

Return all referrals for our focused support services can to our secure email **Family.Hub.Referrals@Lewisham.gov.uk** where the Family Services Panel will assess the referral

and place it within the correct programme to meet the family’s needs.

**Please check** [**GUIDANCE & CRITERIA DOCUMENT**](https://lewishamfamilyhubs.org.uk/assets/519a225a/focused_support_services_offer_and_referral_criteria_-_family_hubs.pdf) **before making a referral.**

**Please tick from list below**

[ ]  NVR – Non-Violent Resistance Programmes

[ ]  Triple P – The Positive Parenting Programme

[ ]  Juniper

[ ]  The Freedom Programme

[ ]  CODA- Children Overcoming Domestic Abuse

**NOTE: The additional information section must be completed for ALL DA recovery programme referrals**

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| **PARENT / CARER DETAILS** |
| **NAME** | **PHONE NUMBER AND EMAIL****(both are required)** | **ADDRESS** | **ETHNICITY** | **PARENTAL RESPONSIBILITY/ relationship**  | **SEN/D & OR ADDITIONAL NEEDS** **(please state)** |
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| **CHILDREN’S DETAILS - please indicate the child displaying the behaviours.** |
| **NAME** | **D.O.B**  | **EHM Number (if applicable)** | **ETHNICITY** | **NAME OF EDUCATIONAL PROVISION**  | **SEN/D & OR ADDITIONAL NEEDS (please state)** |
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| **REFERRER’S DETAILS** |
| **NAME & ROLE**  | **CONTACT DETAILS**  | **WHAT IS YOUR CURRENT ROLE WITH THE FAMILY AND HOW WILL THIS REFERRAL CHANGE YOUR ROLE WITHIN THE FAMILY?** |
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| **OTHER PROFESSIONAL INVOLVMENT** |
| **NAME & ROLE** | **CONTACT DETAILS** | **CURRENT ROLE** |
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| **PLEASE ANSWER THE FOLLOWING IN AS MUCH DETAIL AS YOU CAN** (describing / naming behaviours and impact of others within the home) |
| **WHAT BEHAVIOURS ARE YOU / FAMILY WORRIED ABOUT**? – Please name the specific behaviours / violence being displayed.For DA programmes, consider how the DA has impacted the child’s behaviour. |  |
| **HOW FREQUENT ARE THE EPISODES OF BEHAVIOUR AND HAVE YOU NOTICED ANY TRIGGERS?** |  |
| **WHAT SUPPORT HAS ALREADY BEEN GIVEN?** – parenting programmes / strategies / services |  |
| **WHATS WORKING WELL?** – willingness / engagement / strategies currently working / worked in the past |  |
| **WHAT NEEDS TO HAPPEN? –** outcomes parents / you want / hopes for change / benefits for family / parental expectations |  |

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| **Please use space below to provide additional information about this referral**.The questions below must be considered for ALL **DA** **recovery programmes.** |
| **About the abuse*** Is this family known to MARAC?
* Is the relationship ongoing and is the perpetrator/ alleged perpetrator residing in the family home?
* Dose the perpetrator/ alleged perpetrator have contact with the children?
* Name of the perpetrator/ alleged perpetrator?
* Are there any court orders in place?

Type of abuse experienced? (please select)Physical Abuse [ ]  Stalking / Harassment [ ]  Financial Abuse [ ]  Emotional Abuse [ ]  Honour based violence [ ]  Coercive control [ ] Sexual Abuse [ ]  Psychological Abuse [ ]  Forced marriage [ ]  Tech Abuse [ ] **Other information:** |

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| **FAIR PROCESSING AND CONSENT FROM PARENT** |
| **IF THE PARENT HAS NOT SIGNED THIS FORM, PLEASE CONFIRM AT THE BOTTOM OF THIS SECTION** **THAT THE PARENT HAS GIVEN VERBAL CONSENT FOR THIS REFERRAL AND TO DATA BEING PROCESSED AND RETAINED*****NOTE: WE offer consent-based services only, so a referral will NOT be accepted if verbal consent is not clearly shown.*** |
| **Fair processing and consent form**Here at Lewisham Family Hubs, we take your privacy very seriously. With your consent we will process, retain and store your personal data on behalf of the London Borough of Lewisham in line with the General Data Protection Regulation (GDPR) (EU) 2016/679. Your data is stored on a secure database controlled by the London Borough of Lewisham for the purposes of monitoring, evaluation and for the provision of Lewisham Children and Young People’s Partnership services, without consent no service can be provided.Your personal data and contact details will not be shared with any other third party or organisation but may be shared with other Family Hubs, and other partnership organisations.**You have the following rights regarding your personal data:*** The right to withdraw consent at any time
* The right to request your personal data is deleted
* The right to access to your personal data

For more information regarding the use of your personal data please see the London Borough of Lewisham’s Privacy Notice at <https://lewisham.gov.uk/about-this-site/privacy/main-privacy-statement> or make a request to Stephen Williams, Data Protection Officer, at DPO@lewisham.gov.uk.**CONSENT: PLEASE TICK AS APPROPRIATE AND SIGN AND DATE TO CONFIRM REGISTRATION** [ ]  I understand that by providing my consent I am confirming I understand how and why my personal data is used and give permission for Family Hubs to store and update my personal details. [ ]  I am a parent/legal guardian of a child/children under the age 16 and give consent for Lewisham Family Hubs to store and use my child/children’s personal data for the purposes of the service. [ ]  I give permission to Family Hubs and any relevant partner organisation to contact me regarding services available and my access to them by: [ ] Telephone (including text messages) [ ]  Email [ ]  Post |
| PARENT SIGNATURE | DATE |  |
| PRINT NAME |  |
| **IF THE PARENT HAS NOT SIGNED THIS FORM, PLEASE CONFIRM BELOW THAT THE PARENT HAS GIVEN** **VERBAL CONSENT FOR THIS REFERRAL AND TO THEIR DATA BEING PROCESSED AND RETAINED.*****NOTE: WE offer consent-based services only, so a referral will NOT be accepted if verbal consent is not clearly shown.*** |
| [ ]  VERBAL CONSENT HAS BEEN GIVEN *(please put cross in box)* | DATE CONSENT GIVEN |  |
| REFERRER’S SIGNATURE | DATE |  |

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| **FAMILY HUBS OFFICE USE ONLY:** |
| *Date Referral Received* | Click or tap to enter a date. |
| *NOTES/email trail**(e.g. contact with referrer before allocation)* |  |
| *R&A LOG Notes and/or pre-allocation contact with referrer or family to be added here* |  |
| *Reason referral is not appropriate for our service* |  |
| *Date referrer informed of rejection* |  |
| *Date of allocation and name of staff member allocated the case* |  |
| *EISi number*  |  |

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| **EHC TEAM USE ONLY**  |
| [ ]  **Accepted for** **service** [ ]  **Not accepted** [ ]  **Further info required** [ ]  **Parent/carer informed** [ ]  **Referrer informed**  |
| **Consultation date with parent**  |  |
| **Consultation with refer** |  |
| **Cohort attending** |  |
| **Additional information**  |  |
| **EHC Name** |  |