



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

<b>Early Help Referral</b> *consent from those with parental responsibility is a requirement for all referrals to Early Help	<input type="checkbox"/> New Referral  <input type="checkbox"/> Repeat Referral
<b>Children's Social Care Referral</b>	<input type="checkbox"/> New Referral  <input type="checkbox"/> Repeat Referral

## REFERRING AGENCY'S DETAILS

Name of worker		Date of referral	
Agency		Role of referrer	
Address		Phone	
Post Code		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
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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

<b>Has an Early Help Assessment been completed?</b> If yes, please attach to this referral form.	<input type="checkbox"/> Yes  <input type="checkbox"/> No
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**1. What are you worried about?**  
*Please state 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?*

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**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.*

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**Future risk for children** *What are you worried is going to happen to the child if the current situation does not change?*

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**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:

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