



## Bradford multi-agency referral form (MARF) guidance

**This guidance is for professionals who are completing a multi-agency referral form (MARF) to Bradford's children's social Integrated Front Door/multi-agency safeguarding hub (MASH).**

This guidance should be read in conjunction with **Bradford's Safeguarding Children Board's Multi Agency Continuum of Need Document and Consent Policy Guidance's**

### Why complete a MARF?

If you suspect or believe a child is suffering or is likely to suffer significant harm, including any form of mistreatment or abuse, you should report your concerns.

For all referrals, whether in an emergency or non-emergency you will need to complete a multi-agency referral form (MARF). This should be done as soon as possible. The quality and depth of information you provide is crucial, as **without a good quality MARF** (please see section [Completing the MARF](#) below and Signs of Safety *exemplar* (*appendix 1* for what should be included and or considered), **the MASH is unable to make appropriate and proportionate decisions** which, may either **put a child or young person at risk or lead to overly intrusive interventions**. The earlier the MARF is completed on a working day, the fuller the information the MASH can gather that day, enabling appropriate decisions to be made in a timely manner.

Following submission of a MARF, you may be asked to have further conversations with the child and family, to support the MASH with information gathering and their ability to make appropriate and proportionate decisions. You are also likely to be contacted to be involved with follow up actions.

This guidance has been developed to help you understand what you need to do before completing a MARF (e.g. who to speak to and what questions to consider), as well as provide guidance on what you should include on the MARF. You should also consult Bradford's multi-agency Continuum of Need document for guidance.

## The child is at risk of significant harm

### *Emergency*

If a child is at **imminent significant risk of harm/immediate danger** (and reporting concerns cannot wait an hour while a MARF is completed), you should consider calling **999** in the first instance (for Police or an Ambulance) and contacting children's social care by telephoning **Bradford's Children's Enquiries on (01274 437500)** (out of office hours on 01274 431010 ). You will also be expected to **complete a MARF without delay**.

### *Non-Emergency*

If there is no immediate danger you should **complete a MARF as soon as possible**. You will not be required to telephone children's social care to inform them of your referral.

Send the MARF by secure email to [childrens.services@bradford.gov.uk](mailto:childrens.services@bradford.gov.uk) with the subject title MARF.

## Before you complete a MARF

If you have concerns about a child or young person and would like to talk your concerns through with a professional, in the first instance contact **your designated safeguarding/child protection lead** from within your agency. They will help you to determine the best course of action and can advise you on how to complete a MARF or Early Help Assessment.

The Multi Agency Referral Form (MARF) is for practitioner's seeking to refer a child or young person. It enables us to provide the right kind of support at the right time.

A request for Prevention and Early Help Support (including group Work and Family Key Work)

A request to Bradford's Children's Social Care (CSC) for an assessment in relation to a child or to confirm in writing a referral already made by telephone.

The completed MARF ensures that the MASH has enough relevant information about the child or young person, and the concerns which have prompted your referral, to be able to undertake an evaluation to determine what action should be undertaken.

Within Bradford, the Multi-Agency Safeguarding Hub (MASH) is the principal point of contact for welfare concerns relating to children.

All referrals will be considered on the basis of the information provided. Not all referrals will result in an assessment or service being provided by Children's Social Care Services

For more information see the Multi Agency Continuum of Need ( [Continuum of Need](#)). You should therefore continue to provide existing universal or targeted services whilst awaiting the outcome decision of your referral. A practitioner making a referral to MASH should be informed of the outcome and the reasons for any decisions made within one working day by telephone and in writing. Both the MASH worker and the referrer should record the outcome of any discussion and agreement about any on-going action required by the referrer.

It is important that you read all of this guidance before you complete a MARF for the first time. It may also be beneficial to refresh your memory if you need to before you complete any subsequent MARFs. The guidance outlines what information about the child and their family you will need to complete the MARF.

