



All Departments

Tel:  
Fax:

## London Borough Redbridge Multi Agency Referral Form

Do you want to know more information about how the MARF referral works?	
Reason For Referral	<p><b>Request for Safeguarding &amp; Protection</b> This is the <b>Child Protection</b> option. If you believe a child is at immediate risk of harm, please contact the <b>Police on 999</b> without delay. For urgent safeguarding concerns, professionals must <b>telephone the MASH Team</b> first, 020 8708 3885 and also complete a <a href="#">Request for Safeguarding and Protection</a> form via the portal.</p> <p><b>Request for Service</b> This is the <b>Early Intervention</b> and <b>Child In Need</b> option. If you think a child or family could benefit from preventative services, problems are first emerging or you think a child or family have multiple emerging, complex, acute needs which require a multi-agency intervention, you should make a "<a href="#">Request for Service</a>". Before completing the referral form, you need to confirm you have informed the parents and sought consent.</p> <p><b>Should you be concerned about a child outside of office hours please contact the out of hours Emergency Duty Team on 0208 708 5897 who provide a service between 17:00 – 09:00 Weekdays and a 24 hour a day service at Weekends and Bank Holidays.</b></p>
Date of referral	

### Consent

#### Getting consent for a referral

**Before making a referral, professionals should tell the parent or carer that a referral is being made and seek their consent - except where there are clear child protection concerns, when a referral can be made without parental consent.**

All practitioners have a responsibility to refer a child to Children's Social Care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through the provision of family support services (with the agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without the provision of services.

Is the child/young person aware of the contact?	
Is the parent/carer aware of the contact?	
Has the parent/carer specified that this information should not be shared with a particular person/agency?	
Have they given consent for this referral?	
Who gave consent?	
Is the Child's residential address in Redbridge or are they receiving a service funded by Redbridge Council?	<b>Please ensure that you have Redbridge address – referrals submitted without a Redbridge address or state address unknown cannot be accepted</b>

### Your information

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

Please ensure you include a contact number and an email, we made need to speak to you about the referral. If you work part time or do shift work, please also include a central point of contact.

### Portal User

First name	
Last Name	
Email	
Telephone	
Building	
Street No	
Street	
Locality	
Town	
County	
Postcode	
Your Organisation & Role	
Preferred contact information	

### Details of person being referred

This section of the form is to add all of the details of the Children being referred

Please include full names, dob's and address. Missing details means missing history, it can result in the wrong threshold being applied or slows down our ability to respond

### Service User

Relationship	
First Name	
Last Name	
Date of birth	
Pronouns	
Sex	

Gender Identity	
NHS Number	
NI Number	
Email	
Telephone	
Organisation	
Secondary Name	
Building	
Street No	
Street	
Locality	
Town	
County	
Postcode	

Please add all the children's name who are being referred

Does the Parent /carer/ or child have any communication difficulties?

### 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

Please include full names, dob's and address of adults where you do not hold the information or are unable to

**obtain it, fill in as much as you can**

Name	Relationship to Children	DOB	Ethnicity	Address	Contact details	Does this person hold Parental Responsibility?

Please add contact details of the main carer:

**Please ensure contact details of parents are provided**

## Reason for referral

Summary Reason for this contact

### Reason for your referral

**Start the form with what the risk to the child is / what the need is**

**If a parent or child has made a disclosure use their words and confirm their meaning for the words they use, for example ask children / parents “what does that look like” please do not paraphrase the risk gets lost**

**Please consider the following:**

- **Who else was there when that happened**
- **Has it happened before**
- **Who else knows about it**
- **Is there any injury or mark**
- **Does it happen to anyone else**
- **When did it happen, what day, time**
- **What does “beat” look like**

**Include your professional opinion but be clear it is your opinion**

**Try and keep this synced containing all the relevant information. Please do not copy and past chronologies into this section.**

Current location of the child / Young person

Did the Incident take place at a different address to a Home address?

Any other additional needs or concerns you have?

Additional information about the concerns if required:

## Information on Statutory status

Any child in family is/has been subject to a child protection plan?

Any child or other family member is/has been looked after by a local authority?

Any child in the family is/has been on the disability register?

## Key Agencies involved

Please detail any other key agencies involved

Organization & Role	Name of professional	Telephone	Email

## Supporting Documentation

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

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

**This section is not mandatory and should only be used if the attachment is relevant.**

Attachments (0)
Attachments
There are no attached documents