to discuss the case with social care professionals in the MASH.

The referral form should be completed with as much relevant information as possible. In most child protection cases, parents should be informed that a referral is being made and what the concerns are about the child. Consent is not required to share information where there is a concern about the welfare of a child. However, it is important to identify if a family consents to engage in any support that may be offered in respect of a child in need referral. If an Early Help Assessment (EHA) has been completed, then this is important information and should be attached to the referral.

You do not need to engage with parents if you believe that contacting the parent/carer could place a child or another adult at risk of significant harm. In these exceptional circumstances you should contact the MASH and submit the referral form. The referral will still be reviewed to see whether escalation is needed.

If you are still unsure whether a referral is appropriate, please telephone the Multi-Agency Safeguarding Hub on **(01432) 260800** or email MASH securely on: [**ReferralsCYPD@herefordshire.gov.uk**](mailto:ReferralsCYPD@herefordshire.gov.uk)

The out of hours Emergency Duty Team for MASH is (01905) 768020 – contact must first be made by phone when it is out of hours as the MASH inbox is not monitored.

**Please securely submit the completed MARF to** [**ReferralsCYPD@herefordshire.gov.uk**](mailto:ReferralsCYPD@herefordshire.gov.uk)

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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. In situations where risk is not identified, the lack of parental permission may lead to Children’s Services being unable to work with the individual/family.  However, parents do not always have to give permission to make a request for service 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 this threshold is met take advice immediately. | | | | | |
| Have you had a discussion with the child/family and informed them  that you are making this referral? | Yes | No | | |
| Any key information of relevance following this discussion or if No, explain the immediate risk that has prevented you from obtaining consent: |  | | | |
| Have the family intimated they consent to engage with support offered? | Yes | | No | |
| What are the child/family expectations and desired outcomes? |  | | | |
| Has the child said anything that has made you feel worried? | Yes | | | No |
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**Details of the Child(ren)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | **Forename(s)** | | | | **DOB/EDD** | |
|  | |  | | | |  | |
| **Identification of Gender** | | **Ethnicity/Religion** | | | | **Language spoken** | |
|  | |  | | | |  | |
| **Address** | | | | | | | |
|  | | | | | | | |
| **School / preschool** | | | | | | | |
|  | | | | | | | |
| **GP Details** | | | | **NHS Number** | | | **UPN** |
|  | | | |  | | |  |
| **Contact Details for Parent/Carer** | | | | | | | |
| **Home No** |  | | **Mobile No.** | |  | | |
| **Is an interpreter required? Yes/No *(if Yes, please provide details)*** | | | | | | | |
|  | | | | | | | |
| **Does the child have a disability? Yes/No *(if Yes, please provide details)*** | | | | | | | |
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**Parent / carer, children and others living in the household**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename(s)** | **Relationship to Child(ren)** | **DOB/EDD** | **Gender** | **Ethnicity** | **Language Spoken** | **School/Pre-School (if necessary)** |
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**Other relevant family/people NOT living in the household**

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| **Surname** | **Forename(s)** | **Relationship to Child(ren)** | **DOB/EDD** | **Gender** | **Address** |
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| **Reason for referral** | | |
| **Please refer to the Right Help, Right Time Document in completing this section, and communicate your specific concerns as to how the child’s health and development are being adversely affected by the issues that are causing you concern.** Include your professional judgement, backed up by an explanation of the evidence, including:   * What is the foundation / evidence of your concerns and how and why have the concerns arisen? * What appear to be the needs of the children? And what appear to be the needs of the family that are impacting on the children? | | |
| **I have consulted with the Right Help Right Time Document and in my professional judgement, I believe this referral meets:-** | Level 3 | Level 4 |
| **A diagram showing the triangle of factors involved in safeguarding and promoting children's welfare:  1) Child's developmental needs: Selfcare Skills, Social Presentation, Family & Social Relationships, Identity, Emotional & Behavioural Development, Education, Health 2) Parenting Capacity: Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance & Boundaries, Stability 3) Family and environmental factors: Family History & Functioning, Wider Family, Housing, Employment, Income, Family's Social Integration, Community Resources** | | |
| **What are you worried about and what is the impact on the child(ren)?** | | |
| **What type of harm has the child suffered or likely to be suffering and any known history of harm?** | | |
| **If any disclosures have been made include who by and when?** | | |
| **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?** | | |
| **What is going well for the child(ren)?** | | |
| **What information do you know about the child(ren)’s parent/carer and the wider family?**  *(include relationships, friendships, behaviour, support, stability, safety, language, mental health, substance misuse, domestic abuse etc)* | | |
| **Any other relevant information inc. risks to staff**  *(include previous referrals, current location of child if different from home address)* | | |

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| **Referrer Details** | |
| **Agency:** |  |
| **Department Name:** |  |
| **Referrer Name & Role:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email Contact:** |  |
| **Date MARF Submitted:** |  |

**Please securely submit the completed MARF to** [**ReferralsCYPD@herefordshire.gov.uk**](mailto:ReferralsCYPD@herefordshire.gov.uk)

**Out-of-hours, contact the Emergency Duty Team on (01905) 768020 in the first instance.**