

Multi-Agency Referral Form (MARF)

Referral Form to Children and Families

This form should **always** be completed when making a referral in respect of a child in need or in need of protection.

All urgent child protection referrals should initially be made by telephone to the Duty Desk on **686179** and then confirmed in writing within 24 hours using this form. If it is **out of hours**, please phone **631212** and the Police will contact the out of hour's duty social worker. The form should then be sent to the Duty Team, Children and Families, 2nd Floor, Murray House, Mount Havelock, Douglas IM1 2SF or by email to childcarereferrals.dsc@gov.im

You must ensure that you follow your own agency procedures re notifying relevant designated child protection officer or your line manager of this referral (see referral pathway at Annex A).

Child/Young Person							
Forename(s)	Surname	D.O.B.	Gender	Address	Contact No	Ethnicity	Religion

Other Household Members / Significant others								
Forename(s)	Surname	D.O.B.	Gender	Address	Contact No	Ethnicity	Religion	Relationship to the child (PR Y/N)

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Additional Needs	
Are there any additional needs for individuals which may impact communication?	Yes / No If Yes, give details
Is an Interpreter/Signer required?	Yes / No

Significant Harm	
Has the child/ren suffered significant harm or are they at risk of suffering significant harm?	Yes / No (If yes contact the Duty Desk as above)

Consent	
Has consent been gained for this referral? from parent/person with PR?	Yes / No If not gained, why?
From the child/young person?	Yes / No If not gained, why?

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Safety	
Any concerns for staff safety that professionals need to be aware of? <i>e.g history of violence/hazards</i>	Yes/No If Yes, please give details:

Referral Reason
Reason for this Referral Impact on the child/ren

Action
What action have you already taken?
What action do you feel needs to be taken?

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Early Help	
Has an Early Help assessment been completed?	Yes / No / Not known If Yes, Date of Assessment:
Assessment(s) attached?	Yes / No If not why?

Other Professionals involved		
Agency	Named Professional	Contact Details
School(s)		
Health		
Other		

Assessment of risk (<i>Following the assessment Framework at Annex B</i>)	
<ul style="list-style-type: none"> • If there are concerns of Child Sexual or Criminal Exploitation complete and attach Safeguard Mnemonic (at Annex C) instead. • For Health staff, you may attach your completed RiC instead. 	
Child's Developmental Needs	
Parenting Capacity	

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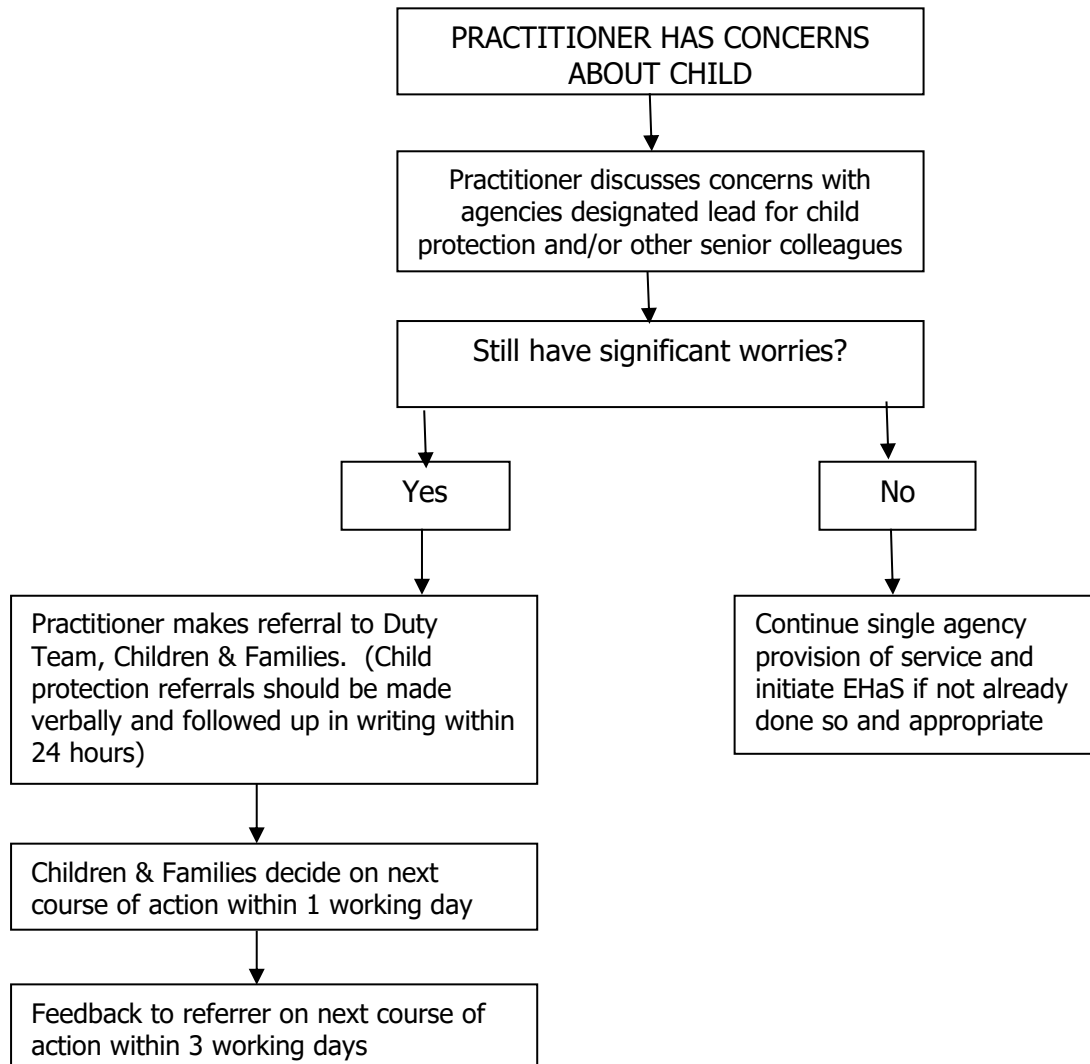
Family and Environmental Factors	

