

For Office Use:

Referral No:

Date of receipt:

Date seen by manager:



Helping Hands (HHANS) SERVICE

A helping hands additional needs support service for families where a child has ASD/ADHD or is awaiting a diagnosis.

Date of Referral:

1. Referrer's Name:

Agency Address:

Phone :

Email :

Managers Name and Contact Details:

Full Team Code :

2. Full names and details of **adults** in the family:

Name	DOB	Address and Tel No	Relationship	Parental responsibility Yes/no	Employed Yes/No	Working Hours

3. Full names and details of **children** in the family:

Care First ID	Name	DOB	M/F	Address and Tel No	School/Nursery	Court Orders/CPR

4. Main reason for referral/what is the child's Diagnosis i.e ADHD/ASD

5. What work are you requesting from the Helping Hands service?

6. Are there any child protection concerns, please specify? Is Children, Young People and Families Directorate involved?

7. Family's response to the referral?

8. Please describe any other relevant information such as **mental health, substance misuse, domestic violence, confidentiality issues**, etc. of which we should be aware.

9. Does any member of the family have a disability or special or additional needs?

10. Which other agencies are involved with this family

Health Visitor

Tel:

Address:

GP Name:

Tel:

Address:

Other services, eg speech therapy, psychologist, CAMHS, Social Care and Health etc.
Please state who is completing/completed any assessments and contact details:

11. Risk Assessment/Management Information

Family Action staff will be conducting a risk assessment via the information you provide us, the service is delivered by volunteers who on occasions may work alone.

Please supply any relevant information or documents relating to the family, their behaviour, the locality, neighbour disputes, specific triggers etc. which staff should be aware of and take account of in arranging the visit.

MONITORING INFORMATION – in order for Family Action to provide relevant and sensitive services, please fill in the information below. Thank you.

ETHNIC ORIGIN Please choose categories to indicate how each family member would describe themselves Choose as many as apply		RELIGION Please choose a category for each family members religion, if known	
1	African	1	Buddhist
2	African Caribbean	2	Hindu
3	Bengali	3	Muslim
4	Black British	4	Rastafarian
5	Mixed Parentage	5	Christian
6	Chinese	6	Jewish
7	Indian	7	Sikh
8	Irish	8	Other – please specify
9	Pakistani		
10	White British		
11	White Other – please specify		
12	Other – please specify		

Name of Child	Language (Please specify)	Ethnicity (see above)	Religion (see above)

Name of Adults in Family	Language (Please specify)	Ethnicity	Religion

In order to provide the family the most appropriate support, please tick relevant boxes and provide a detailed description of the support required in the section below (this will assist the setting in identifying a more holistic approach where possible).

Child's Needs		Parenting Capacity		Family/ Environmental Factors	
TIM: This is me, workshop. Managing my behavior, as I have different needs (This is just for school to refer into to)		PBS: positive behavior support Workshops. Managing behavior in children with different needs.		Family Sensory session (summer holidays)	
Helping Hands: Befriending service for parents of children with additional needs, AUTISM/ADHD		Helping Hands: Befriending service for parents of children with additional needs, AUTISM/ADHD		Helping Hands: Befriending service for parents of children with additional needs, AUTISM/ADHD	

Client Data Sharing and Confidentiality Consent

Dear Client,

The following information and consent form is to help you understand how we use client data.

For the purposes of the data processing described in this statement and compliance with the Data Protection Act (2018), Family Action operate as controllers of the data.

Our Commitment

Family Action is committed to making sure that any information we hold about you will be collected, stored and used in accordance with The Data Protection Act 2018 and General Data Protection Regulation 2016/679 (GDPR). This means that we adhere to the data protection principles of only holding information about you that is relevant to our work with you, that we make sure the information that we hold is accurate, up to date, secure, and only kept for as long as we need it.

We have a single point of contact for all data protection issues, should you have any questions relating to this notice or our processing of personal data, please email data.protection@family-action.org.uk or contact the Off Centre Management Team at the address at the bottom of this form.

When do we collect your information?

We may collect information about you at a number of stages in your use of our service.

