Lewisham Children and Family Centres run a range of universal services 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**](http://www.lewishamcfc.org.uk)

**The targeted support you can refer families to via this referral form includes:**

**1:1 Family Support**

**Parenting Courses**

**Domestic Abuse Recovery Programmes**

For details of the services and referral criteria please

[**download this A4 Information Sheet**](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/03/Family-Service-Department-A4-Info-Sheet-3.pdf)

All referrals for our targeted support services can be completed online via our [**professionals referral form**](https://www.lewishamcfc.org.uk/professionals-referral-form/) or sent to our secure email [**Lewisham.Secure@eyalliance.org.uk**](mailto:Lewisham.Secure@eyalliance.org.uk) where the EYA Family Services Panel will assess the referral and place it within the correct service or programme to meet the family’s needs.

If you wish to discuss a case, please contact us via the email above, and a member of the Family Service Department Team will contact you.

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

* **The referral is typed and sent in WORD format**
* **SECTION C is completed if requesting a Domestic Abuse Recovery programme or if the family has experienced current or historical domestic abuse**
* **SECTION D must be fully completed to comply with GDPR regulations**

**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** | |
| Name of Professional making the referral |  |
| Organisation, Team & Role |  |
| Telephone Number |  |
| Email |  |

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| **FAMILY DETAILS** | | | | | | | | | | |
|  | First Name | Surname | | Gender Identity | Relationship to child | DOB | School | CPP CIN | Ethnicity | Religion |
| Parent or Carer |  |  | |  |  |  |  |  |  |  |
| Parent or Carer |  |  | |  |  |  |  |  |  |  |
| **ANY OTHER SIGNIFICANT MEMBERS OF THE HOUSEHOLD OR FAMILY** | | | | | | | | | | |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
| **CHILDREN (PLEASE LIST ALL CHILDREN IN FAMILY)** | | | | | | | | | | |
| Child |  |  | |  |  |  |  |  |  |  |
| Child |  |  | |  |  |  |  |  |  |  |
| Child |  |  | |  |  |  |  |  |  |  |
| Child |  |  | |  |  |  |  |  |  |  |
| Child |  |  | |  |  |  |  |  |  |  |
| Child |  |  | |  |  |  |  |  |  |  |
| **DO ANY MEMBERS OF THE FAMILY HAVE PHYSICAL OR MENTAL HEALTH NEEDS? Please state below** | | | | | | | | | | |
|  | | | | | | | | | | |
| **FAMILY CONTACT DETAILS** | | | | | | | | | | |
| Address and Postcode | | |  | | | | | | | |
| Landline and Mobile | | |  | | | | | | | |
| Email | | |  | | | | | | | |
| Is it safe to contact? | | |  | | | | | | | |

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| --- | --- | --- | --- |
| **ARE ANY OF THE FOLLOWING PROFESSIONALS INVOLVED WITH THIS FAMILY** | | | |
| Social Worker Name |  | | |
| Telephone: |  | Email: |  |
| Early Help/Family Thrive Practitioner Name |  | | |
| Telephone: |  | Email: |  |
| Health Visitor/Team Name |  | | |
| Telephone: |  | Email: |  |
| Police Officer Name |  | | |
| Telephone: |  | Email: |  |
| IDVA or IGVA Name |  | | |
| Telephone: |  | Email: |  |
| CAHMS Name |  | | |
| Telephone: |  | Email: |  |
| Please list any other professional currently involved in supporting this family | | | |

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| **SECTION B:**  **REFERRAL DETAILS** | | |
| **WHAT TYPE OF SERVICE ARE YOU REQUESTING? Please check all that apply** | | |
| **Please click on** [**this link**](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/03/Family-Service-Department-A4-Info-Sheet-3.pdf) **for information and eligibility criteria and for more details about each service and programme please click on links below**  [**FAMILY PRACTITIONER SERVICE**](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/02/Family-Practitioner-Service-Info-Sheet.pdf)  [**DOMESTIC ABUSE RECOVERY PROGRAMME**](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/04/DA-Recovery-Offer-Info-Sheet-1.pdf)  **Please ensure section C is fully completed**  [**INCREDIBLE YEARS PARENTING PROGRAMME**](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/03/Therapeutic-Parenting-Programmes-Info-Sheet.pdf)  [**POSITIVE PARENTING PROGRAMME - TRIPLE P**](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/02/Triple-P-Offer-Info-Sheet.pdf) | | |
| **WHAT HAS HAPPENED RECENTLY TO THIS CHILD/FAMILY THAT HAS LED TO YOU MAKING THIS REFERRAL?** | | |
|  | | |
| **WHAT SPECIFIC INTERVENTION ARE YOU REQUESTING FROM OUR SERVICE?**  **PLEASE EXPLAIN WHY YOU CONSIDER US TO BE THE APPROPRIATE SERVICE FOR THIS FAMILY?** | | |
|  | | |
| **HAVE YOU PROVIDED ANY CONTACT, SUPPORT, OR INTERVENTION?** If YES please list details here: | | |
|  | | |
| **DOMESTIC ABUSE** | | |
| Have you explored historical or current domestic abuse with the family? | NO | YES |
| Is the family currently experiencing domestic abuse? | NO | YES  please fill in Section C |
| Has the family experienced domestic abuse historically? | NO | YES  please fill in Section C |
| If you have answered no to the last two questions, please proceed straight to **PARENT CONSENT** **– SECTION D.** | | |

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| **SECTION C:**  **FOR REFERRALS FOR DOMESTIC ABUSE RECOVERY PROGRAMMES,** [**click link for more information**](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/04/DA-Recovery-Offer-Info-Sheet-1.pdf)  **AND/OR WHERE CURRENT OR HISTORIC DOMESTIC ABUSE HAS BEEN EXPERIENCED.** |
| **Note: domestic abuse programme attendance must not be mandated as a statutory response.**  **Both Programmes are consent-based and the victim/survivor must agree to participate and be ready to do so,**  **as these programmes are RECOVERY programmes only.** |

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| **ABOUT THE ABUSE** | | | | |
| Level of risk | Medium  High | | | |
| Is this family known to MARAC | Yes  No  Unknown | | | |
| DASH RIC score / Professional Judgement |  | | | |
| Have they experienced any of the following? | Physical Abuse  Stalking / Harassment  Financial Abuse Emotional Abuse  Honour based violence |  | Coercive control  Sexual Abuse  Psychological Abuse Forced marriage  Tech Abuse |  |
| Additional notes: |  | | | |
| Is the relationship ongoing? | Yes  No | | | |
| If no, how long was the relationship? |  | | | |
| If no, 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 | | | |
| How has the child/children been impacted by the abuse? |  | | | |

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| **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: | |

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| **SECTION D:**  **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.*** | | | |
| 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](mailto:Lewisham.Secure@eyalliance.org.uk) or Early Years Alliance 50 Featherstone Street, London, EC1Y 8RT  and a copy of the policy will be sent to you.  **CONSENT: PLEASE TICK, 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 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 | Click or tap to enter a date. |
| REFERRER’S SIGNATURE | | DATE | Click or tap to enter a date. |

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| ***LEWISHAM CHILDREN & FAMILY CENTRES FAMILY SUPPORT 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* |  |