



Guidance on Making a Good Request for Help & Support /Referral to Children's Social Care

9th April 2024 – updated in consultation Hannah Woloszczynska, Strategic Safeguarding Partnership Manager, Kay Prescott, Practice Lead MASH and Exploitation, Children's Services, Swindon Borough Council and Shannon Lansdown, Practice Improvement Lead, Children's Services, Swindon Borough Council.

Contents

- [Working Together 2023](#)
- [Recurring themes](#)
- [Worried about a child?](#)
- [Practitioner Responsibility](#)
- [Advice and Guidance to help make a good referral](#)
- [Information Required When Making a Request for Help & Support/Referral](#)
- [Examples to Assist in Making a Good Request for Help and Support/Referral](#)

Working Together to Safeguard Children 2023



HM Government

Working Together to Safeguard Children 2023

A guide to multi-agency working to help, protect and promote the welfare of children

December 2023

Nothing is more important than children's welfare. Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support. This requires individuals, agencies, and organisations to be clear about their own and each other's roles and responsibilities, and how they work together.

[Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115271/Working_together_to_safeguard_children_2023.pdf) Page 7



Recurring themes regarding reports to Contact Swindon

This resource is to assist professionals in making good quality requests for help & support and referrals which will ensure a timely response, appropriate risk assessment and safeguarding is in place. Below are some common themes highlighted, which impact on achieving this.

- ✓ **Consent:** failure to complete the consent section on the [Request for Help and Support form](#) (page 1 - 2) including boxes not being ticked to confirm if the concerns have been discussed with parents. Or if attempts have been made and are unsuccessful lack of clarity as to when and how attempts have been made.
- ✓ **Reason for request for help and support:** Often, there is either too much or too little information for an initial decision to be made. Information being cut and pasted from other records and a lack of detail about what the issues/concerns are for making the referral, these can all hinder decision making.
- ✓ **Contact details:** Incorrect or out of date contact details for parents/carers.
- ✓ **Incorrect spelling of names/addresses.**
- ✓ **Lack of risk assessment:** Lack of information, no chronology/timelines/clarity about previous concerns.
- ✓ **Failure to use the Contact Swindon consultation line to seek further guidance/advice.**

The following slides contain some information and guidance to assist professionals in making good quality requests to [Contact Swindon](#) for Help and Support and improving outcomes for children and families.



Worried about a child?

If you think that a child is in immediate danger, please ring 999 and speak to the police.

- If you suspect that any child /young person is being abused or neglected, or you are otherwise concerned about their welfare or well-being, get in touch with [Contact Swindon](#) immediately.
- Contact Swindon is the 'front door' for the Council's children's social care services. It is available for families, residents and professionals across the borough to ensure families and children get the right help, at the right time, from the most appropriate teams.
- If you have a concern about a child, or want to request help from the service you can contact by:
 - Telephone: 01793 464646 (during normal office hours which are 8.30am to 4.40pm Monday to Thursday, and 8.30am to 4.00pm Friday)
 - Emergency Duty Service (EDS) is available outside office hours on 01793 436699
 - E-mail: contactswindon@swindon.gov.uk
 - [Referral form - Request for help and support](#)
- Once completed the form should be sent securely via email to contactswindon@swindon.gov.uk

Practitioner Responsibility

All practitioners have a responsibility to refer a child to Children's Social Care under Section 11 of the Children Act 2004 if they believe or suspect the child:

- ✓ has suffered significant harm
- ✓ is likely to suffer significant harm
- ✓ has disability, developmental or welfare needs, which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989
- ✓ is a Child in Need whose development would be likely to be impaired without provision of services

Further information can be found on this webpage

https://safeguardingpartnership.swindon.gov.uk/info/15/for_professionals/34/referral_guidelines_and_mash_contact_information

Over the next few slides
there is some advice and
guidance to help you make a
good referral

Safeguarding Concerns – Guidance to Support Decision Making



- ✓ Use the Swindon Safeguarding Partnership Guidance [‘The Right Help at the Right Time’](#) to ensure you are making an appropriate referral and that your response is proportionate to your concerns.
- ✓ Complete a relevant screening tool e.g. [neglect screening tool](#)
- ✓ Consider whether it is appropriate to make some initial enquiries with the family prior to submitting a referral, rather than make a referral prematurely.

