

# Sandwell Multi Agency Referral Form (MARF) Guidance

**If a child is at imminent significant risk of harm/immediate danger, call 999.** Then contact children's social care via **Sandwell Contact Centre** on **0121 569 3100 (24 Hours)**.

You will also be expected to complete a MARF following this contact.

If the child is in no immediate danger but you have child protection concerns you must **complete a MARF as soon as possible** and within a maximum of 24 hours.

Send the MARF via secure email to [Access\\_Team@sandwellchildrenstrust.org](mailto:Access_Team@sandwellchildrenstrust.org) with the **subject title MARF** (for those agencies who do not have secure email, please password protect the MARF prior to sending, and telephone **Sandwell Contact Centre** to advise them of the password).

**We appreciate that different agencies may not have access to all the information required to complete all sections of the MARF, it is your responsibility to provide all the information available to you at the time of making the referral.**

## Before completing the MARF:

If you have concerns about a child or young person's emotional or physical safety and/or believe or they have disclosed physical/emotional/sexual abuse, and the risk is not immediate, then you should first discuss these concerns with the **Designated Safeguarding Lead** within your organisation. For further advice and guidance, you can also contact the Duty Social Worker for Sandwell Children's Trust via the contact centre on 0121 569 3100.

You should also consult the multi-agency threshold document and ensure that the threshold for a MARF is reached, if not consider is an Early Help Assessment may be more appropriate.

## Consent:

Where possible, and where it will not put the child at greater risk, parents/carers should be informed of the referral and their consent should be gained. If parents/carers do not consent or it is not safe to gain their consent and there are child protection concerns, the MARF should be submitted without consent, but you should provide an explanation as to why this consent has not been sought/given.

If this is your initial contact with the child/young person, and/or the first time you have had concerns (and they are at the level of Child Protection), you can send further information when this becomes available. Please ensure that you send any additional information that would assist in assessment of the case as soon as possible after submitting the MARF.

If you have spoken to a professional outside of your organisation to seek advice about the referral, such as a Duty Social Worker, please indicate that you have done so, and include their name/contact details.

## Child/Young Person's Details:

Please complete all the sections you can with the information that is available to you. In the contact details sections, please indicate who's address/telephone number you are giving e.g. is it parent's or child's/young person's.

**Ensure that you complete a full description of the child/young person, as this will assist Police and/or Children's Social Care to identify the young person should when they make contact to complete their assessment, especially if there are more children in the household who have not been referred.**

## Parent/Carer Details: Person 1 / 2

Please complete all the sections you can with the information that is available to you. Ensure, where possible that you include contact details for parent's/carer's.

## Significant Others: e.g. Grandparents

This section is for any **adults** associated with the child/young person who are significant in their life (not professionals) e.g. Grandparents who regularly look after the child, older siblings who visit regularly/collect from school etc.

## Other Household Members:

This section is for any other children or adults who live in the household e.g. siblings, parent's partners etc. Please ensure you include any persons who you are aware of who live in the same household as the child/young person.

## Details of Referrer:

Please include your details, with up to date contact details. Ensure that you also include an alternative person to contact for feedback or additional information, such as your line manager, if you are unavailable/uncontactable for any reason after submitting the MARF.

For Hospital Staff – if the child/young person has come into the hospital, please indicate if they have been discharged and where they have been discharged to, or if they have been admitted, and which hospital/ward they have been admitted to. This will ensure that Children's Services are able to locate the child for the purposes of the assessment.

## Are you aware of any other agencies currently involved e.g. School Nurse, CAMHS, YOS

Please include details of any agencies/professionals that you are aware of who are **currently** involved with the child/young person.

**Presenting Concerns: (Please describe the incident or circumstances that have led to a referral being made, including the date the child was last seen)**

This section should include details of the specific incident that has led to this referral, not for background information e.g. has a disclosure been made, has the child presented with an injury? What specifically has happened that has meant you need to complete this MARF?

**Voice of the Child – Please provide an explanation:**

Where possible, the voice of the child should be included in this referral. If safe to do so, they should be informed of the referral, and their wishes and feelings should be included.

**Signs of Safety: What is working well? What are your concerns? What needs to happen next?**

For this section, you need to complete a Signs of Safety exercise, identifying what is working well, what are your concerns, and what needs to happen next.