Consent from the parents / carers is not necessary if the child is at risk of Significant Harm but it is good practice to inform the parent/carer/child that you are making the referral, unless doing so would put the child at additional risk of harm. Not being able to inform the parents when the child is at risk of significant harm should not delay the referral being made

If it appears that your concern is not one which indicates a risk significant harm is present, but may require the provision of other services, including an Early Help or Child in Need Assessment, then you must seek the consent of the parents for assessment by Children's Social Care Services to proceed

## **Completing a MARF**

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The following documents should be accessed and read before you start to complete a MARF.

- 1) Bradford's Multi Agency Continuum of Need Guidance, and
- 2) Bradford Multi Agency Consent Guidance

These documents are intended to assist practitioners within the Bradford multi-agency workforce to identify the appropriate and proportionate responses to needs and issues that they encounter within the children, young people and families they are working with. Please think about the concerns you have about the child and relate them to the level of concerns within the Continuum of Need document.

### **A). Demographic Information Required for the MARF:**

Before you start the form, make sure you have access to as much information about the child and their family as possible. However, it is acknowledged that some times the information is limited because of the nature of the relationship you have with the child or family, e.g. a detached youth worker may not have more details than a name and approximate age and area. A balance needs to be made between the necessity to have as much information as possible, and the urgency of the risk of significant harm to the child.

## **B) Subject child**

The following information is asked for the subject child. The information needed to complete the form is as follows:

Details about the Subject Child/Unborn child:

- Surname and Forename;
- Date of Birth/Expected Due Date / Age;
- Gender;
- Address;
- Home Telephone Number and Mobile Telephone Number;
- Is English their first language If no, please specify their preferred language;
- Is an Interpreter required
- Ethnicity
- Education & UPN no (if known)
- NHS Number (if known);
- Does the child have a disability? (if known);
- If yes, please give details;

## **C) Family Composition:**

This section relates to all people (including siblings) who live in the same household as the subject child.

## **D) Other significant adults**

You will also be asked if there are any other significant adults whose details you need to record. This may be a member of the extended family, neighbour, family friend or other person significant to the child or to the risk you are concerned about.

The information requested for each person is as follows:

- Name;
- Age/DOB;
- Gender;
- Address Home;

- Telephone Number & Mobile Telephone Number;
- Relationship to subject child;
- Do they have Parental Responsibility?
- Ethnicity;

➤ **Risk to Professionals**

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You will also be asked if there are there any known issues that may present a risk to professionals when visiting this family / household. This will give you the opportunity to raise any concerns, such as an aggressive dog, a parent is known to verbally or physically abuse other professionals, such as the police or medical staff. If the family should always be visited by at least two professionals this should be noted.

➤ **Referral details (Think of Sign's of Safety - SOS) See appendix 1:**

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The Signs of Safety Framework is a strengths based approach which uses three simple questions to ask when thinking about our work with a child and their family and when we consider that a safeguarding referral needs to be made. These need to consider the child's circumstances holistically in terms of child development, parenting capacity, family and environmental factors:

1. What are we worried about?
2. What's working well?
3. What needs to happen?

This provides a sound and structured focus for the discussions that take place when we believe that children's needs are not being met or they may be at risk of harm and when something else is needed to improve outcomes for the child. See appendix 2 for further guidance and SOS exemplars

The questions asked in the MARF are:

- 1) "What are you currently worried about?"

This section needs to be answered as fully as possible but in the context of the relationship you have with the child or family. The first question is required.

- (1) This question is asking you to consider what has prompted you to make the referral to the MASH about this child at this time. It asks you to put your concerns in the context of what you know professionally about the child or their family.

Give details regarding the incident(s) bringing the family to the attention of your agency, outlining any pattern of individual or family behaviour that causes you concern.

You may not know very much about the parents of a child, particularly an absent parent; or you may not know very much about a child because you work with their parent (e.g. as a probation officer or adult mental health worker). However, you must have had some concerns about the child to consider making the referral and this is the information that is required.

- 2) Past Harm
- 3) Future Danger
- 4) Complicating Factors

(2/3/4) This section asks you to describe any actions or behaviour, who what, where, when, severity e.g. severe dental decay, chronic neglect. It asks you to describe your worries and impact on the child if nothing changes, and if there are any factors that make the situation more difficult to resolve.

- 5) Strengths – What’s working well?

