

## Guidance on completing a safeguarding referral or making a request for a service using the Multi-Agency Request for Services Form (MARF)

This guidance has been developed to assist practitioners to complete a MARF to make good quality referrals where there are safeguarding concerns about a child/young person or a request for a service for children with additional needs. Further relevant information is contained in the Nottingham City Safeguarding Children Board procedures and practice guidance which can be obtained [here](#).

It is important to complete the form as clearly and fully as possible and to ensure it contains some analysis of the risks to and needs of the child/ren, what support has already been provided to the family and desired outcomes, as this will inform initial decision making about the priority of the response and the appropriate response.

**NB However, you should not delay a safeguarding referral if you do not have all the information required about a situation where a delay may place the child at further risk.**

### CHILDREN'S SERVICES Multi Agency Request for Services Form (MARF)

<p>This form should be used to make a referral/request for services to Nottingham City Council Children's Services for safeguarding or support services.</p> <p>(Where you believe there is immediate risk of significant harm please contact the Police. For urgent safeguarding concerns please make the referral by telephone to 0115 8764800 and submit the MARF (within 24 hours)</p> <p><b>Send the MARF to Nottingham City Council Children's Services by secure email:</b> <a href="mailto:candf.direct@nottinghamcity.gcsx.gov.uk">candf.direct@nottinghamcity.gcsx.gov.uk</a></p>			
<b>CONSENT AND CONFIDENTIALITY (NB when seeking consent please ensure that parents/carers understand that the information will be shared with services where considered appropriate to do so)</b>			
<b>Is this a safeguarding referral?</b>			
<b>DETAILS of the child/young person you are making the referral/request about</b>			
<b>FAMILY NAME</b>	Give the correct spelling of the child's full name and any other name that the child is known by, or has been known by. If there is more than one name, please make clear which name the child is currently using.	<b>FIRST NAME (S)</b>	
<b>DOB / AGE/EDD</b>	State the child's full date of birth. If the child has not yet been born, then please provide the estimated due date.	<b>GENDER</b>	
<b>ETHNICITY</b>	To the best of your knowledge, state the	<b>RELIGION</b>	

	ethnicity of the child. This information will assist to identify services that meet the child's ethnic or cultural background		
<b>FIRST LANGUAGE</b>	If the family's first language is not English or an interpreter is needed, please state clearly the reason why and what language.	<b>INTERPRETER NEEDED</b>	YES / NO If the child requires an interpreter please select yes and state which language. Please make it clear who requires this support e.g. interpreter needed for parent but not the child.
<b>Disability</b>	<b>If you are aware that the child has a diagnosed disability, please provide details including any Education, Health and Care Plan (EHCP).</b>		
<b>NHS No</b>	Please complete if known		
<b>ADDRESS</b>	State clearly the full home address of the child including the postcode and phone number. If the child is residing at more than one address or is residing away from their home address, please include all these details.		
<b>HOME TELEPHONE</b>		<b>MOBILE No.</b>	If the child has a mobile phone number please provide it. There are some cases where it could be appropriate for us to contact the child directly, e.g. if they are living away from home or homeless.
<b>GP ADDRESS</b>	If the child's General Practitioner is known please state clearly, the full name and phone number and any other details about the GP, if known.  If you are providing details of siblings who attend a different school or GP Practice to the child in question, it is important for us to know the name so that we can carry out effective information gathering.	<b>Health Visitor, School Nurse, Family Nurse Practitioner</b>	Please complete if known.
<b>NURSERY / SCHOOL / CHILDREN CENTRE</b>	Please complete if known.		
<b>Has this referral/request been discussed with the parent/carer ?</b>			YES / NO Please state whether the parent/carer is aware of the referral and whether they have provided consent. If you believe that obtaining consent would put the child at further risk or

	<p>compromise evidence then please do not attempt this. For further information regarding this issue please refer to the NCSCB Procedures. The relevant section can be accessed <a href="#">here</a>.</p>
<p><b>Has the parent given consent to the referral/request being made?</b></p>	
<p><b>What are the parents/carers views about your concerns and this referral/request? What is the family/individual hoping to achieve?</b></p>	
<p>Briefly describe the family's views and comments on the situation/ concerns and their response to these, this referral/request for a service. .</p>	
<p><b>Has this referral/request been discussed with the child/young person?</b></p>	
<p><b>What are the child/young person's views about your concerns and this referral/request? What is the Child/Young Person hoping to achieve?</b></p>	
<p>It is important to note that in most circumstances informing a child or young person that you are going to make a referral/request for support and for what reason is good practice. However, you need to use your professional judgment, as there are other circumstances when it is not appropriate e.g. the child/young person's age and level of understanding, or if to do so would place the child at risk of significant harm</p>	
<p><b>If the answer is 'no' to any of the above please state reason why. NB Requests for support services need parent consent.</b></p>	
<p>It is essential that professionals work in partnership with families and talk to them about their concerns, unless to do so would put the child and family at immediate risk of harm. If you have not obtained consent then please explain why. We understand that it is not always possible to obtain consent however it is critical that we know why to enable us to appropriately assess the risk to the child.</p> <p>Some referrals will have an outcome of Universal or Early Help services, rather than Children's Social Care. It is therefore important that you advise parents/carers that support may be offered from Early Help services, which requires parental consent.</p> <p>Where you are seeking support services for a family they must give consent to the request.</p> <p>Please state who has parental responsibility for the child. Please note that only those with parental consent can provide consent for a referral.</p>	
<p><b>Is there any information contained in this referral/request that needs to remain confidential from the child or family? If yes please outline specific information to remain confidential and why.</b></p>	
<p>There may be circumstances when some information cannot be shared with family members due to ongoing Police investigations.</p>	
<p><b><u>NB</u> DETAILS OF THE REFERRER, A PROFESSIONAL, CANNOT REMAIN CONFIDENTIAL UNLESS THERE ARE <u>EXCEPTIONAL</u> CIRCUMSTANCES.</b></p>	
<p><b>Name of person completing referral/request</b></p>	<p>Confidentiality – As a professional you cannot remain anonymous if you make a referral to Children's Social Care. The parent/carer will be informed that information has been received. We need a complete set of contact details for you, including:</p> <ul style="list-style-type: none"> <li>• Name, address, phone number</li> </ul>

	<ul style="list-style-type: none"> <li>• Role and organisation where you work</li> <li>• Your relationship to the child – the capacity in which you know the child</li> <li>• The date you are submitting the referral/request for a service.</li> </ul> <p>If you are completing the form in hard copy, please ensure that you sign and date the form. This allows us to put your referral/request into context, and contact you for more information or inform you about the outcome of your referral/request.</p>				
<b>Relationship to child</b>					
<b>Date</b>					
<b>Telephone number</b>					
<b>Secure email</b>					
<b>Address</b>					
<b>FAMILY COMPOSITION AND HOUSEHOLD MEMBERS</b>					
<p>Please give details of all other children in the household and state if these children are also subject to the referral/request. If your referral impacts on the safety of any other children, please ensure that their details are recorded below and highlight their name in this field.</p> <p>Please state all other adults in the household e.g. relatives, lodgers or family friends and also include details of any partners (to main carer) who may have contact with the family.</p> <p>Please ensure that you record the relationship to the child and if you need to record any additional information, e.g. school details if different to the principle child, you can use the any further relevant information field.</p>					
<b>NAME</b>	<b>M/F</b>	<b>DOB</b>	<b>Relation to child</b>	<b>Ethnicity</b>	<b>Language</b>
<b>SIGNIFICANT OTHERS – NOT IN THE HOUSEHOLD.</b>					
<p>Please provide details of significant others who do not live in the household e.g. relatives, friends, ex partners of adult or others who have recently taken on caring responsibilities etc.</p> <p>Even if parents do not live together or if there is an unborn child, we still need details of both parents where possible.</p> <p>Please state: name; gender; date of birth; relationship to subject child; whether they hold parental responsibility; and whether the person is known to pose a risk to children.</p>					
<b>NAME &amp; Contact Details if known</b>	<b>M/F</b>	<b>DOB</b>	<b>Relation to child</b>	<b>Ethnicity</b>	<b>Language</b>

<b>Have you initiated or completed a CAF/ Priority Families Assessment? Yes</b>					
<b>If yes please submit CAF/ Priority families Assessment with this form.</b>		<p>If yes please submit CAF/ Priority families Assessment with this referral to support the information provided in this section. It may also be useful to identify the outcome of the plan, specifically noting what has worked/not worked. Include any other relevant assessments that have been undertaken by your agency such as, Asset.</p> <p>It is expected that unless in an emergency requiring a section 47 enquiry, then the referring agency will have worked with the family developing a support plan via the CAF or Priority Families process.</p> <p>If no please identify reasons why not undertaken.</p>			<b>If no please ic undertaken.</b>
<b>Name and contact details of Lead Worker:</b>					
<b>Presenting issues in the family household at the time of this referral. This information will be used to pre-check eligibility for Priority Families.</b>					
<b>Parents &amp; children involved in crime or anti-social behaviour</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
<b>Children have not been attending school regularly</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
<b>Children who need help</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
<b>Adults out of work or have serious debt issues</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
<b>Young people at risk of worklessness.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
<b>Domestic violence and abuse</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
<b>Parents and children with health problems</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
<b>DETAILS OF THE REFERRAL/REQUEST—(Harm/Need Statement) What are you worried about?</b>					
<p><b>Provide reasons for the referral; describe the (significant) harm that has already happened/ likely to happen to the child/unborn. Include how those responsible for the child were involved.</b></p> <p>It is your responsibility as the referrer to provide clear, concise and relevant information on the referral form. As far as possible, your referral needs to be evidence-based.</p> <p>This information should be based on (but is not limited to):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> what you have witnessed;</li> <li><input type="checkbox"/> what you have learned from discussions with the child/young person; and</li> <li><input type="checkbox"/> discussions with their family.</li> </ul> <p>For safeguarding concerns outline;</p> <ul style="list-style-type: none"> <li>• What harm has occurred?</li> <li>• Who harmed the child?</li> <li>• Where did the harm occur?</li> <li>• When did the harm occur?</li> <li>• How often does the harm occur?</li> <li>• What was the impact of the harm on the child</li> </ul> <p>For service requests</p> <ul style="list-style-type: none"> <li>• Outline the current need that is not being met</li> <li>• Reason for needs being unmet</li> </ul>					

- How long this has been the situation
- What is the impact on the child?

