



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). [Obtaining Consent when Making a Request for Support](#)

Agencies should make the referral to the Children and Families team by telephone: 020 7332 3621

Please save this completed form with password protection and email it within 24 hours to: children.duty@cityoflondon.gov.uk

At weekends and outside normal working hours, please contact the Emergency Duty Team on 020 8356 2346

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

Referral Type

Choose an item.

*Please note consent from those with parental responsibility is a requirement for all referrals to Early Help

If this is a request for Early Help support has an Early Help Assessment been completed?

Choose an item.

If yes, please attach a copy of the Assessment to this referral

Referring Agency Details

Name of Referrer	
Professional Role	
Agency	
Address	
Email	
Phone	



Date of Referral	
Has this referral been discussed with your Designated Safeguarding Lead?	

Details of All Child(ren) or Young Person(s) being Referred

*Please duplicate this box as many times as needed to include details of all children being referred.

First Name		Gender	Choose an item.
Surname		Ethnicity	Choose an item.
Other used names		Religion	Choose an item.
DOB/EDD		NHS No.	
Address			
Phone			
Email			
Any Special Educational Needs, Disabilities or other needs			

First Name		Gender	Choose an item.
Surname		Ethnicity	Choose an item.
Other used names		Religion	Choose an item.
DOB/EDD		NHS No.	
Address			
Phone			
Email			
Any Special Educational Needs,			



Disabilities or other needs	
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First Name		Gender	Choose an item.
Surname		Ethnicity	Choose an item.
Other used names		Religion	Choose an item.
DOB/EDD		NHS No.	
Address			
Phone			
Email			
Any Special Educational Needs, Disabilities or other needs			

Family and Wider Support Network Details

Recognizing that Family Decision Making is at the fore front of our work, we see families as the experts of their own lives and experiences, and that wider family and friend networks often contain great strengths. Therefore, please add details of all those who are currently living at the same address as the child/ young person, and any other people who provide support to the family be this practically or emotionally.

First Name	Surname	DOB	Relationship to Family	Ethnicity

Has there been a Family Network Meeting held? Choose an item.

What have you done as the referrer to explore the family network?

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Overview of your agency involvement with this child/family

Including the length of time known, information of attendance and engagement with your services, work completed and impact of this.

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What are you worried about for the child(ren) or young person(s)?

Please state your specific concerns in terms of harm being experienced or likely to be experienced if things don't change. Be clear about the impact on the child in the immediate and longer term.

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Are there any historic factors which are relevant to this referral?

Consider any previous social care involvement, or other support accessed, any issues affecting parenting capacity, environmental or contextual factors.

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What are the current strengths in the family, what is working well?

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Think about improvements that have been made, protective factors over time, when things have worked well what has enabled this?

On a scale of 0- 10 how worried are you about the child(ren) or young person(s)?

Where 0 is the most worried you can be about a child and immediate action needs to be taken, and 10 is the safest that the child can be.

0 ←————→ 10

**Every effort should be made to speak with parent(s) or carer(s) about this referral,
the reasons for completion, and seek their consent for this**

Have the people with Parental Responsibility for the child(ren) been made aware of this referral and the contents of it?

Choose an item.

If no, please provide a rationale for this

If yes, please provide their views

Stating which parent/carer the views are from and how they were obtained

Are the child(ren) or young person(s) aware of the referral?

Choose an item.

If yes, what are their views?

Stating which child/young person the views are from and how they were obtained

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.

Please direct all data protection queries to the information compliance team at information.officer@cityoflondon.gov.uk