(5) This section is asking you to consider what features of family life and parenting have a positive effect on the child/ren’s lives. It is based on research-based “protective factors” (such as resiliency). Consider what the family feels is good about their family and how they cope with stress etc. and how those factors also relate to the identified risk.

- 6) What needs to happen?

You will be asked what you believe will be the likely outcome for the child (ren) if their current situation continues; and what you believe will make this child (ren) safe?

(6) This section is asking you to consider the risks to the child or family if this referral is not made now. Consider the risk and protective factors you have flagged up and compare them with the Multi-Agency Continuum of Need.

This section also invites you to look at what other solutions may be found in the child’s or family’s support network or what supports could be accessed through universal or early help services, whilst ensuring that the child is safe from suffering significant harm. Consider what the risks would be if no action is taken.

This section asks you to consider what you think would help to reduce your concerns. This might be that you know that other agencies (such as the school) are monitoring the child, or that the family will receive an early help service.

There is another question in this section that asks about what your agency can continue to do to support the child, parents/carers or family.

### ➤ **Early Help**

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The majority of children thrive without additional support and through receipt of universal services such as schools, GP's etc. However, if you have a concern about a child and family that leads you to think that there are additional needs that would benefit from support, it is a good idea to speak to the family about the benefits of an Early Help Assessment.. The Early Help Assessment (EHA) enables holistic understanding of need across a family and helps to establish a structured plan of support to meet need and improve circumstances.

The Early Help Assessment is a multi-agency assessment process that allows central visibility of concerns for other professionals, supports multi-agency information sharing and facilitates a coordinated response by appropriate professionals.

You will be asked if you know whether an Early Help Assessment (EHA) has been completed. If you do know, please indicate when the details.

If you are working with a child or young person for whom an EHA has already been fully completed, you will be asked to attach the completed EHA to your Multi-Agency Referral Form (MARF).

The information within the MARF regarding the child/family and their needs may be shared with representatives from agencies including: schools, parenting team, local children centres, health practitioners, CAMHS, youth offending services, adult mental health services plus other practitioners relating to the support needs presented.

If a referral is being made in relation to early help it is essential that you have the consent of the family to make the referral.

### ➤ **Referrer's details**

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As the person making the referral, you will be asked to give your contact details. The information required is as follows:

- Your Name;
- Your Agency;
- Your role;
- Your relationship to child being  
Being referred

- Address;
- Email address;
- Contact number;
- Date and time of referral;

### ➤ **Consent**

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At the start of the MARF you will be asked if the parent is aware of the referral and if consent has been given by the parent/carer. You are encouraged to speak with the child and family to discuss your concerns. This ensures the voice of the child and parent is understood and reflected in your referral and will assist in assessing the risk, the level of concern and appropriate level of intervention. However, if such a discussion would place the child at increased risk of harm, then this discussion should not take place and the referral should be made without the knowledge of the parents. In this case you must provide an explanation for why you have not been able to seek consent. This will help us to understand and assess risk.

If you are referring the child or family for Early Help services and there are no safeguarding concerns, you must speak to the child / family and you must gain consent.

You will be asked to respond to the following questions:

- Have you informed the parent/carer and/or young person that you are making this referral?
- Do you have consent for this referral?
- If no, please tell us why not;
- The last page of the MARF sets out the use of personal Information and consent form where applicable.

**Finally before completing a MARF you should consider the following:**

#### *Assessment*

- Have I assessed the child and family and documented my findings? If not what is the source of my information?

## APPENDIX 1: Thinking Signs of Safety Guidance/Exemplars

### **Signs of Safety guidance:**

- What are we worried about? (Past, current and future harm and danger)
- What's working well? (Strengths and safety)
- How worried are we? (Safety and Wellbeing scale)
- What needs to happen? (Safety/Wellbeing goals).

### Remember Signs of Safety as an approach, helps you:

- Record, assess and plan
- Identify concerns
- Identify safety and strengths
- Scale the level of safety

### So what are Danger/Worry Statements and Safety/Wellbeing Goals?

- **Danger/Worry Statements:** Simple behavioural statements of the specific worry we have about this child now and into the future that we need to work on.
- **Safety/Wellbeing Goals:** Clear, simple statements about what (*not how*) the caregiver will DO that will convince everyone the child is safe and their needs are being met now and into the future.
- **These are little gems of clarity**

### Danger statements keep us focused on what exactly we worry will happen if nothing changes. One easy formula for writing a good danger/worry statement is to think of it in four parts:

- Begin with a brief phrase about who is worried. It may be just yourself and your organisation or it could include other organisations and family members.

- Next, describe the potential actions or inactions the caregiver may do, make sure that it is something that has happened and is repeated or an escalation of previous actions.
- Next reference when it has happened in the past, like the time when.
- Finally describe the impact on the child

**REMEMBER” There are three core principles:**



1. Establishing constructive working relationships.
2. Encourages critical thinking and maintains appreciative inquiry.
3. Staying grounded day to day work – from early help -child protection

**✚ Danger Statement Example:**

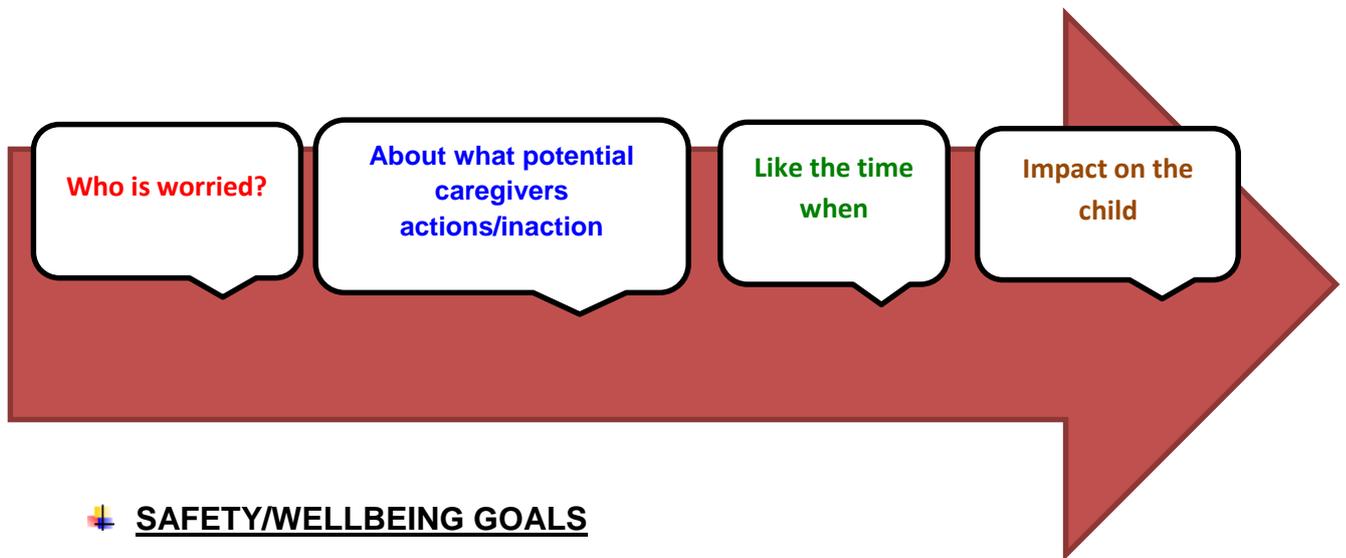
**Frankie the social worker, Suzie the school nurse, Ms Brown and Mr Jupe, their teachers** are all worried that the children will continue to **come to school dirty and wearing a uniform that doesn't fit properly**, **like the time when the children came to school in dirty t-shirts that showed their tummies and dirty trousers that came up to their knees**. They are worried that the children will **stand out in school in a bad way and other children will not want to be friends with them**. If this happens the children might get bullied and will grow up feeling they are not as good as other people and are not as lovable.

**✚ Worry Statement Example**

**“The children's centre worker** is worried without support **Ms Harb's will struggle to manage Abal's behaviour and may hit Abal as she has reported she felt like doing this in the past**. If this happened Abal, **may become sad and frightened of her mother and even get hurt**.