To help us understand what's happening it is helpful to separate past harm/need from current and future harm/need that has happened to this child or other children in the care of these parent's/carers.

Please tell us if there are things that are in themselves not a risk to the child/ren but make it more difficult for the parent to deal with the worries, create safety for the child/ren or make it difficult for them to meet their child's needs. For example no support network, mental health problems or a learning disability.

Please provide information on service provision history that is relevant to the current situation.

**What do you know about this family, why are you involved?**

To effectively assess the risk/needs of child and family it is useful for us to know how long you have been involved with the family and how long you have been aware of the current situation and whether you have previously taken any action in relation to this specific concern, as well as the outcomes of that action. This enables us to understand the severity of the situation.

Please record information such as whether the child, family or siblings are known to you already in this matter and what response/action have you / your agency taken to address this specific concern. Confirm how long you have been involved; include any historic concerns.

**What's Working Well? - What contributes to the child's general wellbeing?**

Positive elements or factors in a child or family's life that are good for that family, that support that family but in and of themselves do not directly address or minimize the current dangers/risks/needs. Are there times when things are better, what makes the difference?

Consider things like coping strategies, extended family or community support, past history of recovery, participation in services, strengths and positive aspects of the situation, particularly in the parent's care of the child/ren and everyday family life.

These are all important, things that can be built upon to either create safety or meet the child's needs, but if they don't translate into clear actions that protect children from the current dangers/risks they are strengths not safety factors.

**What's Working Well? Existing Safety -Describe actions taken by parents/caring adults that are proven to reduce the danger /risk when it occurs – give examples of how and when this happened.**

If we don't ask about the history of protection AS IT RELATES TO THE CURRENT DANGER/RISK, we only know part of the story. Often caregivers take steps to protect children that are insufficient but could be built upon. Please outline times when the parent's/care givers have taken action or made decisions that led to the child/ren being safe in relation to the risks.

**DANGER/WORRY STATEMENT: If things carry on without change, what are you worried will happen in the immediate future, medium and long term. Be specific and base your thinking on research and professional expertise.**

**Outline what you are worried the parent/carer may do or not do or will happen in the future and the possible impact of these actions on the child/ren. Which are the most significant for the child and describe the likely impact on their safety or well-being if there needs remain unmet?**

Having thought about what you're worried about and what is working well, rate how worried you are about \_\_\_\_\_ today and why ?  
 Where on a scale of 0-10. Where 10 means that everything that needs to happen for the child to be safe and well is happening and no extra professional involvement is needed 0 means things are so bad the child is no longer able to live at home.

Based on everything that you currently know please provide your safety/wellbeing scale along with the reason why to help us understand your level of worries about the situation.

**What needs to happen? SAFETY /WELLBEING GOALS.** Describe precisely what outcomes you need to see to be satisfied that \_\_\_\_\_ is safe and their needs are being. This must directly relate to the Danger/worry Statement.

What needs to change in order to make the situation safer and healthier for the child? What would indicate that progress is being made? What would you need to see to say this problem was really sorted?

Consider what you would need to see the parent/care giver doing in the care of their children that would satisfy you that;

- The child's needs were being met
- The child protection concerns have been addressed and the child/ren will be well cared for and safe in the care of the parents/carer givers in relation to the identified concerns.

Consider, what would need to be happening all the time to make it safe to close the case? How do things need to be in the future?

**ACTION.** What do you expect to happen next? (be specific about support being requested and focus for any assessment and who you think should contribute to that assessment)

The information provided here and above will help determine the urgency and nature of any action required, particularly the need for statutory intervention. Please consider whether the child's primary need is for protection and requires urgent statutory intervention or a need for support services.

Please detail any special needs or circumstances of any family member, which may affect this referral or communication and understanding between the family and professional agencies.

**DETAILS OF OTHER AGENCIES INVOLVED WITH THE FAMILY/CHILD (REN):** The form also allows for other agencies to be listed. Details of agencies involved allows for easier sharing of information and therefore more effective provision of service/support. Please list all agencies, working with the family

Agency	Names	Address and tel. no.	Current involvement

**ANY FURTHER RELEVANT INFORMATION**

Any other relevant information: Include here any relevant information not included elsewhere on the form.