Still not sure?

- ✓ Please speak with your own agency’s safeguarding representative

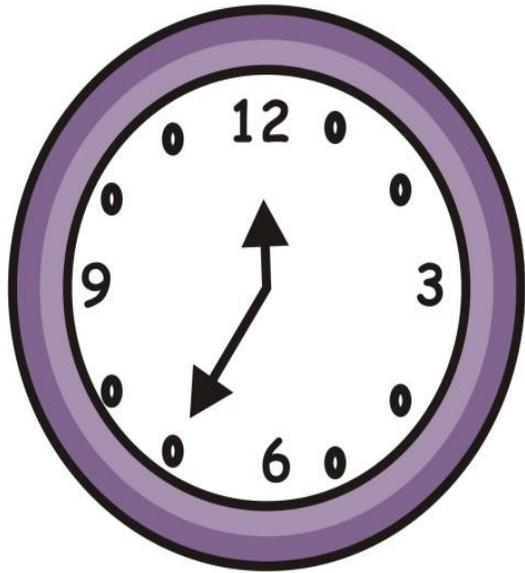
OR

- ✓ **Contact Swindon**

- ✓ Via telephone: 01793 464646 (during normal office hours which are 8.30am to 4.40pm Monday to Thursday, and 8.30am to 4.00pm Friday). Emergency Duty Service (EDS) is available outside office hours on 01793 436699

- ✓ E-mail: contactswindon@swindon.gov.uk

Referrals should be timely



- ✓ Please make the referral as soon as you have cause for concern, do not wait for the end of the day. This means more timely and proportionate decisions can be made for the child, particularly if the child is in school or nursery.
- ✓ Apart from the delay in getting support for the child, this creates potential for important points being forgotten.
- ✓ Referrals received towards the end of the day cause problems if a home visit is required.
- ✓ Calls to the Emergency Duty Service (EDS) should only be made in circumstances where the risk is too great to the child to wait until the following day.

Information Required When Making a Request for Help & Support/Referral

[Consent](#)

[What information to include in a referral to Contact Swindon](#)

[The Child's Voice](#)

[Assessment Framework](#)

Consent

- It is expected that all professionals will have open and honest conversations about their worries with the family first, to explore if the family share these worries and agree what help they need.
- Before the [Request for Help and Support Form](#) is completed, families will need to give their **explicit consent**.
- Families should be made aware that other agencies will be asked to provide information as part of the decision making process after request for help and support is made.
- This will include agencies working with adults.

What this means

- **Consent means families are fully informed and understand what information professionals are passing on and the reasons for this.**
- Families should be in agreement with the referral being made and understand that this may result in onward referrals to additional services.
- It is expected professionals will seek consent for making any referral for support on behalf of a child or family, regardless of whether they are seeking Early Help support or support from Children's Social Care [Children Act 1989, Section 17].

Exception to consent if...

- having a conversation with the family would place the child, or another person at risk of suffering immediate harm, where a delay in obtaining consent may mean the child or young person is put at further risk of harm or if it might undermine or interfere with the investigation or prevention of a crime.
- In these circumstances **consent is not needed to share information or make a referral** – contact should be made by completing the [Request for Help and Support Form](#) to contactswindon@swindon.gov.uk **ASAP. In an emergency, call 999**
- Where it is **not appropriate to gain consent or where consent has not been given**, it is important to record why including what actions have been taken to gain consent.
- A record of why it was not appropriate to gain consent and/or what has been done to try to gain consent, will need to be made by the referrer and this will be part of the decision to either accept the referral or to ask for more information to be gathered from the referrer.

Ensure all of the relevant boxes and information is completed on the [Referral form - Request for help and support - Swindon Safeguarding Partnership](#) form

Has consent been obtained from those with parental responsibility		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, to what extent (full/partial) - partial means one parent/guardian with PR Choose an item.	
Where you are not relying on Consent, please indicate the reasons why you have not sought consent				This must be completed by the <u>referrer</u>	
Give Details of those giving consent (e.g. father, mother has given consent) YES / NO					
Name:		Relationship:		Name:	
Signature of who has given <u>consent</u> :		Date:		Signature of who has given consent:	
				Date:	
Does the parent/young person give consent for this support request?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If <u>not</u> then why?	
Does the parent/young person give consent to information being shared with partner agencies?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the parent/carer specified that information should NOT be shared with a particular person/agency?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify:	



Family not wishing to engage

- If a family do not wish to engage with Early Help Services, this does not mean that specialist safeguarding services will become involved.
- Children's Social Care will only become involved where there is a risk of significant harm to children or where significant harm is likely to happen if the local authority does not act to safeguard or promote the welfare of a child and their family.
- Where families do not wish to receive Early Help Services, but professionals believe it is likely there will be a significant impact on children's physical or emotional wellbeing both now and in the future, they should make efforts to continue to talk to families about how they are feeling, what has been happening and what they think needs to happen next, so that a plan of how best to support them can be made collaboratively.
- Families should be reassured that professionals will listen and not judge; work with them to build on strengths and use their feedback to help to support them and other families in the future.
- Where professionals are concerned about the impact of neglect on outcomes for a child or young person, they should consult with their safeguarding lead and utilise the [Neglect Screening Tool](#).
- Contact Swindon can offer advice and guidance to professionals regarding consent.

What to include in a referral to Contact Swindon?

Include as much information as possible;

- ✓ Referrer's name and designation/ relationship to the child
- ✓ Full name, date of birth and gender of child/children
- ✓ Full family address and any known previous addresses
- ✓ Identity of those with parental responsibility
- ✓ Names, date of birth and information about all household members, including any other children in the family and significant people who live outside the child's household
- ✓ Ethnicity, first language and religion of children and parents/ carers
- ✓ Any need for an interpreter, signer, or other communication aid
- ✓ Any special needs of the children
- ✓ **Gain parental/carer consent**



What to include in a referral to Contact Swindon?

- ✓ What support services you have already offered to the child or family to address the needs you have identified?
- ✓ Why you think the time is right to refer the matter to Children's Social Care.
- ✓ What information can you give about: the child's development needs; parenting capacity; social and environmental factors.
- ✓ How you will remain involved with the family and if appropriate how you can help to introduce a social worker to the family, e.g. by a joint visit.
- ✓ Whether the parents know that you are making the referral and whether they agreed to you making the referral.
- ✓ Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties.



What to include in a referral to Contact Swindon?

- ✓ Confirm any significant/important recent or historical events/ incidents in the child or family's life.
- ✓ Clarify what information that the referrer is reporting directly and what information has been obtained from a third party.
- ✓ Discuss any known or suggested information relating to the child or family being in contact with a person posing a risk to children.
- ✓ Confirm what you think Children's Social Care Services might do as a response to your referral.
- ✓ When you last saw the child/young person.
- ✓ Significant harm maybe as a result as a consequence of cumulative issues/events.
- ✓ The cause for concern including details of any allegations, source timing, and location.
- ✓ The child's account and the parents' response to the concerns if known.



What to include in a referral to Contact Swindon?

- ✓ The identity and current whereabouts of any suspected/ alleged perpetrator and or degree of contact with the child
- ✓ The child's current location and emotional and physical condition
- ✓ Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g., child about to be collected by alleged abuser)
- ✓ The parent's current location
- ✓ The referrer's relationship and knowledge of the child and parents/ carers
- ✓ Known current or previous involvement of other agencies/ professionals
- ✓ When you last saw the child/young person
- ✓ Note any unusual or significant marks or injuries
- ✓ Significant harm maybe as a result as a consequence of cumulative issues/events
- ✓ Contexts and locations in which there are other risk factors, e.g., adults and peer groups of concern/at high - risk times of day



The Child's Voice



- ✓ Learnings from serious case reviews and multi-agency audits have emphasised the importance of observing and listening to children
- ✓ It is important that you consider and reflect the child's views in your description of the situation when you complete the referral form
- ✓ All children and young people should have the opportunity to describe things from their point of view where appropriate. They should be continually involved in a way that they can understand, and their voice should influence the decisions that professionals make about them
- ✓ Please:
 - ✓ Listen carefully to what is being said and how it is being said
 - ✓ The words used to assert the statement
 - ✓ DO NOT attach personal meaning to the words without first considering the limitation in the child's expressive ability
 - ✓ If a child makes a disclosure, take care not to probe beyond simple open questions such as 'What?' 'Where?', 'When?'. Inappropriate questioning can compromise any criminal investigation
 - ✓ Include direct quotes from the child to support the understanding of the child's lived experience



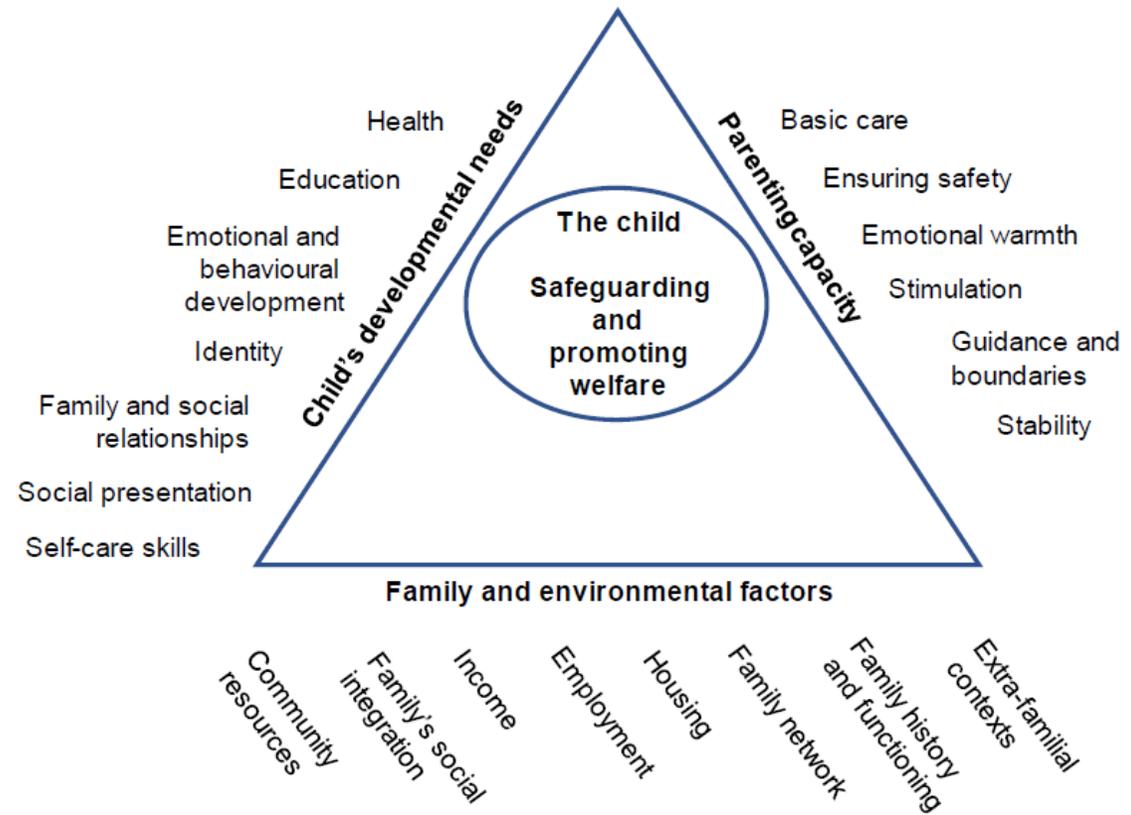
For further information/guidance [Capturing the voice of the child in records - Swindon Safeguarding Partnership](#)

It may be helpful to consider your concerns in the context of the assessment framework.

Consider what parts of the assessment framework you can contribute to.

In your role/agency/service what do you see on a daily basis/interaction that will contribute to this assessment?

How can you express the voice of the child?



Source: [Working Together to Safeguard Children 2023](#) p. 57

Examples to Assist in Making a Good Request for Help and Support/Referral

The quality of a referral significantly affects how effectively Contact Swindon/MASH is able to respond to safeguarding concerns about a child.

If the information is poor, Contact Swindon/MASH is unable to make appropriate and proportionate decisions.

This can put a child/ young person at risk OR lead to overly intrusive interventions, which are disruptive to the child and/or family.

A good quality referral	A poor quality referral
✓ Is typed electronically.	✗ Handwriting is difficult to read, poor spelling.
✓ Uses clear, simple language.	✗ Uses jargon or acronyms
✓ Provides detail such as: <ul style="list-style-type: none"> - telephone numbers - previous assessments - father's name of an unborn child 	✗ Very short with no detail. <ul style="list-style-type: none"> - it is not clear if the concern is in the past or present. - No contact details means Contact Swindon/MASH has to chase for information.
✓ Provides context.	✗ Does not provide context – for example how often this has happened.
✓ Is accurate and evidence-based.	✗ It is not clear who/what /where and encourages assumptions.
✓ Includes specific details and times.	✗ It is vague and unclear whether it is describing an existing or past concern.
✓ Has spoken to the child and parents (where appropriate).	✗ Makes assumptions. Does not make it clear where the information is coming from, e.g. is it second hand.
✓ Provides specific information relevant to the agency doing the referral, for example, school attendance, health visits.	✗ It is not clear what action the agency has taken or what the concerns are.
✓ Request for help and support form is submitted as soon as a disclosure or incident occurs e.g. in the morning.	✗ The referral is delayed; meaning opportunities to speak to the child or collect evidence are lost.

What are we worried about?

It should be about what has happened or said in the here and now - the current situation/circumstances.

Below are some examples:

- Mother /father attended school this morning and advised that last night or state what happened.
- A team around the child/family was held today and each child was discussed using the threshold document as a guide. It was agreed that a referral to MASH was necessary due to the following...
- This morning Tim approached his TA/class teacher and reported the following...
- State whether you are worried about other children in the family. For example, having spoken to Swindon Primary School, I am aware that there are concerns about
- Sam's poor school attendance, etc.
- Please use bullet points to outline the concerns/worries so that it is easy to read.

What is likely to be the impact on the child's lived experience

Again be specific about what you believe to be the potential impact on a child based on what you know/information available to you.

Below are some examples:

- Tim tells me that sometimes there is no food at home; therefore, I am worried that sometimes he goes to school/bed hungry.
- Tim is often tired and falls asleep in the classroom. I am worried that about the impact.
- I am worried that the family has disengaged with services/ or has previously, not engaged with support offered by a school family support worker/Parenting Hub/Family Service /Turning Point, etc.
- The family has not followed the safety plan in place as father/mother who is the perpetrator for domestic abuse has returned to the family home. Therefore, I am worried that Tim is at risk of exposure to domestic abuse therefore at risk of direct physical and emotional harm.

What is working well and action taken to reduce impact

What is working well:

- Outline all the agencies involved with the family or children, including your agency.
- *Your observation of the children?*
- *For example, Tim's attendance has improved, put percentage if known; his clothes are clean; mother/father has attended all the meetings arranged by school/ your agency.*

What action or steps have already been taken to reduce impact:

- Outline the support you and other agencies have already put in place
- *For example, team around the child/family meetings was held on 15/08/2022 and there is a safety plan in place which states that...*
- *Tim is now attending the breakfast or after school club.*
- *As part of the support plan, mother/father/child has been referred to (names of agencies)...*



**Before submitting ask
yourself...**



So... before submitting your referral ask yourself

Q - Does the person with parental responsibility know that I am concerned about their child and that I am making a referral? Have they consented to the referral being made?