**I am** also worried that **Ms Harb will find it difficult to introduce healthy foods to Abal's diet as this is a challenge and that Abal will continue to have a poor diet**

drinking fizzy drinks and eating toast, which could affect her teeth, health and growth.”



### SAFETY/WELLBEING GOALS

The question that the Safety/Wellbeing Goal answers is:

“What does the agency need to see the parents doing differently with their children so everyone will know the children are safe and their needs are being met?”

- It is also important to make the distinction that this is not the same question as “what action needs to be taken” or “what services are needed?”
- This is a deceptively simple question that actually tries to help us do something very complex: to think about what behavioural changes the agency would need to see the parents make with their children in order to feel that the danger/worry was addressed **it’s not about what services to put in place.**
- These will take us from the future we worry about to the future we want to create.
- First, the “who.” We began with “who said” and then went to “who is worried.” Now we will use names of the people who are part of the safety network. In essence, this establishes that there are people who care about the child’s safety and are committed to helping and watching that the caregiver is doing what needs to be done. The safety network is the “jury” that must be persuaded that the child is safe.
- Next, a safety goal describes what the parent will DO differently. Note

that the goal is not expressed as going to services, or even completing services, gaining insight, or having clean drug screens. It's not expressed as what a parent STOPS doing. **It's extremely important to craft this part of the safety goal in terms of actions the parent will demonstrate.** Anchor what the caregiver needs to do differently in the caregiver's behaviours that had everyone worried. What could the caregiver do instead? This ties the safety goal to the danger statement.

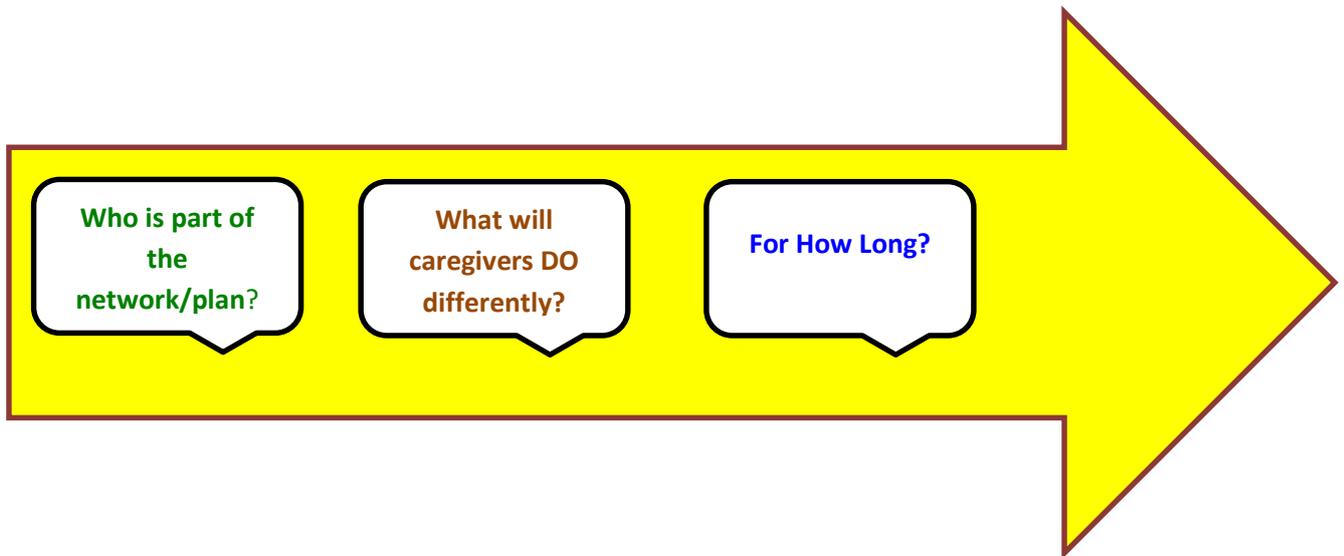
- The last part is make sure the "demonstrated over time" part is mentioned

#### SAFETY GOAL EXAMPLE:

**“Frankie the social worker, the children’s parents and a safety network of family and friends agree to work together to show everyone that the children are always in a clean, well fitting uniform when they start the day at school and that they have all washed before putting on their uniforms. Frankie and the network will need to see this working for a period of nine months so that everyone is confident that the safety plan will keep working once the case closes”**

#### WELLBEING GOAL EXAMPLE:

**“Ms Harb will work with her network of people to show that she is able to manage her low mood and have actions that she could take to be in good mental health. Also that Abal has a healthy diet is putting on weight and meeting all her developmental milestones and that Abal will always be disciplined and cared for in ways that leave her feeling safe and cared about and does not involve hitting. We would want to see this happening for six months so that everyone is confident that Abal will continue to thrive”.**



## REMEMBER

- When you share these statements with families, you are being honest and clear with them about what YOU worry about.
- It is important to gain what the family are worried about so that together you can write a danger/worry statement. When the families have a hand in creating the statements, they are more likely to understand agency worries.
- You are responsible for making sure that the agreed-upon danger statement fully expresses the agency worries and is written in plain language.

written in plain language.

- If the family does not agree with agency worry, it is still the agency worry and will need to go in the danger/worry statement. (And keep an open mind about your worry. The family COULD be right!)



**Here are a few examples of the questions we can use to explore what we are worried about with the families:**

**“Tell me about what happened that day”**

**“What would your child say if they were here?”**

**“What do you think will happen in your family if nothing else changes?”**

**“Of all the things you are doing to take care of the children, what do you think is keeping them safe?”**

“It’s clear from what you’ve said you’re not happy with how things are going. How would you like things to be instead?”

“Has there ever been a time when X could of happened but you were able to do something different?”

“If the kids were here right now, what would they say is going well in your family?”



## ELICITING THE CHILD’S VOICE

While we have been talking about the family mostly as caregivers, remember to elicit the child’s voice as well.

Some of the tools you can use for these are the Three Houses and Safety Houses. Remember that these can be great sources of information about the behavioural detail of what the caregiver did (or what we worry the caregiver will do). These tools can be very effective ways to understand the **impact** of caregiver behaviour on the child.

- Three Houses
- Safety House



- What happened?
- What was the **impact?**
- What needs to happen for the child to feel safe?
- In the child's own words!



A 'Words and Pictures' storyboard never opens with a traumatic event or big difficulty, write it with the family, caregiver or child.

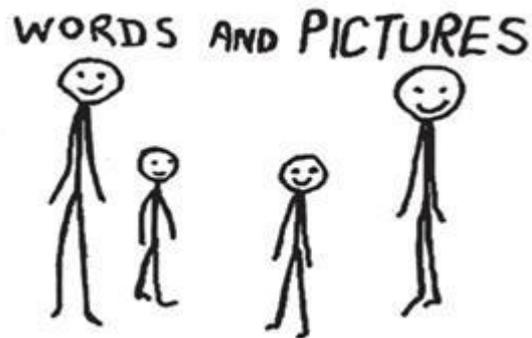
These can be used to explain to the child the danger statements, or for the child to explain what they know to their caregivers in a friendly format.

### **Basic Structure of a words and pictures explanation**

1. Title to be clear what this is about
2. Starting picture sets the context, neutral not too worrying
3. Who is worried
4. What are they worried about, clear about what the worries are as this might be the only chance to let everyone in the system know the concerns
5. Who is trying to help and move things forward
6. End with everyone working together. Positive picture and future focussed.

When writing/drawing a words and pictures explanation consider these 3 points

- Why does the child need to know it?
- What does the child know already?
- What might the child have heard?



## SO WHY USE SIGNS OF SAFETY?

In a survey commissioned by the **NSPCC** in 2012 exploring where the approach is used in England. The key findings of the report were

- *Children and parents feel listened to and that they have a more active role in decisions. They like having their thoughts written on the board in meetings.*
- *Signs of Safety methods are thought to increase participation, co-operation and the engagement of parents/families*
- *Signs of Safety meetings are thought to decrease anxiety and relax parents/families*
- *Parents like having an insight into different perspectives and an understanding of what is expected of them*
- *Parents like focusing on strengths and not just problems*

To find out more look at the website  
<http://www.signsofsafety.net/signs-of-safety/>