

Northumberland Multi-Agency Referral Form- Guidance document

Please use this guidance alongside out Signs of Safety MARF Top Tips.

This form should be used to refer a child and family for one of the following:

1. **An Early Help support request** where you are identifying a need for support to promote a child's wellbeing and the family have asked for help.
2. **A Children's Social Care Service** where you are worried about the safety of a child.

If there are immediate safeguarding concerns, please call Northumbria Police on 999 and notify Onecall on 01670 536 400 and follow this up by completing the referral form within 24 hours.

Early Help support request	Children's Social Care Service
<p>The Early Help support request is for where there is a need for a Level 2 & 3 service (Continuum of Need) that provides support to children and their families when they are experiencing difficulties.</p> <p><u>Consent</u> For an Early Help support service, the referral must always be discussed with the family and consent for the referral must be gained from someone with parental responsibility or from the young person. See appendix 1 for more details.</p>	<p>The Children's Social Care service is an intensive and specialist Level 3 & 4 service (Continuum of need), that assesses and provides services for children and families whose needs are complex and enduring and/or who are experiencing, or at risk of experiencing significant harm, if they are not provided with statutory services.</p> <p><u>Consent</u> For Children's Social Care services, it is good practice to inform those with parental responsibility of your referral, unless to do so would place the child at further risk of harm. If you are worried about a child and you are unable to contact the parents to discuss the referral, this should not stop or delay you from making a referral.</p>

If you are unsure about whether to make a referral, or which service will best support the family and safeguard the child, please refer to the Northumberland [Continuum of Need](#) and/or telephone Onecall and ask for a consultation with a Social Worker on 01670 536 400.

Please send the completed referral form via a secure email to childrentriage@northumberland.gov.uk

This is a referral for (tick one):	Is consent provided?
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Early Help support request <input type="checkbox"/> Social Care <input checked="" type="checkbox"/> This will help us identify if the referral is for the early help hub.	Yes From: David Smith No Reason:	Verbal <input checked="" type="checkbox"/> Written <input type="checkbox"/> Date provided:
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FAMILY AND NETWORK DETAILS

Child/young person's details- Add the details of all the children in the household the worry applies to here.								
Name	DOB/EDD	Gender	Address	Telephone number	Ethnicity	Language	Religion	Nationality
David Smith	1.10.2015	Male	5 The Big House Yellow Street Blyth NE99 1QW	n/a	White British	English	n/a	British
Does the child have any special needs/disabilities relevant to this referral?			Yes, David has a diagnosis of ADHD					
Is an interpreter required? Y/N			No					

Other household members and significant people- Add all the people that are important to the family here- they can be friends, family members, neighbours etc.									
Relationship to the child/young person	Name	Person with parental responsibility?	DOB	Address	Telephone number	Ethnicity	Language	Religion	Nationality
Mother	Diane Smith	Y	5.12.1980	5 The Big House Yellow Street Blyth	07513978521	White British	English	n/k	British

				NE99 1QW					
Father	Kyle Smith	Y	2.1.1975	5 The Big House Yellow Street Blyth NE99 1QW	07845369851	White British	English	n/k	British
Neighbour	Sam Street	N	16.5.1981	7 Yellow Street Blyth NE99 1QW	07254963571	White British	English	n/k	Irish
Are there any household members or significant people with special needs/disabilities relevant to this referral?				No					
Is an interpreter required? Y/N				No					

Add all the known professionals working with the family or household member here.

Other professionals or agencies involved with the child or family				
Relationship to family	Name	Role	Organisation	Telephone number/email address
Nursery officer for David	Joan Blue	Nursery officer		01670 514785
Health visitor for David	Steph Orange	Health Visitor		01675 523652
GP for Diane	Dr Gavin Red	GP		01670 123521
Probation officer for Kyle	Jake Black	Probation officer		01670 123589

REASON FOR REFERRAL

Worries

This section details the information from the first column of the mapping tool. What are we worried will happen if things don't change?

You need to consider whether the issue or event is something harmful to be worried about or not.

	Example referral information
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<p>What is it that you have seen, heard or been told that worries you?</p> <p>You only need to include information that is relevant to the worries or the harm.</p> <p>What are the worrying or dangerous adult/young person behaviours and how do they impact on the child or young person's life?</p> <p>What has happened in the past that was harmful or dangerous; what is happening now that indicated current harm or danger to the child or young person?</p>	<p><i>Diane has told me that Kyle was out drinking with his friends in June 2020, and he went back to Diane's house. They got into an argument and Kyle started shouting and swearing.</i></p> <p><i>Diane made him leave, and he kept shouting and swearing in the street, with David running out into the road after him at one point.</i></p> <p><i>The neighbours called the police and as Diane was trying to get Kyle to leave, they arrived and took him away.</i></p> <p><i>I'm worried that Diane and Kyle keep having arguments, that this has happened before, and that David might get ran over because no one is watching him when they are shouting at each other.</i></p>
<p>How has the child been worried, hurt or frightened by the things you have seen or heard? (If you don't feel that they have been hurt or frightened what impact have your worries had on the child?)</p> <p>Think about what the impact of your worry is on the child. This is not asking what worries the child has.</p>	<p><i>David was there when Diane and Kyle were arguing and ran out in the street when the police arrived. Diane said that David got a fright when the police were in the road and was crying when his dad was taken away.</i></p> <p><i>We noticed the next day that he was really tired and quiet in nursery and wouldn't say much like he normally does.</i></p> <p><i>Diane said that because they were arguing David had been eating the food out of the cupboards himself.</i></p>
<p>Has this happened before? What was the impact on the child?</p> <p>What has happened in the past that was harmful or dangerous? Think about the first, worst and last incident.</p>	<p><i>In 2012 before the family moved to Northumberland Kyle had been out drinking with his friends at the football and came home. A neighbour called the police after hearing shouting, and David crying.</i></p> <p><i>Diane has said that it took ages for David to settle down that night because of all the shouting that had happened, and he was not used to it.</i></p>
<p>Have you spoken to anyone in the family about the issue? What did they tell you?</p> <p>If, yes please indicate who and when.</p>	<p><i>I have spoken to Diane, she said she has been worried sometimes about Kyle shouting and hitting, but not all the time, it has happened a few times, and that they are no longer together at the moment.</i></p>

