Lewisham Children and Family Centres run a range of universal and targeted programmes to support children of all ages and their families across the borough of Lewisham, full details of our offer can be found on our website www.lewishamcfc.org.uk

**Our targeted services include 1:1 family support, parenting programmes, attachment programmes and domestic abuse programmes. This includes PREVENT-PROTECT-REPAIR programmes.**

**Please complete this referral form if you would like support to access any of these universal and targeted services.**

**Please note - WE CAN ONLY PROCESS YOUR REFERRAL IF:**

* **The referral is typed, in WORD format and not PDF.**
* **If the referral is requesting a Domestic Abuse programme or intervention, SECTION C must be completed.**
* **SECTION D must be fully completed to comply with GDPR regulations.**

**Send your completed referral to our secure email:** **Lewisham.Secure@eyalliance.org.uk**

**For urgent child protection referrals, contact the MASH on 020 8314 9181. If you think a child or young person may be in immediate danger, call 999 or contact your local police on 101.**

|  |
| --- |
| **SECTION A: REQUIRED INFORMATION ABOUT THE REFERRER and the FAMILY BEING REFERRED** |
| **REFERRER’S DETAILS**  |
| Date of Referral | Click or tap to enter a date. |
| Name of Professional making the referral |  |
| Organisation / Team |  |
| Telephone Number |  |
| Email |  |

|  |
| --- |
| **FAMILY DETAILS** |
|  | FIRST NAME | SURNAME | M/F | RELATION TO CHILD | DOB | SCHOOL | CPP CIN | ETHNICITY | RELIGION  | NHS NO. |
| PARENT/CARER |  |  |  |  |  |  |  |  |  |  |
| PARENT/CARER |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| **ANY OTHER SIGNIFICANT MEMBERS OF THE HOUSEHOLD OR FAMILY** |
| NAME |  | RELATIONSHIP TO FAMILY |  |
| NAME |  | RELATIONSHIP TO FAMILY |  |

|  |
| --- |
| **CONTACT DETAILS**  |
| **ADDRESS and POSTCODE** | **TEL / MOBILE** |  | **E-MAIL** |  |
|  | **SAFE TO CONTACT?**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | [ ]  | **No** | [ ]  |

 | **SAFE TO CONTACT?**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | [ ]  | **No** | [ ]  |

 |
| **SAFE CONTACT NOTES** |  | **SAFE CONTACT NOTES** |  |

|  |
| --- |
| **PROFESSIONALS WORKING WITH FAMILY** |
| Are Children’s Social Care involved with this client/family? Please indicate the nature of their involvement in the field opposite.  |  |
| Name and contact details of Social Worker: | Name: |  |
| Tel: |  |
| Email: |  |
| Are Early Help involved with this client / family? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Is there a SOS / EHA / TAF plan for this family? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Name and contact details of Family Support Worker: | Name: |  |
| Tel: |  |
| Email: |  |
| Are the Police involved with this client / family? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Name and contact details of Police Officer involved: | Name: |  |
| Tel: |  |
| Email: |  |
| Is there an IDVA or IGVA involved with this client / family? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Name and contact details of IDVA or IGVA: | Name: |  |
| Tel: |  |
| Email: |  |

|  |  |
| --- | --- |
| Please list anyone else involved in supporting the client / family (e.g. CAMHS, Health Visiting, Midwifery, Family Nurse Partnership and/or any other community services): |       |

|  |
| --- |
| **SECTION B: REFERRAL DETAILS** |
| **PRESENTING REASON FOR REFERRAL: What has led to this referral? What are you worried about and why? *(Please include family history, context and impact on child of current circumstances)*** |
|  |
| **WHY ARE YOU REFERRING TO US: Please explain what kind of support you feel we can offer that would benefit the family and how you will know when things have changed. Note: if domestic abuse features as a presenting issue, please ensure that you complete SECTION C.**  |
|  |
| Do any of the family members have a special need, physical disability or mental health needs? If yes, please detail below | YES [ ]  NO [ ]  |
|  |
| Have there have been any issues relating to violence/abuse within the family? If you answered **YES**, please complete **SECTION C**. If not, please proceed straight to **PARENT CONSENT** **– SECTION D.** | YES [ ]  NO [ ]  |

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 Children and Family Centres, 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 [www.lewishamcfc.org.uk](http://www.lewishamcfc.org.uk) or make a request to: Lewisham.Secure@pre-school.org.uk or Pre-school learning alliance- Lewisham, Camelot family learning centre, 50 Meliot Road, London, SE6 1RY and a copy of the policy will be sent to you.

**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 Lewisham Children and Family Centres 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 and Children Family Centres to store and use my child/children’s personal data for the purposes of the service.

 I currently live in the London Borough of Greenwich but wish to access Lewisham Children and Family Centres and give consent to my information being shared with my residing borough.

 I give permission to Lewisham Children and Family Centres and any relevant partner organisation to contact me regarding services available and my access to them by:

 Telephone (including text messages)

 Email

 Post

|  |
| --- |
| **SECTION C: REFERRALS FOR THE COMMUNITY GROUPS PROGRAMME, THE FREEDOM PROGRAMME AND/OR WHERE DOMESTIC ABUSE HAS BEEN EXPERIENCED** |
| **The Community Groups Programme** | **The Freedom Programme** |
| The Community Groups Programme is a twelve-week therapeutic programme for women and children who have experienced domestic abuse. It seeks to enable the recovery process and aims to:* Validate the children’s experiences.
* Reduce the self-blame that is commonly associated with children experiencing abuse.
* Develop a child-appropriate safety plan.
* Manage appropriate and inappropriate expressions of emotion.
* Enhance the mother-child relationship.
* Enable both the mother and child to heal together.
 | The Freedom Programme is for women who are experiencing or surviving domestic abuse. It usually runs for eleven or twelve weeks (but this may vary depending on your locality) and aims to:* Provide women who are experiencing or surviving domestic abuse with a safe, supportive and friendly environment.
* Allow women to recognise the tactics and behaviours of ‘the dominator’ – that is, the tactics that typify a perpetrator of domestic abuse.
* Give women the opportunity to build connections with other women.
 |
| For more information on the eligibility criteria and FAQs in relation to the Community Groups Programme and the Freedom Programme, please visit our website: [www.lewishamcfc.org.uk](http://www.lewishamcfc.org.uk) |

|  |
| --- |
| **ABOUT THE ABUSE** |
|

|  |
| --- |
| **Risk level - today** |
| **Low** | **[ ]**  |
| **Medium** | **[ ]**  |
| **High** | **[ ]**  |

 |

|  |  |
| --- | --- |
| **Professional judgement** |       |
| **DASH RIC score** |       |
| **MARAC** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Y** | **[ ]**  | **N** | **[ ]**  |

 |
| **If yes, please indicate outcomes from MARAC:** |  |

 |
| **Have they experienced any of the following?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Abuse** | [ ]  | **Coercive control** | [ ]  |
| **Stalking / Harassment** | [ ]  | **Sexual Abuse** | [ ]  |
| **Financial Abuse** | [ ]  | **Psychological Abuse** | [ ]  |
| **Emotional Abuse**  | [ ]  | **Forced marriage** | [ ]  |
| **Honour based violence** | [ ]  |  |

 |
| **Additional notes:**  |  |
| **Are they still in a relationship with the perpetrator of domestic abuse?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| **How long were they in a relationship with the abusive person?** |  |
| **When did the relationship end?** |  |
| **Does the perpetrator/alleged perpetrator still reside in the family home?**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| **If no longer in the relationship with the alleged perpetrator, is the client currently in a new relationship?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| **Please detail how the child/children have been impacted by the abuse:** |  |

|  |
| --- |
| **INFORMATION ABOUT THE PERPETRATOR/ALLEGED PERPETRATOR (IF KNOWN)**  |
| Name: |       |
| Relationship to client: |       |
| Address: |       |
| DOB: |       |
| Does the perpetrator / alleged perpetrator have contact with the children? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Is there a non-molestation order in place? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Is there a prohibitive steps order in place? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Is the perpetrator/alleged perpetrator known to probation services? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| Are there any licence/bail conditions or current proceedings taking place in relation to the Domestic Abuse? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

 |
| If yes, please provide details: |       |
| If there is more than one alleged perpetrator, please provide additional details below: |
|       |

|  |
| --- |
| **SECTION D: FAIR PROCESSING AND CONSENT FORM** |
| Here at Lewisham Children and Family Centres 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 personal data and contact details will not be shared with any other third party or organisation but may be shared with other Children and Family Centres, 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 [www.lewishamcfc.org.uk](http://www.lewishamcfc.org.uk) or make a request to: Lewisham.Secure@eyalliance.org.uk or Early Years Alliance, Camelot Centre, 50 Meliot Road, London, SE6 1RY and a copy of the policy will be sent to you.**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 Lewisham Children and Family Centres 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 and Children Family Centres to store and use my child/children’s personal data for the purposes of the service.[ ]  I give permission to Lewisham Children and Family Centres 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 | Click or tap to enter a date. |
| PRINT NAME |  |
| **IF THE PARENT HAS NOT SIGNED THIS FORM, PLEASE CONFIRM THAT THE** **PARENT HAS GIVEN VERBAL CONSENT FOR THIS REFERRAL*****NOTE: A REFERRAL WILL NOT BE ACCEPTED WITHOUT EITHER WRITTEN OR VERBAL PARENTAL CONSENT*** |
| [ ]  VERBAL CONSENT HAS BEEN GIVEN *(please put cross in box)* | DATE CONSENT GIVEN | Click or tap to enter a date. |
| REFERRER’S SIGNATURE | DATE | Click or tap to enter a date. |

|  |
| --- |
| ***LEWISHAM CHILDREN & FAMILY CENTRES FAMILY SUPPORT OFFICE USE ONLY:*** |
| *Date Referral Received* | Click or tap to enter a date. | *Date Referral Allocated* | Click or tap to enter a date. |
| *Centre / Worker allocated to family* |  |
| *TF Criteria* |  |
| *NOTES* *(e.g. contact with referrer before allocation)* |  |