**HARRIS GRANT PROPERTIES CIC**

**HGP Referral Form**

**SECTION A: INFORMATION FOR REFERRERS**

**Services Provided**

Harris Grant Properties CIC provide specialist support for people facing complex challenges and confronted with serious and persistent issues. Our aim is to provide person centred, flexible and specialist support that meets the needs of people in a way that works best for them.

**Eligibility criteria**

Harris Grant Properties CIC accepts referrals for individuals who:

* Are 21 years of age or over
* Are experiencing at least **THREE** out of the following 5 issues: **Homelessness,** **Substance misuse,** **Mental Ill Health, Offending or Domestic Abuse** (we do not except referrals for **Sex Offenders**).
* Are aware, and in agreement, that a referral is being made.
* In Receipt of benefits

**Making a Referral**

If you have any queries, please contact us on **HGP office telephone no**: **01158742635** or  **HGP mobile no:** **07902349200**. All referrals should be made using this form and once completed sent to [admin@hgpropertiescic.co.uk](mailto:admin@hgpropertiescic.co.uk)

**SECTION B: REFERRAL FORM**

**Please complete all sections as we cannot accept referrals unless all the relevant information is provided below.**

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| **NAME OF PERSON BEING REFERRED** | **DATE OF REFERRAL** |
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Please indicate the **THREE** (or more) areas of need:

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| **Homelessness:** |  | **Mental Health:** |  |
| **Offending:** |  | **Substance Misuse:** |  |
| **Domestic / Abuse** |  |  | |

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| **PERSONAL DETAILS** | | | | | | |
| Address  (or care of address) | |  | | | | |
| Contact number | |  | | Email | |  |
| Gender | |  | | Date of Birth | |  |
| If other, please provide details: | |
|  | |
| Ethnicity | |  | | Sexual Orientation | |  |
| If other, please provide details: | | If other, please provide details: |
|  | |  |
| National Insurance Number | |  | | NHS number  (if known) | |  |
| Disability Status | |  | | Details of Disability | |  |
| Referrals must have a local connection to the area the referral has been made in i.e., Nottingham City   * They are normally resident there e.g. (have lived in Nottingham for 3 out of the last 5 years or 6 out of the last 12 months) * They have immediate family in the area that have lived in e.g., Nottingham 3 years or longer * Other special reasons e.g., they are a victim of human trafficking/modern day slavery, they are fleeing domestic violence | | | | | | |
| **Details of Local Connection:** | | |  | | | |
| **REFERRER DETAILS** | | | | | | |
| Referrer name |  | | | Organisation |  | |
| Phone |  | | | Email |  | |
| Is there anything else you would like us to know about if working with you? | | | | | | |
| e.g., gender or culturally specific support, etc) | | | | | | |

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| **GP DETAILS (If known)** | |
| Doctor’s Name |  |
| GP Practice Address |  |

Please list any agencies or support workers recently in contact with the person being referred (e.g., social worker, G.P., probation officer, hostel worker, benefits adviser, drug/alcohol counsellor).

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| **Name** | **Position** | **Agency/Service** | **Contact Details** |
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| **Please provide further information in relation to the following support needs** |
| **Homelessness/Vulnerably Housed** (including NFA, rough sleeping, in hostel or refuge accommodation, sofa surfing or given deadline to leave)  **Prompts:** Currently engaging with Housing Aid?, bidding number, any other homeless assistance? Due to be discharged from hospital? Causes of homelessness. Tenancy disputes, unpaid rent & issues with getting a deposit. |
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| **Substance Misuse** (Provide details of any misuse or dependency of drugs, alcohol, or prescription medication): Type of substance? I.V use? Recent or historic overdoses? Alcohol dependant? Amount and frequency? Type of alcohol? Historic or recent alcohol withdrawal seizures?  **Prompts:** Recent hospital admissions related to alcohol or substance misuse? Referred to, or currently engaging with any clinical substance support services within last eight months? |
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| **Mental Health** (including any mental illness, personality disorder, learning disability)  **Prompts:** Diagnosis? Medication? Known to the crisis team? Hospital admissions related to mental health. Currently engaging with any professionals (e.g.: CPN)? Risks associated with mental health issues. Referral from GP in last eight months to secondary provider or IAPT (CBT/MI) |
|  |
| **Offending**: Please provide as much detailed information as possible on current and previous offending  **Prompts**: Currently known to Probation? MAPPA? Pending court appearances? Type of offences? Last arrest? Dates of offences, pending action |
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| **Domestic / Abuse** (this may include suffering violence, coercive control by a partner, ex-partner, parent, carer, or someone known to you).  **Prompts**: Police involved within last twelve months, crime number on record, referral made for additional support within last six months. DASH-RIC form completed in the last 6 months (risk score and if the referral was passed on to MARAC and the outcome) |

