



**SWINDON**  
BOROUGH COUNCIL

## CHILDREN'S SOCIAL CARE REFERRAL FORM FOR OTHER AGENCIES

*This form should be used to make a written referral regarding **child protection or complex child in need** concerns and to record a parent or young person's consent to a referral being made to Children's Social Care. Using the form will help make sure the response to the referral is as effective as possible. Urgent referrals should always be made by telephone, but this form should still be used to confirm the referral and record consent and be sent to Children's Social Care within 48 hours of a telephone referral.*

Please record all names child, young person have been/are known by. This is child/young person's usual or home address. If child is living away from home or where the parents have shared care, the child/young person may have 2 addresses. Please also indicate if child is in Private Fostering arrangement. All known tel no's should be given

<b>Details of child/young person being referred</b>		
Family name:	Given names:	
Other known as names:	DoB or EDD	Gender:
Home Address:		
Postcode	Telephone/Mobile nos.	
Current address if different from above:		
Postcode	Telephone/mobile nos:	Reason for residence at this address:

The child/young person or the child's parents should be asked which ethnic group the child belongs to.

<b>Child/young person's ethnicity (please tick)</b>				
<b>Black or Black British</b>	<b>Asian or Asian British</b>	<b>White</b>	<b>Mixed</b>	<b>Other ethnic groups</b>
Caribbean	Indian	White British	White & Black Caribbean	Chinese
African	Pakistani	White Irish	White & Black African	Any other ethnic group
Any other Black background	Bangladeshi	Any other White background	White & Asian	Not given
	Any other Asian background		Any other Mixed Background	If other, <i>please specify.</i>
Any further details regarding child/young person's ethnicity:				
Child/young person's religion				

This information on ethnicity will enable local authorities to complete statistical returns to DoH and plan appropriate services.

<b>Child/young person's nationality (if not British):</b>			
Nationality		Home Office registration number	
<b>Immigration status</b>	Asylum seeking	Refugee status	Discretionary leave to remain (DLR)
	Humanitarian Protection (HP)	Other immigration status, please state	

EU citizens are not required to register with the Home Office.

*Note for Children's Social Care staff: impairment type should be recorded using children in need census codes.*

<b>Child/young person: Disabled</b>			
The child/young person referred is disabled	Yes	No	
If yes, please record type of impairment:			
The child/young person referred is on a disability register	Yes	No	not known
The child/young person referred has a Statement of SEN	Yes	No	not known

**Reasons for Referral:**

Please include all relevant concerns including - what has happened / changed today for your concerns to reach Child Protection / Complex Child in Need level

Please ensure all details on the Referral form are completed as fully as possible, even if already provided verbally.

Has a Common Assessment Form been completed ? Yes  No   
If yes has Team around the Child meeting taken place ? Yes  No   
Who is Lead professional?  
Please attach copy of completed CAF and TAC minutes

**Evidence for Referral - How is the current situation impacting on the child/young person:**

**What Strengths + Protective factors does the child/young person have?**

E.g. – good school attendance, a positive role model in their life.

<b>Previous Concerns:</b> Please give details of previous concerns and / or previous referrals

Fraser Competency must be taken into account when seeking a young person's consent for Referral. The test of maturity must be assessed in respect of each individual child and each separate case. See also pages 6/7 below

<b>Young Person's Consent:</b> How did the child/young person respond when advised that you needed to share information with us in order to protect them from further harm?
Are they competent to and willing to give their consent?
Young Person's Consent I give consent for this referral to be made to Children's Social Care  I understand that a Social Worker from Children's Social Care will speak to me  I give Children's Social Care permission as part of the initial assessment to make contact with the agencies listed in this referral I would like Children's Social Care to contact me before contacting any other person or agency: yes / no  Name: _____ Signed: _____ Date: _____

**\*\*Note – if you have significant concerns about siblings a separate Referral should be completed for each child.\*\***  
If possible a drawn genogram (family tree) would be really helpful.

<b>Siblings of Child/Young Person, living at home address</b>					
Family Name	Given Name	DoB	Relationship	Does child have a disability?	Tick if there are concerns also **

<b>Siblings of Child/Young Person, living at different address</b>
Address: _____
Address: _____
Address: _____

<b>Details of Mother</b>	<b>Is Mother Main Carer ? Y / N</b>	
Family name:	Given names:	
Other known as names:	DoB	Ethnicity & First Language
Home Address:		
Postcode	Telephone/Mobile nos.	Details of any disability:



This section records all children/young people and adults living at the child/young person's usual or home address but not already recorded above.

