**SWAY Family Support Referral** 

When completed this form should be emailed to Lynne Stotesbury or Andy Dorning.

If you need any help in completing this request for support form, please call Lynne: 07823347618 or email lynne.swaymail@gmail.com or andy.swaymail@gmail.com

**Criteria*:*** *there is a child in the family who lives or attends a school in the South Wight area (Ventnor to Brook) and is aged 10-18 years*

| **Referrer’s details:** |
| --- |
| Name: |  | Relationship to family |  |
| Organisation & role |  | Date of referral:  |  |
| Contact Tel: |  | Email: |  |
| Has the family been informed of this referral? Y/N |

**Family Information: ALL the following information MUST be provided.**

| **No.** | **Name** | **Position within the Family** | **Date of Birth** | **Disability or additional needs or n/a** | **Address incl. post code** | **Contact Tel** | **Email** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |

**Risk Assessment for Home Visiting**

**This MUST be completed**

**Risk assessment completed by:**

|  | **Yes** | **No** | **unknown** | **Notes** |
| --- | --- | --- | --- | --- |
| Are there any potentially dangerous situations in the home? e.g. dogs or other animals which may pose a risk? |  |  |  |  |
| Is there safe parking near the house? |  |  |  |  |
| Is the property easily accessible? eg stairs/obstructions |  |  |  |  |
| Is the family home located in a potentially dangerous neighbourhood? |  |  |  |  |
| Are there any known substance misuse issues in the family? |  |  |  |  |
| Are there any known mental health issues in the family? |  |  |  |  |
| Is there a known history of domestic violence in the family? |  |  |  |  |
| Does anyone in the family have a history of offending behaviour? |  |  |  |  |

**Date undertaken**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further information** MUST be provided; please use the box below to provide detailed information on children who need help, families affected by domestic violence and abuse, parents and children with a range of health problems.

| **Reasons for Referral** |
| --- |
| **Health, disabilities or additional needs** |
| **Any additional information** |

**Information Sharing Consent:**

I understand that information gathered regarding myself and my family will be used by the SWAY only for the purpose of providing, coordinating and evaluating services to my family.

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide, coordinate and evaluate services to support the family under the SWAY Families Support programme. I understand that this may include health organisations, Police, Youth Offending team, criminal justice, registered social landlords, Department of Work and Pensions, education, housing and social care.

I understand that information about me will only be shared without my consent if the information suggests a person is at serious risk of harm or to prevent a crime being committed. Where the information suggests significant harm to an infant, child or young person local safeguarding children board procedures will be followed and this has been explained to me.

We will keep your personal data on the SWAY database for as long as we are required to do under relevant legislation or in accordance with our operational requirements. You can view our retention schedule on our website.

You have the following rights under GDPR. Please note not all of these rights apply to all processing. Further Privacy Policy details can be accessed on our website: <https://www.southwightyouth.org/>

* The right to be informed
* The right of access
* The right to rectification
* The right to erasure
* The right to restrict processing
* The right to data portability
* The right to object

The SWAY Families support form will be sent back to the referrer, if the information required has not been received, if the assessment provided and if all members of the family aged 18 and over have not SIGNED the consent below.

| **Signatures** | **Name printed** | **Date signed** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*A member of the team will be in contact with you shortly, to let you know if the family is eligible to receive* *S**WAY support.*

For further information about SWAY, please visit: <https://www.southwightyouth.org/>