**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](https://safeguardingpartnership.swindon.gov.uk/downloads/file/673/the_right_help_at_right_time_threshold_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](https://localoffer.swindon.gov.uk/content/send-local-offer/landing-pages/early-help-landing-and-content-pages/early-help-and-graduated-help/)

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| **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](https://www.swindon.gov.uk/directory_record/23131/children_families_and_community_health_services_privacy_notice) | | | | | | |
| **Has consent been obtained from those with parental responsibility** | | | **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:** |

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| **Does the parent/young person give consent for this support request?** | **YES** | **If not then why*?*** | |
| **NO** |
| **Does the parent/young person give consent to information being shared with partner agencies?** | | | **YES  NO** |
| **Has the parent/carer specified that information should NOT be shared with a particular person/agency?** | **YES** | **If yes, please specify:** | |
| **NO** |

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| **SECTION 2. Details of Referrer** | | | | | |
| **Organisation** |  | | | **Service** |  |
| **Full Name** |  | **Nature of support you are providing** | |  | |
| **Address** |  |
| **Are you currently involved?** | | **YES  NO** | |
| **Phone** |  | **Email** |  | | |

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| **SECTION 3. Current & Previous Assessments / Screening Tools or Plans – Please use the tools as appropriate** | | | | | | | | | |
| **i.e.** [**Early-help-assessment-and-plan**](https://localoffer.swindon.gov.uk/content/send-local-offer/landing-pages/early-help-landing-and-content-pages/early-help-assessment-and-plan/)**,** [**Education-Health-and-Care-Plans**](https://localoffer.swindon.gov.uk/content/send-local-offer/landing-pages/education-health-and-care-plans/education-health-and-care-plan)**,** [**Neglect\_Screening\_Tool**](https://safeguardingpartnership.swindon.gov.uk/downloads/file/691/neglect_screening_tool) **,** [**Child\_Exploitation\_Risk\_Assessment\_Framework**](https://safeguardingpartnership.swindon.gov.uk/downloads/download/222/child_exploitation_risk_assessment_framework_ceraf) | | | | | | | | | |
| **Are you the Lead Professional for the family?** | | | | | **YES** | | | **NO** | |
| **Has an Early Help Assessment and Family Plan been completed?** | | | | | **YES** | | | **NO** | |
| **Have you shared your concerns with the Lead Professional/Team Around the Family?** | | | | | **YES** | | | **NO** | |
| **If this hasn’t been completed, why not?** | | |  | | | | | | |
| **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?** |
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| **SECTION 4. Children or young people you are concerned about** | | | | | | | | | | | | | | | |
| **Address** |  | **Full Name** | |  | | | | | | **DOB/Age** | |  | | | |
| **Phone** |  | | | | **Email** |  | | | | | | **Gender** |  |
| **Ethnicity** |  | | | **Religion** | |  | **Nationality (Country of Birth)** | | | |  | | |
| **Education Setting** | | |  | | | **Interpreter / Signing** |  | | | | **Disability / Diagnosis** | |  |
| **Nat Ins / NHS no.** | |  | | | | **Relationship to family** | | |  | | | | |
| **Any other significant children or young people who live elsewhere** | | **Full Name** | |  | | | | | | **DOB/Age** | |  | | | |
| **Address** |  | **Phone** |  | | | | **Email** |  | | | | | | **Gender** |  |
| **Ethnicity** |  | | | **Religion** | |  | **Nationality (Country of Birth)** | | | |  | | |
| **Education Setting** | | |  | | | **Interpreter / Signing** |  | | | | **Disability / Diagnosis** | |  |
| **Nat Ins / NHS no.** | |  | | | | **Relationship to family** | | |  | | | | |

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| **SECTION 5. Adults you are aware of in the household** | | | | | | | | | | | | | | | | |
| **Where a parent or adult is at risk of Domestic or Emotional Abuse, in addition to the details below, please clearly state here which parent / adult and provide (if known) a ‘safe’ phone number that Children’s Services can use to call.** | | | | | | | **Name** | |  | | | | **Safe Contact Number** | |  | |
| **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, to ensure their safety is not compromised** | | | | | | |  | | | | | | | | | |
| **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** |
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| **Any other significant adults who live elsewhere** | | | | | | |  | | | | | | | | | |
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| **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** |
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| **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?)*** |
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| **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?** |
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| **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?** |
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| **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.**