During your engagement with us

Throughout your engagement with us, our team will record information about the service provided to you, including case reporting, plans and reviews. This will help us to fully understand your needs and promote your health and wellbeing.

What personal information do we record?

The type of information (including personal information) that we collect and use and what we do with it will depend upon your relationship with us. We collect only the personal data that we require to provide you with services, fulfil contracts or keep in touch with you. The information we collect is:

Information about you:	Information about your family/child(ren):
Name & Address	Name & Address
Contact Information (email / telephone)	Gender
Gender	Date of Birth
Date of Birth	*Disability Information
*Disability Information	*Health Information
*Health Information	*Ethnic Origin
*Ethnic Origin	
*Language Spoken	
Employment Status (only when relevant)	
*Immigration Status (only when relevant)	
Benefits (only when relevant)	
Services Provided	
Case History	

* **Special Categories of Data** - due to the service we provide, some of the data we collect is sensitive. Information relating to Health, Ethnicity, sexual orientation and any specific requirements you may have are considered 'Special Categories of Data', we are required to take extra care when handling this information.

Safeguarding and Legal requirements:

All staff/volunteers at Family Action have a duty to safeguard and promote the welfare of children and young people. We have a duty to report any child protection or welfare concerns. In certain, limited conditions we may use or disclose your personal information in order to comply with a legal obligation, in connection with a request from a public or government authority, in connection with court proceedings or to prevent loss of life or injury. Where possible and practical to do so, we will tell you in advance of such disclosure.

Sharing and Disclosure:

Your information will only be accessed by staff who need to do so as part of their role.

Within Family Action:

- Staff/volunteers working at Helping Hands Sandwell
- Senior managers (as required)

Outside of the Service:

- Sensitive personal data will only be shared with informed consent; it will not be shared with anyone outside of Family Action's services without good reason.

Rights

The GDPR legislation provides you with a number of rights in relation to your personal data.

- **Right to Withdraw Consent:** Where you have consented to our processing of your data, you have the right to withdraw that consent at any time.
- **Right to Access:** You have a right to obtain copies of the information that we hold about you. In the interest of security, you will need to prove your identity before any information can be shared with you. We may not be able to disclose all of the information you request, for example if it contains information about other people or there are legal reasons for us to withhold the data.
- **Right to Rectification:** We try to ensure the data we hold about you is accurate and up-to-date. If you believe our data is inaccurate, please tell one of our staff who will make any necessary amendments.
- **Right to Erasure or the Restriction of Processing:** In certain circumstances, you can ask us to remove your data from our systems.

- **Right to Complain:** If you are concerned about the way we have processed your personal information, you have the right to complain to the Information Commissioners Officer (ICO). To do so please refer to the ICO website <http://ico.org.uk>

Consent

I have read the privacy notice above concerning data protection and I consent to Family Action using the information I have provided and any supporting information that is required for the purpose of providing the service I receive from at Family Action.

Please tick the boxes to consent.

Family Action can:

- Seek information from other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals.
- Share information with other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals in order to support my needs.

By signing this agreement, you agree to us obtaining and/or sharing information about you, including any information you may disclose in our sessions together.

Please note that if you do not consent, we will have no option but to reject your referral.

Signed: _____ (Client) Date: __ / __ / __

Name (printed) _____

Signed: _____ (Staff Member) Date: __ / __ / __

Name (printed) _____

Changes

Family Action reserves the right to make changes to this policy from time to time. Where we do so, we will publish the new policy on our website <https://www.family-action.org.uk>

Please contact data.protection@family-action.org.uk or the allocated Helping Hands Management Team using the details below to request any data or discuss any concerns you may have.

Helping Hands Befriending service at Family Action E: helpinghandssandwell@family-action.org.uk
Burnt Tree Children's Centre 20-25 Tividale Street, Tipton, DY4 7S

Please attach any additional information.

Name			
Profession			
Address			
Contact Details			
Signature		Date	

Please return referral form for attention of The Helping Hands project Manager to

**Sam Edwards,
Burnt Tree Children's Centre
20-25 Tividale Street
Tipton
DY4 7SD
Mob: 07881 265 320
Email: helpinghandssandwell@family-action.org.uk**