DMWA April 2022 – V2

 

This referral form is available in large print, other languages and formats upon request.

**REFERRAL FORM -** (Agency/Carer form)

**Durham Mental Wellbeing Alliance**

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|  **Data Protection Statement** |
| **In order to help us deliver efficient services and to manage your relationship with us, we need to collect relevant personal details from you. In the first instance Home Group Ltd will receive your referral on behalf of DMWA. Home Group Ltd will comply with the General Data Protection Regulation and Data Protection Act 2018 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note in some circumstances we may share your personal data with external third parties. For more information on how we process your personal data, including on data security, data retention and lawful processing bases, please access our full privacy notice at:** [**www.homegroup.org.uk/Privacy-Policy**](http://www.homegroup.org.uk/Privacy-Policy) |
| **Details of person being referred:** | **Details of Referral Agency:** |
| Forename: Surname:Preferred Name: Address:Phone Number:Email Address:Date of Birth:NI Number:Preferred language:Interpreter or Signer required:Emergency Contact Name:What relation are they:Emergency Contact Phone: | Organisation name:Individual name:Address:Phone Number:Email Address:How long have you known the applicant?:Has consent been received for referral?: |
| **Details of Applicant’s Mental and Physical Health** *(e.g****. diagnoses, disabilities, etc.****)* |
|  |
| **Applicant’s Priority Needs** *(e.g.* ***identification of support required, accessibility requirements, and services needed****)*: |
| **Type of service** | **Details of needs** |
| [ ]  Group Based Support |  |
| [ ]  Outreach/Floating support |
| [ ]  Accommodation |
| [ ]  Specialist Support(*incl Cruse Bereavement Support, Welfare Rights, Relate, If U Care Share, Aspire Women only support)* |
| [ ]  Vocational  |
| [ ]  Employment Support |

**Is support provided by any of the following? *Please provide details***

|  |  |
| --- | --- |
| Type | Contact name, organisation, phone number |
| [ ]  Family Member |  |
| [ ]  Friend |  |
| [ ]  Social Worker |  |
| [ ]  Probation Officer |  |
| [ ]  CPN |  |
| [ ]  Other Support Agencies |  |

**In which areas is support required?**

|  |  |
| --- | --- |
| [ ]  Claiming benefits / maximising income[ ]  Debt problems[ ]  Access to training/ employment/ education[ ]  Gaining access to other services[ ]  Parenting or family problems[ ]  Mental health problems[ ]  Health and wellbeing[ ]  Problems with alcohol[ ]  Problems with drugs[ ]  Homelessness issues [ ]  Suicide Bereavement [ ]  Befriending[ ]  Socially Inclusive activities[ ]  Emotional support | [ ]  Finding suitable accommodation[ ]  Setting up home/furnishing home[ ]  Maintaining accommodation[ ]  Offending behaviours[ ]  Resolving dispute with landlord[ ]  Daily living skills – shopping, housework etc[ ]  Reducing anti-social/offending behaviour[ ]  Personal safety and security[ ]  Domestic abuse[ ]  Filling In forms/making phone calls[ ]  Social skills/behaviour management[ ]  Physical Health / Mobility[ ]  Carers support |

**Additional information – please DO NOT leave blank:**

|  |
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| *(Use this space to provide any other areas of support required, priorities, personal history, interests, or any further information on the areas highlighted above).* |

RISK ASSESSMENT **NB: This Section MUST be completed**

**Please use the following definitions to answer the questions:**

|  |  |
| --- | --- |
| **LOW** | Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring. |
| **MEDIUM** | More frequent/regular incidents and/or of a more significant nature |
| **HIGH** | Likely, severe or significant |
| **Category** | **L** | **M** | **H** | **Comments** |
| **Does the applicant have a history/is there a risk of any of the following violent offences/incidents *to* others:** |
| Physical abuse  | [ ]  | [ ]  | [ ]  | Describe below potential triggers and who is at risk: |
| Mental abuse | [ ]  | [ ]  | [ ]  |
| Sexual abuse | [ ]  | [ ]  | [ ]  |
| Racial abuse | [ ]  | [ ]  | [ ]  |
| Verbal abuse | [ ]  | [ ]  | [ ]  |
| Damage to property/arson | [ ]  | [ ]  | [ ]  |
| **Is there a history of or risk from others/client’s vulnerability of any of the following?** |
| Suicide | [ ]  | [ ]  | [ ]  | If any identified, please give further information including triggers, details of incidents etc: |
| Self-harm | [ ]  | [ ]  | [ ]  |
| Accidental overdose | [ ]  | [ ]  | [ ]  |
| Misuse/non-compliance of medication | [ ]  | [ ]  | [ ]  |
| Abuse from others | [ ]  | [ ]  | [ ]  |
| Vulnerability | [ ]  | [ ]  | [ ]  |
| Mental health issues | [ ]  | [ ]  | [ ]  |
| Substance misuse | [ ]  | [ ]  | [ ]  |
| **If you are a referral agency, please state how long you have known the Applicant?** |
| **Is it safe to visit the Applicant at home? Yes** **[ ]  No** **[ ]** If no, where is there another safe place?  |
| **Has the Applicant ever been refused support? Yes [ ]  No [ ]** If yes, please state why?  |
| **Please provide any other relevant information:** |
| **\*HOUSING ONLY\* Is there a history of difficulties regarding previous tenancies?** |
| Rent arrears | [ ]  | [ ]  | [ ]  | If any identified, please give further details:  |
| Behaviour of friends | [ ]  | [ ]  | [ ]  |
| Neighbour disputes | [ ]  | [ ]  | [ ]  |
| Anti-social behaviour | [ ]  | [ ]  | [ ]  |
| Evictions | [ ]  | [ ]  | [ ]  |
| Harassment | [ ]  | [ ]  | [ ]  |
| Other | [ ]  | [ ]  | [ ]  |