**What we do with this information**

Information provided as part of Harris Grant Properties CIC Referral process will be kept and used in

Accordance with the General Data Protection Regulations (2018). The General Data Protection Regulations restricts the sharing of information without prior permission except for certain specific situations: where someone is an immediate threat to themselves or others, if a serious crime has been committed, or if there are concerns about acts of terrorism.

A copy of our Privacy Notice and more detailed information around what information we collect and what this is used for can be requested by emailing: [admin@hgpropertiescic.co.uk](mailto:admin@hgpropertiescic.co.uk)

I agree that the information is provided is accurate, and I hereby give consent for information related to my referral to be discussed with, and requested from those referred to in the “additional agencies/workers” section of this form.

**Tick if verbal consent is given via agency worker**

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| **Signature of Applicant:**  **Date:** |
| **Signature of Professional Assisting with Referral:**  **Date:** |

Please note that Completed forms will be taken forward to an allocation meeting for further discussion. The Assessment Officer allocated to the case will need to **access the level of risk** before arranging to meet with the individual.

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| **Risk Assessment** |
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| **Harris Grant Properties CIC will treat all risk assessment information with sensitivity. Sometimes we need to ask for more detail about an issue. Are there any responses to questions on this form that the beneficiary does not wish to talk to us about directly? If any of the following are selected, please attach a qualifying note. Who may we approach?** | | | |
| Dangerous behaviour |  | Emotional/mental health issues |  |
| Known incidents of violence |  | Detained under the Mental Health Act |  |
| **If yes, to whom?** | | Known suicide attempts |  |
| Staff |  | Known self-harm |  |
| Public |  | Dual diagnosis |  |
| Friends |  | Concerning behaviours |  |
| Family |  | Self-care/risk from others |  |
| **Most serious damage caused:** | | History of serious self-neglect |  |
| None |  | History of being abused /exploited |  |
| Minor injury |  | History of being harassed |  |
| Serious injury |  | Accidental harm (kitchen fires) |  |
| Death |  | Persistent provocative behaviour |  |
|  | | Damage to property |  |
| Known incidents of abuse or harassment to others |  | Known risk to children |  |
| Verbal aggression to others |  | Problems managing anger/impulsive behaviour |  |
| Sexual assault/exposure |  | Arson |  |
| Substance Misuse |  | Alcohol Misuse |  |
| Perpetrator of Racial abuse |  | Perpetrator of Homophobic abuse |  |
| **If you have ticked the box to any of the above questions, please describe behaviour/incidents in detail - without this information, we will be unable to process the referral.** | | | |
| Please outline and share additional information on identified ***risks to self*** | | | |
|  | | | |
| Please outline and share additional information on identified ***risks to others*** | | | |
| **Please identify any issues with lone working. (ie: no lone working, no lone female working, etc.)** | | | |

**What Happens Next?**

When we receive your form, we will look at it to ensure that it provides the information that we need, and that the person referred meets the criteria. It might be necessary for us to contact you to discuss the referral in more detail or ask for some extra information. This will help us to ensure that the service is the right one for you, or the person being referred. In cases where we feel this is not the right service, or a person does not meet our criteria, we will always try to connect the individual with another service that might be able to meet the persons needs and offer more appropriate support.

**Agency Support Guidance**

If you are an agency or worker and are filling this form out for someone that you are currently working with, please complete this form as fully as possible. The more information that you can provide will help us to assess a person more quickly, prevent the beneficiaryfrom having to re-tell their story and will ensure that they can be matched to the correct support. We cannot process this referral without consent.

**Completing a Referral**

If you have any queries, please contact Harris Grant Properties CIC on HGP office telephone: 01158742635 or HGP mobile: 07902349200. Completed forms should be sent to: [admin@hgpropertiescic.co.uk](mailto:admin@hgpropertiescic.co.uk)

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| **NOTES - ANY OTHER INFORMATION** |