

LSCB Multi-agency Referral Form To The Local Authority Early Help and Social Care Services for Practitioners and those working with children

Where risk of significant harm to a child is identified this should be referred immediately by telephone to the relevant children's social care on the numbers below:

Leicester: 0116 454 1004 | Leicestershire: 0116 3050005 | Rutland: 01572 758407

[Before completion, all professionals should have knowledge of and refer to the LLR Thresholds Procedures.](#)

Leicester:

It is expected that any professional/practitioner wanting to make a referral to Leicester City, will in the first instance call their 'One Front Door' on **0116 454 1004** and discuss the details of the referral. This should then be followed up by the referrer by submitting an online referral which can be found here: www.leicester.gov.uk. Please note:

Following the conversation with 'One Front Door' please ensure you tick the box on the final page of the form as to whether you are seeking Early Help support or referring to Children's Social Care. If you are requesting Early Help support, please ensure you complete the box regarding seeking engagement and cooperation below. Please complete all the questions on pages 2 – 5.

If you are from an agency where it has been agreed that you use an internal embedded form please email it securely to early-help@leicester.gov.uk for Early Help and das.team@leicester.gov.uk for Children's Social Care.

Rutland:

It is expected that any professional/practitioner wanting to make a referral to Rutland County Council including Early Help and Social Care will in the first instance call their 'Single Front Door' on **01572 758407** and discuss the details of the referral. The expectation is that the referrer will then follow up this phone call with a written referral using this template and email it appropriately marked to childrensreferrals@rutland.gov.uk. Following this conversation please ensure you tick the box on the final page of the form as to whether you are seeking Early Help support or referring to Children's Social Care.

Leicestershire:

Any professional or practitioner wanting to make a request for service to Leicestershire County Council including Early Help or Social Care should complete this (MARF) form online [here](#).

If there are urgent concerns based on evidence that a child is suffering or at risk of significant harm which requires a Child Protection response this should be reported immediately by telephone on **0116 3050005**. A written referral must be submitted to document the information shared within 24 hours. In any case where a professional is unclear if the threshold is met contact should be made with agency safeguarding leads for advice or in complex cases a call can be made to the consultation line on **0116 3055500** between 10:00am and 4:00pm. If there are immediate concerns about risk to the safety of a child, call the Police immediately.

If you are from an agency where it has been agreed with Leicestershire County Council that you use an internal embedded form please send it securely from your secure email account to childrensduty@leics.gov.uk (childrensduty@leics.gov.uk.cjism.net from cjism.net addresses).

If you cannot access the MARF 2018 either online or via a word or PDF fillable version you should contact the relevant local authority for confirmation of where and how to submit your referral.

Use of information

As a referrer working with the child and family, it is your responsibility to speak with parents and carers about your worries and why you are making a referral to Children's Social Care or Early Help – *unless by doing so will place the child at risk of significant harm*. Further guidance on collecting, using and sharing information is available [here](#).

Where a parent or carer is informed of a referral, under the General Data Processing Regulations (GDPR) 2018 you should also inform the parents or carers of the following:

- Information will be treated confidentially and will be used to understand the needs of the family – this will involve checking our records to see if we are already working with the family
- Information may be shared with other services to check whether they are working with the family or have done so previously
- Information will be shared when we are required to do so by law or there are concerns that someone has suffered or may be at risk of significant harm and if this is the case, you must provide:
 - Name of the Data Controller processing their data
 - Contact details of the Data Protection Officer
 - Purpose/s of and lawful basis for processing
 - Recipients, or categories of recipients of their data.
 - Details of data transfers outside the EU - including how the data will be protected (e.g. the recipient is in an adequate country; Binding Corporate Rules are in place etc.); and how the individual can obtain a copy of the BCRs or other safeguards, or where such safeguards have been made available.
 - The retention period for the data – if not possible, then the criteria used to set this.
 - That the individual has a right to access and data portability, to rectify, erase and restrict processing of his or her personal data, to object to processing and, where *the processing of information is based on consent*, rather than other lawful basis, to withdraw consent.
 - That the individual can complain to a supervisory authority (ie. the ICO)
 - Whether there is a statutory or contractual requirement to provide the data and the consequences of not providing the data
 - If there will be any automated decision making – together with information about the logic involved and the significance and consequences of the processing for the individual.

Privacy notice

Being transparent and providing accessible information to individuals about how you will use their personal data is a key element of Data Protection compliance. This does not mean however, that you need to get consent to use information in most cases, as there are many other conditions under the GDPR and the Data Protection Act 2018 that allow you to proceed without an individual's explicit consent to use their information. The appropriate way to provide this information is in a *privacy notice*.

Each practitioner *should follow their own agency's or organisation's Information Governance requirements* for collecting, sharing and processing personal data. Information regarding the requirements including the use of privacy notices can be found at the following link: <https://ico.org.uk/for-organisations/guide-to-data-protection/privacy-notice-transparency-and-control/>

As a general rule, practitioners are encouraged to seek the engagement and cooperation of parents (or those with parental responsibility). Equally engagement and cooperation should be sought with carers and young people (as

appropriate to their age and understanding) to work with Early Help or Children’s Social Care Services (*unless there are specific child protection or safeguarding needs identified as below*).

