



All Departments

Tel:

Fax:

London Borough Redbridge Multi Agency Referral Form

Do you want to know more information about how the MARF referral works?	No
Reason For Referral	Request for service
Date of referral	21/12/2025

Consent

Is the child/young person aware of the contact?	No
Is the parent/carer aware of the contact?	Yes
Has the parent/carer specified that this information should not be shared with a particular person/agency?	No
Have they given consent for this referral?	Yes
Who gave consent?	
Is the Child's residential address in Redbridge or are they receiving a service funded by Redbridge Council?	Yes

Your information

This section of the form is to add your personal details, as the person who is making the referral

Portal User

First name	Camile
Last Name	Rosewell
Email	Camile.rosewell@midwife.gov.uk
Telephone	09944321680
Building	Hoppy Hill Clinic
Street No	
Street	Hoppy Hill
Locality	
Town	Ilford
County	
Postcode	IG1 8MM
	Community midwife
Preferred contact information	Camile.rosewell@midwife.gov.uk / 09944321680

Details of person being referred

This section of the form is to add all of the details of the Children & Adult's being referred

Service User

Relationship	Community midwife
First Name	Unborn
Last Name	Fletcher
Date of birth	EDD 06/02/2026
Pronouns	
Sex	Unborn

Gender Identity	
NHS Number	

NI Number						
Email						
Telephone						
Organisation						
Secondary Name						
Building						
Street No	Room 2, 15					
Street	Terracotta Close					
Locality						
Town	Romford					
County						
Postcode	RM6 8JJ					
Please add all the children's name who are being referred						
Does the Parent /carer/ or child have any communication difficulties? No						
Additional information about the child or young person (including other referred siblings)						
Other children – under 18						
Other Significant Adults						
Please add the Adults details to the table below						
Name	Relationship to Children	DOB	Ethnicity	Address	Contact details	Does this person hold Parental Responsibility?
Roberta Fletcher	Mother	10/07/1991	Black British	Room 2, 15 Terracotta Close Romford RM6 8JJ	07955668125	Yes
Scott Fisher	Father	31/05/1989	Black British	36 Field Crescent London SW17	09854111324	Unknown
Please add contact details of the main carer:						
Reason for referral						
Summary Reason for this contact		<p>This referral is being completed for early help support / advocacy to explore how Roberta can be supported to secure adequate accommodation and relieve isolation for the arrival of her baby with a view to prevent potential safeguarding concerns arising in the future.</p> <p>Roberta is currently 34 weeks pregnant and has recently been evicted from her home by her family after an argument with her father who forced her out of the home, reslting in Roberta being isolated from her family. Although she is not in a relationship with the father of her baby, he is providing her with support during her pregnancy and will be involved in the baby’s upbringing. There are no concerns regarding domestic abuse from either the father of the baby or her own father.</p> <p>Presently, Roberta is residing in temporary housing that has shared kitchen facilities, but her room is unsuitable for both her and her newborn, as there is little to no space for essential items such as a cot or Moses basket. While she does have her own bathroom, the facilities available for her and the baby are limited. Due to the lack of space, Roberta may be at a heightened risk of co-sleeping, which could increase the risk of SIDS</p> <p>Roberta does experience low mood which she is open about, the stress and anxiety associated with the uncertainty and suitability of Roberta’s housing and isolation from her family could also affect her mental health, potentially impacting the health and development of the baby and her ability to bond effectively with baby.</p>				
Current location of the child / Young person						

Did the Incident take place at a different address to a Home address?	No
Any other additional needs or concerns you have?	No

Additional information about the concerns if required:	No
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Information on Statutory status

Any child in family is/has been subject to a child protection plan?	No
Any child or other family member is/has been looked after by a local authority?	No
Any child in the family is/has been on the disability register?	No

Key Agencies involved

Please detail any other key agencies involved

Organization & Role	Name of professional	Telephone	Email
Westwood Surgery	GP	02087776510	

Supporting Documentation

You will only be able to attach the following file types:

- Word Documents
- PDF Files
- Images (in jpg / jpeg / png format)

Attachments (0)

Attachments

There are no attached documents