Details of Referrer	
Name & Designation:	
Address:	
Email:	
Contact No:	
Date of Referral:	

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Annex A

Referral Process to Children and Families Section

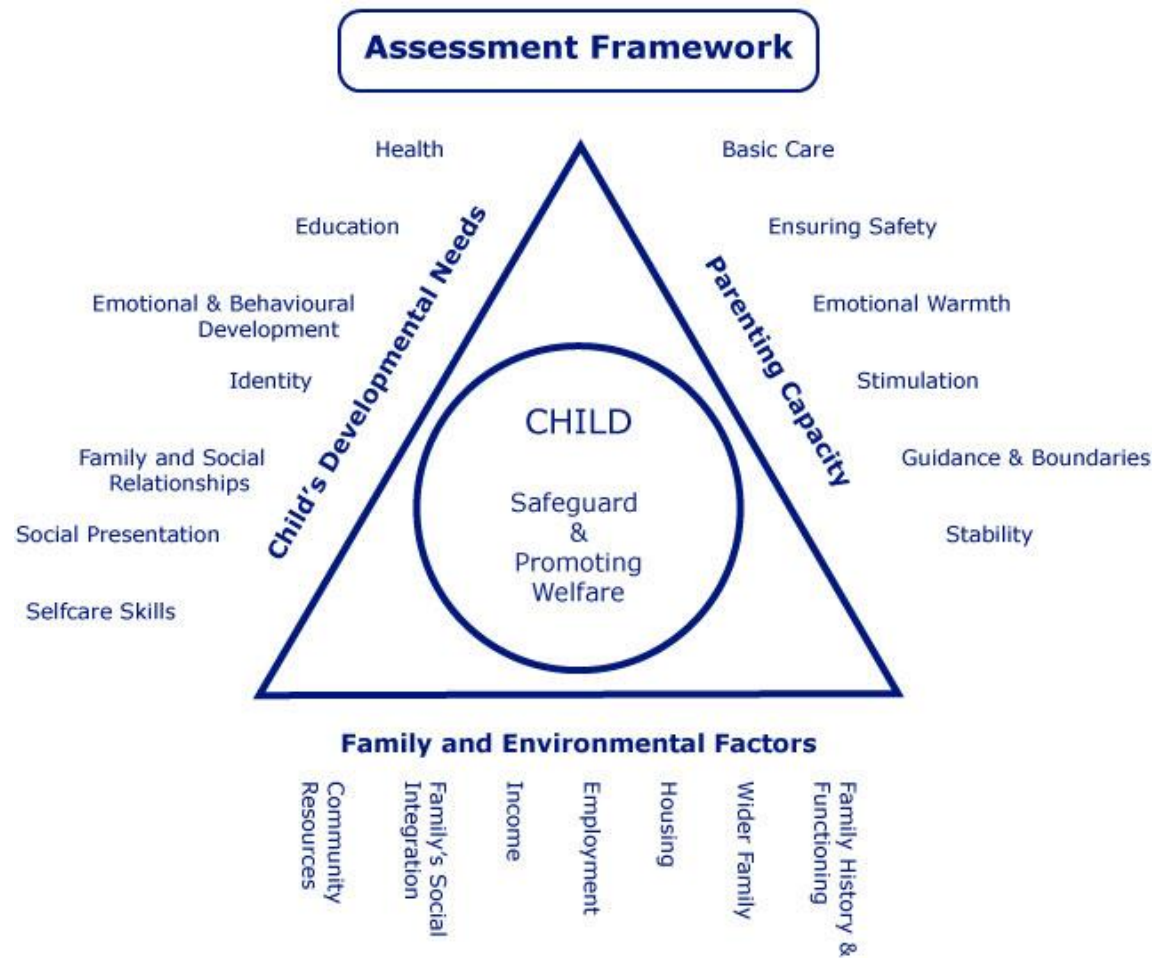


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Annex B

Assessment of Needs

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Annex C

SAFEGUARD Mnemonic

- Sexual health and sexual behaviour concerns

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- **A**bsent from school or repeatedly running away
- **F**amilial abuse and/or problems at home
- **E**motional and physical condition
- **G**angs, older age groups and involvement in crime
- **U**se of technology and sexual bullying
- **A**lcohol and drug misuse
- **R**eceipt of unexplained gifts or money
- **D**istrust of authority figures