- ✓ The 2004 Children Act and the 2008 Information Sharing Protocols [Information Sharing Protocols](#) are clear that consent should be sought wherever possible. In some cases, you will have concerns that a child is at risk of significant harm and parental consent is not forthcoming. In these cases, you should state on the referral what action you have taken to try to gain consent. In some rare cases, your professional view will be that seeing consent will increase the risk to the child. This may include the risk of forced marriage or female genital mutilation. In these cases, state clearly on the referral form why you have not sought consent. In all other cases, you must seek consent before making a referral.

Q - Have I included all the personal details I have about the child/young person and their family?

- ✓ These details should include DOB/Ethnicity/Telephone Numbers/Up to date address/language/school attending and school attendance (if this is available). A family composition means that the child's records can be accessed quickly and that any intervention can be provided in a timely way. Phone numbers in particular mean that families can be contacted quickly. Where English is not a first language, details will allow the provision of an interpreter.



So... before submitting your referral ask yourself

Q - Have I included details about any other professionals working with the family?

- ✓ Knowing these details, especially if there has been a Team around the Family, will ensure that their knowledge and skills be part of our assessment and intervention.

Q - Have I made it as clear as possible what I am concerned about?

- ✓ Making it clear what you are concerned about will help in determining the most appropriate response. Sometimes you may not be certain about what is happening for the child/young person. In these cases, provide as much details as possible. Have any screening tools been used and what was the outcome of these? E.g. Neglect screening tool. Remember that you have professional expertise and will be up to date with research and practise in your field of work. Try to reduce the use of jargon and provide some analysis. For example: as a health professional you may be concerned about failed appointment of concealed pregnancy; as teacher you may be concerned with a child's changed behaviour and demeanour that is affecting their learning. Setting out what this means for the child and the impact on their development will ensure that the worker assessing the referral (who might not have the same level of knowledge as you) understands your perspective and can include this analysis in their assessment. It is important that you refer to the threshold document to evidence at what level you consider the risk/harm. The referrer needs to evidence how the child meets Level 4 of the threshold document if the referral is for Children's Social Care.



So... before submitting your referral ask yourself

Q - Have I made it clear what I have done already and what worked or didn't work?

- ✓ Research tells us that we sometimes 'start again' with families. This is especially the case where there is chronic neglect with families who appear compliant with plans but fail to either follow through with work or fail to sustain change. Knowing what has been worked well enables targeted and social work services build on success; know what has failed to sustain change ensures that this can be explored and other solutions sought.

Q - Have I made sure that I will be available for further discussion about the referral and how I can be contacted?

- ✓ As the referrer, you are usually the person with the most up to date knowledge of the child/young person and we want you to be involved in our decision-making and intervention. We aim to make a decision on every referral within 24 hours. If you cannot be available, please provide the name and contact details of someone familiar with the child and your concerns who can act for you.

Useful Resources

SSP webpages:

[Neglect - Swindon Safeguarding Partnership](#)

[Request for help and support guidelines and contact information - Swindon Safeguarding Partnership](#)

[7 Minute Briefs and Practice Briefs 7-minute briefs and learning resources to improve practice - Swindon Safeguarding Partnership SSP chronology guidance - Swindon Safeguarding Partnership](#)

Children and Young People Policies and Procedures

- ✓ [Multi-agency standards for children in need - Swindon Safeguarding Partnership](#)
- [Partnership](#)
- ✓ [Multi-agency standards for safeguarding children - Swindon Safeguarding Partnership](#)
- ✓ [Right help at right time - Swindon Safeguarding Partnership](#)
- ✓ [Multi-Agency Process for the Resolution of Professional Disagreements Relating to Safeguarding Protection of Children - Swindon Safeguarding Partnership](#)
- ✓ [Think Family Practice Guidance 2024 - Swindon Safeguarding Partnership](#)