**What is working well** – consider factors such as:

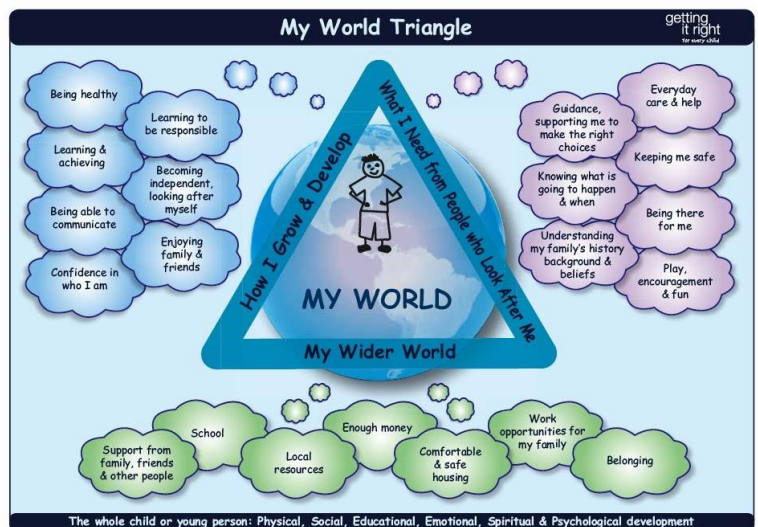
- The child is attending school/health appointments
- Parents/child are engaging with services
- The child is presented well, clean clothes, washed etc.
- The child has support outside the immediate family e.g. Grandparents

**What are your concerns** – consider factors such as:

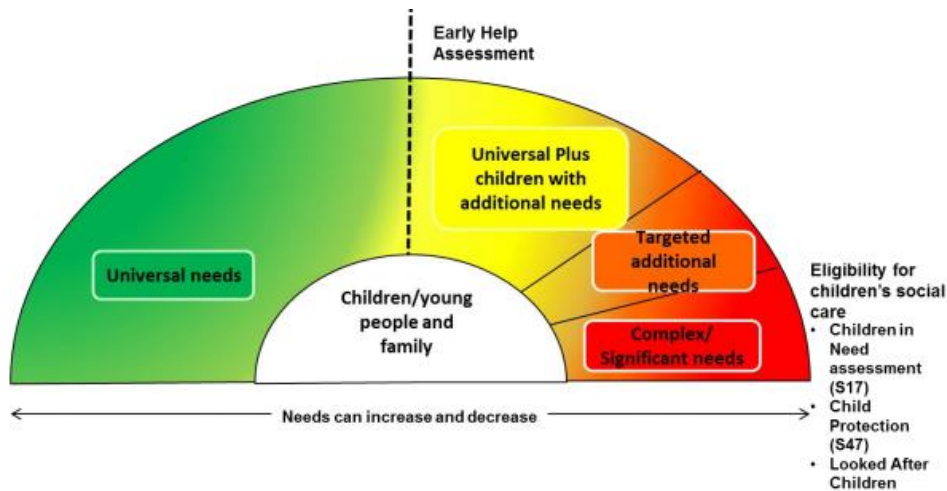
- Parents misusing drug/alcohol
- Presentation of the child, unwashed/dirty clothes
- Poor school attendance
- Suspected or disclosed abuse, injuries etc.

**What needs to happen next** – what do you think needs to happen within your agency, and what would you want to happen as an outcome of this referral?

**For this section – please refer to the ‘My World’ Triangle and consider all the aspects that a child needs to be happy and healthy.**



## Which threshold do you feel this referral meets?



Please indicate which threshold you feel this referral meets, unless the referral meets Level 3 or 4, consider if an Early Help Assessment might be more appropriate. Using the above threshold windscreen, or for further guidance see the Multi-Agency Thresholds document (due to be updated early 2019): <http://www.sandwellscb.org.uk/wp-content/uploads/2017/11/Refreshed-Thresholds-Documents-Final-v3.pdf>

## Please outline any services that have been provided to address any previous concerns prior to this referral:

This section is to indicate if there have been any previous assessments or there are any court orders in place, please complete every section with the information that you have available to you. If the referral is from outside of the Sandwell borough and a prior Early Help Assessment has been completed, this will need to be attached to the MARF as it cannot be accessed on the Early Help system.

The MARF should be signed and dated by the person who has completed the referral and submitted by secure email, with the subject title MARF, to:

[Access\\_Team@sandwellchildrenstrust.org](mailto:Access_Team@sandwellchildrenstrust.org)