Have you told the parent, carer or young person (where appropriate) you are making this referral? Yes No
*(Please note you should **not** inform the parent/carers where doing so may increase the risk of harm to the child or where you believe a crime may have been committed.)*

Has the parent/carers indicated their engagement and cooperation with this referral for services? Yes No
 It should be made clear to parents/carers that if they later decide not to engage or cooperate with services that their information will be retained. *(Where parental engagement and cooperation has not been agreed, unless there are specific child protection or safeguarding needs identified, this will have a significant impact on the ability to respond. For Early Help support parental engagement and cooperation is required although this can be verbal agreement.)*

Details of Person Making Referral

Your details (the referrer)

Full name				
Job Title				
Agency				
Telephone				
Email address				
Secure Email address				
Do you expect to be involved with the family for the foreseeable future?	If Yes, in what capacity?			
Have you informed those with Parental Responsibility (PR) for the child you are making the referral?	Yes		No	If Yes, who was informed?
What are the views of the parent/carers/children and young people you spoke to about this referral?				

About the Children/Young People (Who are you worried about?)

Please provide the details of all the children and young people in the family, starting with the child you are most concerned about, where appropriate. You should provide as much relevant information as possible.

Child 1

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	

Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how did you become involved?	
Is this child/family new to the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where have they arrived from?	

About the Family

Adult/parent/carer 1

First name(s)			
Surname			
AKA / Previous names			
Date of birth		Gender	
Address		Post code	
Ethnicity		Religion	
Does the adult have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
Relationship to the child			

Does this adult have Parental Responsibility for the subject child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, who does have Parental Responsibility?	
Telephone		Email address	
Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues			

Adult/parent/carer 2

First name(s)			
Surname			
AKA / Previous names			
Date of birth		Gender	
Address		Post code	
Ethnicity		Religion	
Does the adult have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
Relationship to the child			
Does this adult have Parental Responsibility for the subject child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, who does have Parental Responsibility?	
Telephone		Email address	
Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues			

Other children linked to the household

Child 2

First name(s)	
Surname	
AKA / Previous names	

Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how did you become involved?	
Is this child/family new to the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where have they arrived from?	

Child 3

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	

Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how did you become involved?	
Is this child/family new to the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where have they arrived from?	

Child 4

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	

Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how did you become involved?	
Is this child/family new to the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where have they arrived from?	

Child 5

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how did you become involved?	
Is this child/family new to the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where have they arrived from?	

Other significant members linked to the household

First name(s)			
Surname			
AKA / Previous names			
Date of birth		Gender	
Address		Post code	
Ethnicity		Religion	
Does the adult have a disability or special need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, which language is required?	
Relationship to the child			
Does this adult have Parental Responsibility for the subject child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, who does have Parental Responsibility?	
Telephone		Email address	
Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues			

List here details of any other professionals or agencies that are working with the child/family (if known)

Name	Role	Agency	Address	Telephone number	Email	Secure Email

What are you worried about?

Please see the LLR LSCB Threshold document at: <http://lrsb.org.uk/uploads/view-the-llr-lscb-thresholds-for-access-to-services-for-children-and-families-in-leicester-leicestershire-rutland.pdf>

Please summarise the main issues for the child(ren) and family including how the family is functioning and any issues for adults in the household and if they are impacting on the children. For example, refer to the issues listed below as a guide to include in your summary and guidance within [Working Together to Safeguard Children 2018](#) on types of abuse or neglect and the relevance of *contextual safeguarding*:

<ul style="list-style-type: none"> • Asylum seeking family • Behaviour management support • Child leaving care • Child leaving custody • Child Sexual Exploitation (CSE) • Cultural/language issues • Debt or benefit issues • Disabled Child • Domestic violence and abuse • Drug/alcohol/substance use • Education concerns • Emotional Harm • Fabricated or Induced Illness 	<ul style="list-style-type: none"> • Female Genital Mutilation (FGM) • Gangs or groups • Honour based violence • Housing concerns • Mental or Physical Health • Missing child • Neglect • Offending or anti-social behaviour • No recourse to public funds • Not in employment, education or training 	<ul style="list-style-type: none"> • Parent leaving custody • Parenting capacity • Pre-birth concerns • Physical Harm • Poverty • Person posing a risk to a child • Parent or carer of disabled child • Radicalisation • Self-harm and suicide • Sexual Harm • Trafficking • Vulnerable infant • Young carer
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What are you worried about? (Include the child and family's views)

(Include here what is the current family situation, what key issues including any needs or dangers have been identified, what risks does this present to the child and what life is like for the child?)

How does this affect the child(ren) / (what is the impact?)

Please summarise your involvement with the family:(include any support provided by other agencies or services)

What is working well? (Include the child and family's views)

(include here what are the strengths and protective factors for the child; what is family doing to manage the need risk and dangers identified)

What needs to happen (to reduce the needs /risks and dangers presented to the child) (Include the child and family's views)

Additional information

Have any assessments been conducted by you or your agency/service such as CSE, Early Help, Neglect, FGM, DASH etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have these been attached with this form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For Leicester and Rutland only - following your discussion with the worker at the 'One Front Door' or 'Single Front Door' as detailed on the first page, please select the referral you wish to make:

Early Help Social Care

Please provide the **name of Duty worker you spoke to:**

For use by the Local Authority Early Help or Duty Service only

Action taken:

Decision made:

By:

Date of decision:

Feedback to referrer:

Date:

By: