

## What to include in a referral to Contact Swindon?

Below are some prompts in the green highlighted sections to assist you when completing this form.

### Request for Help & Support

**This form is to be used when requesting support for a family at levels 3 (Early Intervention Intensive Support) or 4 (Statutory Specialist Support) of the Swindon [Right Help at the Right Time Guidance](#)**

If you are unclear whether to make a referral, please discuss this with your Safeguarding Lead before completing this form. Using this form will help make sure the response to the referral is as effective as possible.

Urgent child protection concerns should **always** be made by telephone, please contact **Contact Swindon** on **01793 464646, Option 1**, where you will be directed to a social worker. You will be asked to submit this form within 24 hours of a telephone referral for confirmation and to record consent.

Once completed, please send securely to [contactswindon@swindon.gov.uk](mailto:contactswindon@swindon.gov.uk)

*Swindon's Graduated Response recognises that it is best practice to offer intervention at the earliest opportunity, please refer to the Swindon Local Offer [Swindon Local Offer - Early Intervention and graduated help](#)*

## SECTION 1. Consent Guidance

To be able to best work with parents and carers, it is essential to keep them involved and informed throughout our work with their family. For this purpose, we are using Consent and Explicit Consent as the conditions for processing personal data under article 6(1)(a) and under Article 9(2)(a) of the UK GDPR.

For consent to be valid it must be freely given, specific, informed and unambiguous indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her". You must be able to demonstrate you have the consent of the individual to process personal information. If you cannot provide evidence of genuine Consent, your processing may be considered invalid and your processing unlawful.

Where your referral is based on safeguarding concerns, you are not required to seek consent to process personal information. However, you must be clear as to how you have determined there is safeguarding concern and you do not feel consent is required if you are relying on Article 6(1)(e) which states your processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller

The personal data collected on this form will be stored and used by us to provide support to the family. We will share relevant data with partner organisations where they can also provide support. We will collect and store and use your personal data in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018. For further information please see our privacy notice on [Privacy Notices - Children, families and community health services Privacy Notice](#)

### Has consent been obtained from those with parental responsibility

#### Important!

- ✓ Gain parental/carer consent.
- ✓ Are the parents aware that you are making the referral and record whether they agreed to you making the referral.
- ✓ Ensure this whole section relating to consent is completed.
- ✓ If not relying on consent ensure there is a detailed rationale.

- YES  
 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 referrer

Give Details of those giving consent (e.g. father, mother has given consent) YES / NO

Name:		Relationship:		Name:		Relationship:					
Signature of who has given consent :			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 not 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:				

### SECTION 2. Details of Referrer

Organisation		Service	
<b>Full Name</b>	<p style="color: #4285f4;">It is important to include:</p> <ul style="list-style-type: none"> <li>The referrer's name and designation and relationship to the child</li> <li>The referrer's relationship and knowledge of the child and parents/ carers.</li> </ul>		<p><b>Nature of support you are providing</b></p>

Address		Are you currently involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Phone		Email	

**SECTION 3. Current & Previous Assessments / Screening Tools or Plans – Please use the tools as appropriate**

i.e. [Early-help-assessment-and-plan](#), [Education-Health-and-Care-Plans](#), [Neglect Screening Tool](#) ,  
[Child Exploitation Risk Assessment Framework](#)

<b>Are you the Lead Professional for the family?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please include who is the Lead Professional for the family		
Has an Early Help Assessment and Family Plan been completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you shared your concerns with the Lead Professional/Team Around the Family?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If this hasn't been completed, why not?	
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If you have completed any other assessments, screening tools or plans please provide details below

Title	Type	Date	Completed by (Name)	Organisation	Purpose	Attached or available?

