

**CHILDREN’S SERVICES Multi Agency Request for Services Form (MARF)**

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| This form should be used to make a referral/request for services to Nottingham City Council Children’s Services for safeguarding or support services.(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)**Send the MARF to Nottingham City Council Children’s Services by secure email:**candf.direct@nottinghamcity.gcsx.gov.uk |
| **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)** |
| **Is this a safeguarding referral?** |  |
| **DETAILS of the child/young person you are making the referal/request about** |
| **FAMILY NAME** |  | **FIRST NAME (S)** |  |
| **DOB / AGE/EDD** |  | **GENDER** |  |
| **ETHNICITY** |  | **RELIGION** |  |
| **FIRST LANGUAGE** |  | **INTERPRETER NEEDED**  |  |
| **Disability** | **If you are aware that the child has a diagnosed disability, please provide detailsincluding any Education, Health and Care Plan (EHCP).** |
| **NHS No** |  |
| **ADDRESS** |  |
| **HOME TELEPHONE** |  | **MOBILE No.** |  |
| **GP ADDRESS** |  | **Health Visitor, School Nurse, Family Nurse Practitioner**  |  |
| **NURSERY / SCHOOL / CHILDREN CENTRE**  |  |
| **Has this referral/request been discussed with the parent/carer ?** |  |
| **Has the parent given consent to the referral/request being made?** |  |
| **What are the parents/carers views about your concerns and this referral/request?** **What is the family/individual hoping to achieve?** |
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| **Has this referral/request been discussed with the child/young person?** |  |
| **What are the child/young person’s views about your concerns and this referral/request?**  **What is the Child/Young Person hoping to achieve?** |
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| **If the answer is ‘no’ to any of the above please state reason why. NB Requests for support services need parent consent.** |
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| **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.** |
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| ***NB* DETAILS OF THE REFERRER, A PROFESSIONAL, CANNOT REMAIN CONFIDENTIAL UNLESS THERE ARE *EXCEPTIONAL* CIRCUMSTANCES.** |
| **Name of person completing referral/request** |  |
| **Relationship to child** |  |
| **Date**  |  |
| **Telephone number**  |  |
| **Secure email**  |
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| **Address** |  |
| **FAMILY COMPOSITION AND HOUSEHOLD MEMBERS** |
| **NAME** | **M/F** | **DOB** | **Relation to child** | **Ethnicity** | **Language** |
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| **SIGNIFICANT OTHERS – NOT IN THE HOUSEHOLD.** |
| **NAME & Contact Details if known** | **M/F** | **DOB** | **Relation to child** | **Ethnicity** | **Language** |
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| **Have you initiated or completed a CAF/ Priority Families Assessment? Yes**  |
|  **If yes please submit CAF/ Priority families Assessment with this form.** |  |
| **Name and contact details of Lead Worker:** |  |
| **Presenting issues in the family household at the time of this referral. This information will be used to pre-check eligibility for Priority Families.** |
| **Parents & children involved in crime or anti-social behaviour****Children have not been attending school regularly****Children who need help****Adults out of work or have serious debt issues Young people at risk of worklessness.** **Domestic violence and abuse****Parents and children with health problems** | ** Yes No  Not Known** ** Yes  No  Not Known** ** Yes No  Not Known** ** Yes No  Not Known** ** Yes No  Not Known** ** Yes No  Not Known** ** Yes No  Not Known**  |
| **DETAILS OF THE REFERRAL/REQUEST—(Harm/Need Statement) What are you worried about?**  |
| **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.****If this is a request for support services please state why additional support is needed.**. |
| **What do you know about this family, why are you involved?**  |
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| **What’s Working Well? - What contributes to the child’s general wellbeing?** |
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| **What’s Working Well? Existing Safety -Describe actions taken by parents/caring adults that are proven to help meet the child/young person’s needs or reduce the danger /risk when it occurs – give examples of how and when this happened.** |
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| **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.**   |

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| **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?**  |
| **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.** |
| **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.** |
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| **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** |
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| **ANY FURTHER RELEVANT INFORMATION** |
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