Strengths and Safety

This section covers the middle column of the mapping tool and should look at strengths and safety.

Safety is strengths proved over time.

	Example referral information
<p>What are the times you know of when the parent/carers are caring for the child(ren) well?</p> <p>You need to consider whether these things or times are a strength in relation to this child and family or whether this is evidence of safety in relation to this child and family.</p>	
<p>What are all of the good things you know are happening in the child's life that makes things better for them?</p>	<p><i>Diane said that when Kyle is not drinking, he does not come to the house, unless he has asked first and takes David out to play football or swimming.</i></p>
<p>Who are the people who help and what is it that they do to help?</p>	<p><i>David has his auntie Gemma to talk to when he is worried and has told her about his friend Shaun calling him names at school. David loves going to Sam's house next door, he has said she makes him feel safe when he is scared.</i></p> <p><i>Diane says her sister Gemma, her mam Laura and friend Sam are a good support to her- she can phone them and talk about how she is feeling, and they will come to the house to help if she needs them to.</i></p>
<p>What are the times that the worries have been there, and somebody has done something to make sure the child hasn't been worried, hurt or frightened?</p> <p>Think about times when support has been in place before- who, what, when and why/how did it work well?</p> <p>This support can be from anybody- professionals, friends or family.</p>	<p><i>Diane has asked Kyle to leave the house when he is drunk.</i></p> <p><i>Diane has spoken to her friend Sam and has asked that David goes into her house when Kyle is drunk or being aggressive.</i></p> <p><i>Dianes mam and sister have come to the house when Kyle has turned up drunk, to move him on.</i></p>
<p>Is there an Early Help Assessment or Early Help Plan in place for this child/family? (Y/N)</p>	<p>No</p>

How worried are you today?

This is the scaling section, which is used to make a judgement about the impact of a situation on a child or young person.

	Example referral information
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<p>Where do you rate the situation today on a scale of 0 - 10, Where 10 is that there have been some concerns for the child, but no more than any child in the community and there are people around making sure the child is ok, and 0 is I am so worried about the child, they have already been hurt and if something doesn't change, they could be seriously hurt again? (0-10)</p> <p>When scaling the situation, the purpose is to analyse where things are at for this child in relation to the worry/danger and strength/safety you have identified.</p>	<p>4</p>
<p>What are the things that most worry you that mean you didn't scale it higher?</p> <p>Give the reason why you scaled in the way you did.</p>	<p><i>I'm quite worried that things are getting worse, and the incidents are more serious each time.</i></p>
<p>What are the things that need to happen to increase the safety or wellbeing and make things better for the child? (What could improve things by 1).</p> <p>What do you think need to happen (this has previously been termed "what is the desired outcome of this referral"), for example you may be suggesting a school nurse referral?</p>	<p><i>For things to be 1 point higher, maybe for Diane or talk to someone if she's stressed and Kyle not to come to the house.</i></p>
<p>Do you know anyone who is already helping the child or could be helping the child?</p> <p>Think about who is in the child or family network, or who could be- this could be friends, family or professionals.</p>	<p><i>Diane told me that she speaks to her neighbour Sam and that she is a good support. Her mam and sister also help her with the drop off and pick up of David.</i></p> <p><i>Kyle has spoken about his friend Norman.</i></p>

REFERRAL FACTORS

These factors will not affect the way that the referral is managed within First Contact. We will use this information to inform ongoing service delivery.

Tick what is relevant to the referral (see appendix for a glossary):

Self-harm ☐
Domestic violence ☒
Substance misuse ☐
Financial issues ☐
Disability/SEN ☐
Alcohol misuse ☒
Parental history ☐
Child emotional health ☐
Child mental health ☐

Faith related (FGM, honour-based violence, forced marriage) ☐
Parental conflict ☐
Parental mental health ☒
Risk of sexual abuse ☐
Risk of child sexual/criminal exploitation ☐
Adolescent violence to parent abuse ☐
Other abuse ☐

Significant criminal behaviour/ASB ☐
Neglect ☒ (see below)
Physical neglect ☐
Educational neglect ☐
Emotional neglect ☐
Medical neglect ☐
Nutritional neglect ☐
Other neglect ☐

REFERRERS DETAILS

We need this information so we can feedback the outcome of the referral to the referrer and we may have further questions to clarify information in the referral.

Full name	Joan Blue
Relationship to the child	Nursery Officer
Role/Organisation	Blue Nursery
Email	Joan.Blue@bluenursery.net
Telephone number/mobile number	01670 512345
Date of referral	5.2.2021