**SECTION 4. Children or young people you are concerned about**

<b>Address</b>	Include the full family address and any known previous addresses.	<b>Full Name</b>	The full name, date of birth and gender of child/children			DOB/Age	
		Phone		Email		Gender	
		<b>Ethnicity</b>	The ethnicity, first language and religion of the child/children.	Religion		Nationality (Country of Birth)	
		Education Setting		Interpreter / Signing		Disability / Diagnosis	
		<b>Nat Ins / NHS no.</b>	Please include where known		Relationship to family		
<b>Any other significant children or young people <u>who live elsewhere</u></b>		<b>Full Name</b>				DOB/Age	
<b>Address</b>		Phone		Email		Gender	
		Ethnicity		Religion		Nationality (Country of Birth)	
		Education Setting		Interpreter / Signing		Disability / Diagnosis	
		Nat Ins / NHS no.			Relationship to family		

**SECTION 5. Adults you are aware of in the household**

<p><b>Where a parent or adult is at risk of Domestic or Emotional Abuse, <u>in addition to the details below</u>, please clearly state here which parent / adult and provide (if known) a ‘safe’ phone number that Children’s Services can use to call.</b></p>	<p><b>Name</b></p>	<p>The 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</p>	<p><b>Safe Contact Number</b></p>	
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<p><b>Please describe days and or times when it is safe to contact this parent/carer/adult and include anything Children’s Services need to know regarding contact, <u>to ensure their safety is not compromised</u></b></p>	
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Full Name	DOB / Age	Address	Phone	Email	Gender	Ethnicity	Religion	Nationality (Country of Birth)	Language/Interpreter / Signing	Parental Responsibility	Disability /Diagnosis	Nat Ins / NHS no.	Relationship to family
						The ethnicity, first language and religion of parents/ carers			Any need for an interpreter, signer, or other communication aid	The identity of those with parental responsibility	Any special needs of the children		
<b>Any other significant adults <u>who live elsewhere</u></b>													

**SECTION 6. Other Agencies supporting child, Young Person & Family**

Other agencies involved with the child(ren), young people or Family							
Agency	Service	Workers Name	Contact Details	Email Address	Agency Address	Nature of Workers Involvement	Currently Involved
							Known current or previous involvement of other agencies/ professionals

### SECTION 7. How are Things Going?

#### What is going well?

- What is going well for the family? What resources/services are already in place, (including family/friends/community)?
- What has previously been in place that has helped to improve outcomes for the child/children and their family?
- What are the views of the family? (Include the voice of the child, regardless of age) *i.e. who helps me, what do they do to help me and keep me safe?*)

- ✓ What information you can 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
- ✓ When you last saw the child/young person
- ✓ What strengths have you identified in the family?
- ✓ What are the views of the child/children/parents/carers on what is going well?

## What are your worries for this child/children or family?

- What is not going so well for the family?
- What is it that you are worried about?
- What is the potential risk or harm to the child/children?
- What is the potential impact of this on the child/children?
- What are the views of the child/children? (Include the voice of the child such as, '*what worries me and why*', '*How does this make me feel*')
- What support have you already offered to help improve outcomes for the child/children?

- ✓ Why you think the time is right to refer the matter to Children's Social Care
- ✓ The cause for concern including details of any allegations, sources, timing, and location
- ✓ The child's account and the parents' response to the concerns if known – use relevant tools to support this
- ✓ What information you can 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 you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties
- ✓ 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
- ✓ When you last saw the child/young person
- ✓ Significant harm maybe as a result as a consequence of cumulative issues/events
- ✓ 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
- ✓ Note any unusual or significant marks or injuries
- ✓ Contexts and locations in which there are other risk factors, e.g., adults and peer groups of concern/at high-risk times of day

## What needs to happen next?



- To improve the outcomes for the child/children, what needs to change and what support is required?
- What are the views of the children? (Include the voice of the child such as, '*what would it be like if*' or '*how would things look if my worries were gone*'
- What changes do the family think they need to make? What do they think would help them?

✓ Confirm what you think Children's Social Care might do as a response to your referral

### What to Expect Next

This contact will be screened by Contact Swindon. You will receive threshold feedback relating to your Request for Help and Support and next steps within 24 hours if there are safeguarding concerns, and 3 days if there are Early Intervention needs identified.

Please send completed requests securely to [contactswindon@swindon.gov.uk](mailto:contactswindon@swindon.gov.uk) using a password protected document.