**AUTHORISATION**

|  |
| --- |
| I confirm that the information contained in this document is true and includes all relevant information required to correctly assess this referral.  |
| Signed: *(Applicant)* |  | Date:  |  |
| Signed: *(Referral Agency)* |  | Date:  |  |
| If obtaining a signature was not possible, **TICK** to confirm you have the Applicant’s verbal authorisation: [ ]  |

**CONSENT**

|  |
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| *Under the United Kingdom General Data Protection Regulation (UK GDPR) & The Data Protection Act 2018 it is a requirement to obtain your consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore do not have to consent if you do not want your information to be shared. However, it may be difficult to provide you with some of the services you need if you do not give your consent.**Once your referral has been made to the correct agency your information will be managed under that agencies own data protection policy and processes.* I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example, Adult and Community Services, landlords, police, probation, benefits agencies and housing benefit offices.I understand that this information will only be made available to providers/organisations operating under the Durham Mental Wellbeing Alliance that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation. |
| Signed: *(Applicant)* |  | Date: |  |
| If obtaining a signature was not possible, **TICK** to confirm you have the Applicant’s verbal consent: [ ]  |

**EQUAL OPPORTUNITIES – required by Commissioner for funding purposes**

We aim to promote equality and inclusion to ensure fair access to the service in line with the Equalities Act 2010.  These questions are used to monitor access to the service and are not used to make decisions on eligibility or allocation. We will not discriminate unlawfully and our Equality Protocol is available on request.

|  |  |
| --- | --- |
| **Gender** |  |
| **'How does the applicant define their gender?** [ ]  Male [ ]  Female[ ]  Non binary [ ]  other (please specify) | **Is the gender identity the same as sex assigned at birth?**  [ ]  Yes [ ]  No [ ]  Prefer not to say  |

|  |
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| **Ethnicity** |
| **Nationality**[ ]  British[ ]  English[ ]  Scottish[ ]  Irish | [ ]  Northern Irish[ ]  Welsh[ ]  Other[ ]  Prefer not to say |
| **Asian**[ ]  Bangladeshi [ ]  Pakistani[ ]  Indian [ ]  Other | **Black**[ ]  African[ ]  Caribbean |
| **Chinese or other ethnic group**[ ]  Chinese[ ]  Other | **Gypsy and Traveller**[ ]  Gypsy [ ]  Irish Traveller[ ]  Other |
| **Mixed**[ ]  White and Black Carib [ ]  White and Black Afr [ ]  White and Asian [ ]  White and Other | **White**[ ]  \*\*White British **[ ]** Eastern European[ ]  White Irish [ ]  White Other |
| [ ]  Prefer not to say | [ ]  Not known |
| **Race**[ ]  Gypsy or Irish Traveller[ ]  White and Black Caribbean [ ]  White and Black African[ ]  White and Asian [ ]  Indian[ ]  Pakistani [ ]  Bangladeshi[ ]  Chinese [ ]  African[ ]  Caribbean [ ]  Arab[ ]  Other [ ]  Prefer not to say | **Sexual Orientation**[ ]  Gay / Lesbian[ ]  Straight / Heterosexual [ ]  Bisexual [ ]  Asexual[ ]  Other – please specify [ ]  Prefer not to say |
| **Religion/ Belief** |
| [ ]  Christianity – Catholic[ ]  Christianity – Protestant[ ]  Islam[ ]  Nonreligious [ ]  Hinduism[ ]  Chinese Traditional[ ]  Buddhism | [ ]  Sikhism[ ]  Spiritism[ ]  Judaism[ ]  Other[ ]  Not known[ ]  Prefer not to say |
| **Marital/Civil Partnership Status** |
| [ ]  Married[ ]  Single[ ]  Divorced[ ]  Widowed[ ]  Prefer not to say [ ]  Not known | [ ]  Civil Partnership[ ]  Dissolved Civil Partnership[ ]  Separated[ ]  Other[ ]  Prefer not to say [ ]  Not known |
| **Pregnant or given birth in the last 6 months?** | Yes [ ]  No [ ]  Prefer not to say [ ]  Not known [ ]  |
| **Disability** |
| **Do you have a physical disability?** | Yes [ ]  No [ ]  Prefer not to say [ ]  |
| **Do you have a learning disability?** | Yes [ ]  No [ ]  Prefer not to say [ ]  |
| *A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities.* |
| **Do you have a diagnosed Mental Health Condition?** | Yes [ ]  No [ ]  Prefer not to say [ ]  |
| **Do you have an Autism Diagnosis?** | Yes [ ]  No [ ]  Prefer not to say [ ]  |
| **Are you on the pathway for an exploration of an autism diagnosis** | Yes [ ]  No [ ]  Prefer not to say [ ]  |
| **Do you have a drug and/ or alcohol support need?** | Yes [ ]  No [ ]  Prefer not to say [ ]  |

**Please send this form by email or post**

**Post** – DMWA Referrals, Waddington St Centre

3 Waddington St,

Durham

DH1 4BG

**Email** – **Referrals2DMWA@homegroup.org.uk**

**REFERRAL:**

*(To be completed by DMWA referral coordinator)*

|  |
| --- |
| *Date of Referral:* *Referring Officer:* *Designation:* *Client Reference No:*  |



