**City of London Corporation**

Multi-Agency Referral Form

**CONFIDENTIAL**

It is the responsibility of all agencies who are making enquiries and/or making referrals about a child or children to obtain consent from those with parental responsibility and inform the parents/carers that they are making a

referral to Children’s Social Care (unless to do so would leave a child at risk).

Agencies should make the referral to the Children and Families team by telephone: 020 7332 3621/1620/3394 Please save this completed form with password protection and email it within 24 hours to: [children.duty@cityoflondon.gov.uk](mailto:children.duty@cityoflondon.gov.uk)

At weekends and outside normal working hours, please contact the Emergency Duty Team on 020 8356 2346/2710 and email this completed form within 24 hours to: [duty@hackney.gov.uk](mailto:duty@hackney.gov.uk)

If the child is at immediate risk, you should contact the Police directly on 999

REFERRAL TYPE

|  |  |
| --- | --- |
| Early Help Referral  \*consent from those with parental responsibility is a requirement for all referrals to Early Help | New Referral Repeat Referral |
| Children’s Social Care Referral | New Referral  Repeat Referral |

REFERRING AGENCY’S DETAILS

|  |  |
| --- | --- |
| Name of worker |  |
| Agency |  |
| Address |  |
| Post Code |  |

|  |  |
| --- | --- |
| Date of referral |  |
| Role of referrer |  |
| Phone |  |
| Email |  |

CHILD OR YOUNG PERSON’S DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename(s) |  |  | Ethnicity |  |
| Surname(s) |  | Gender |  |
| Home address |  | Date of Birth / EDD |  |
| NHS No. |  |
| School Unique Pupil  No. |  |
| Phone |  |
| Email |  |

HOUSEHOLD DETAILS

\* Please list below the names and details of all children and adults who are currently residing with the

child/ young person

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname(s) | Forename | Date of Birth  / EDD (DD/MM/YY) | Ethnicity | Relationship to child/ young person | Tick if this is a child you are also referring |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Overview of agency involvement with this child/family including information of attendance/engagement with your service

|  |
| --- |
|  |

Yes

No

Has an Early Help Assessment been completed? If yes, please attach to this referral form.

|  |
| --- |
| 1. What are you worried about?  *Please sate the name of the child if you have any specific concerns about one particular child.*  Primary known or emerging needs/risk *What are the factors that have contributed to this referral?* |
|  |
| Past harm to children *Please indicate N/A if not applicable. If completing please include: action/behaviour – who,*  *what, where, when; as well as severity and impact.* |
|  |
| Future risk for children *What are you worried is going to happen to the child if the current situation does not change?* |
|  |
| 2. What is working well?  *Existing strengths/protective factors: sustained over time and directly related to needs/risks* |
|  |

|  |
| --- |
| 3. What needs to happen?  *Future goals: when will we know things have improved or things will be safe enough? What do you want to*  *see the parents/carers doing to keep the child safe or make things better for their children?* |
|  |
| Complicating factors  *Factors which make the situation more difficult to resolve* |
|  |
| Parent’s views |
|  |
| Child’s views |
|  |
| Next steps  *What can you/your agency contribute to a plan to support this child and/or keep this child safe? What are the next steps to be taken to achieve/support the safety goals?* |
|  |

Signature of person completing referral

If applicable, signature of designated CP person/manager for agency authorising this referral

Every effort should be made to obtain parental consent (verbal or in writing) and share this referral with those who have parental responsibility unless it is not appropriate to do so. In circumstances where this is not possible, please state reason below.

|  |  |
| --- | --- |
|  | |
| Have those with parental responsibility viewed/had verbal feedback of this referral? | Yes No |

How?

If possible, please obtain signatures of those with legal parental responsibility who have viewed/had verbal feedback of this referral

Name: Signature:

Date:

Name: Signature:

Date:

*The City of London Corporation is a data controller and processes personal data in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. For full details of how and why the City of London Corporation processes personal data, please refer to the full privacy notice at* [*www.cityoflondon.gov.uk/privacy.*](http://www.cityoflondon.gov.uk/privacy) *Alternatively, you can request a hard copy.*

*Please direct all data protection queries to the information compliance team at* [*information.officer@cityoflondon.gov.uk*](mailto:information.officer@cityoflondon.gov.uk)