If another child/young person in the household is being referred to Children's Social Care, please tick in the box. **A separate Referral Form should be completed for each child referred.**

<b>Other Household members (including non-family members):</b>				
Family Name	Given Name	DoB	Relationship to child	Tick if also referred to Social Services at same time as child

<b>Child/young person &amp; family networks</b>			
<b>Significant family members who are not members of the child's household</b>			
Name		Name	
Relationship		Relationship	
Address		Address	
Postcode	Tel	Postcode	Tel

<b>Details of other Agencies involved or previously involved with y/person and or family</b>				
	Name	Address:	Telephone	Parental consent to share information
GP				
Health Visitor				
Community Midwife				
Community Paediatrician				
School/Nursery				
School Nurse				
Education Welfare Officer				
Educational Psychologist				
Mental Health Services				
Drug/Alcohol Services				
Housing Officer				
YOT				
Other				

For issues about consent and confidentiality, please see below.

Please ensure person with PR initials other agencies they consent to CSC contacting **Can only be signed by person with Parental Responsibility**

<b>Parent(s)/Carer(s) consent:</b>		
I give consent for my child who is named on page 1 to be referred to Children's Social Care by the named person making referral.		
I understand that Children's Social Care will contact me to further assess my child's needs.		
I give Children's Social Care permission as part of the Initial Assessment to make contact with the agencies ticked below.		
I would like Children's Social Care to contact me before contacting any other agency:    yes <input type="checkbox"/> no <input type="checkbox"/>		
Signed:	Date:	Relationship to child/young person:
Name:	Address (if different from child's)	Telephone no.

<b>Detail of person making Referral</b>		
Name:	Job title & Agency:	
Agency Address:	Tel No	
	Fax No.:	
Referrer's Signature	Date:	Email address – Secure? Y /N
If CAF/TAC in place please provide Integrated Service Manager and Lead Professional Names and Contact Details. You should also advise them of the referral.		

<b>Are there any worker safety issues? YES <input type="checkbox"/> NO <input type="checkbox"/></b>
If <b>yes</b> please give details,( this should include dangerous animals)

**Issues about Consent and Confidentiality**

1. Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. This means that you should obtain a parent's consent before passing on information or a referral to Children's Social Care. Verbal consent should be confirmed in writing.
2. The law permits the disclosure of confidential information between agencies if it is necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case and legal advice should be sought in cases of doubt.
3. **Therefore, if there are concerns that the child is in need of safeguarding, it is still important to try to gain parental permission for personal information to be passed on by other agencies. If the parent's refusal prevents effective child protection enquires, then workers can go ahead without consent. Ensure that the reasons for this are fully recorded.**
4. **If asking for consent would put the child at further risk, then this should not be done. Again, ensure that the reasons for this are fully recorded.**
5. Young people are entitled to the same duty of confidence as adults if, as outlined in the Fraser guidelines for those under 16 years of age, they have the ability to understand the choices and the consequences of their choices.....continued page 7

6. Some young people, deemed competent under the Fraser guidelines, will not wish their parents to be informed about specific issues. While young people will be encouraged to discuss issues with the parent/carers, confidentiality needs to be maintained unless the lack of sharing of information with parents/carers will lead the young person to suffer significant harm or a crime is likely to be committed. In exceptional circumstances, it may be believed that a child seeking advice, for example on sexual matters, is being exploited or abused. In such cases, confidentiality may be breached, following discussion with the child.
7. Where parental consent has been obtained, information may be shared even if the young person does not consent.



*The information you provide will be used to assess the needs of the child/young person referred to. Children's Social Care It will be passed on to the parent/carers of the child, and the child/young person where appropriate. The information may be shared with the professionals listed on page 4 of the form, where parent(s) or young person have given consent for this to happen, for the purposes of making a multi-agency assessment of the needs of the child/young person.*

**Next Step**

The Referral Form should now be faxed or posted to the team taking the referral:

- Disabled children and those with life threatening illnesses should be referred to the Disabled Children's Team, Children Services, Salt Way Centre, Pearl Road, Swindon, SN5 5TD  
Tel. 01793 464240 Fax. 01793 873490
- All children and young people, aged between 0 – 18 years should be referred to the Referral and Assessment Team, , Civic Offices, Euclid Street, Swindon, SN1 2JH Tel. 01793 466903  
Fax. 01793 463003