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| **GENERAL**  | **Southwark Wellbeing Hub****REFERRAL FORM** |
| **FOR SOCIAL AND COMMUNITY SUPPORT AS A RESULT OF MENTAL HEALTH ISSUES**Referrals may not be accepted if sufficient supporting information is not provided.  |
| Referral Date |       | Service/Team |       |
| Referrers Name |       | Job Title |       |
| Phone |       | Email |       |
| Address |       | Post Code |       |
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| **PERSON BEING REFERRED’S BASIC INFORMATION** |
| Name |       | D.O.B |       |
| Address |       | Post Code |       |
| NHS Number |       | Phone |       |
| Email |       | Immigration Status |       |
| GP Details |       | Communication Needs |       |
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| **SIGNPOSTING OR LOWER SUPPORT NEED** |
| * At The Wellbeing Hub we provide signposting or short term, practical and emotional support helping people access and engage with different opportunities for support in the community.
* Please indicate below up the most important support needs for the person you are referring.
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| Finances, DWP Benefits and/ or debt (Signposting) |[ ]  Healthy Lifestyle: e.g. nutrition, physical activity. (Signposting)  |[ ]
| Engaging with the community, making social contacts, to reduce isolation/ loneliness (Signposting)  |[ ]  Substance misuse (Signposting) |[ ]
| Coping strategies or meeting other people going through similar issues |[ ]  Accessing volunteering, employment, education or training. |[ ]
| Culturally specific signposting support | [ ]  | Southwark Wellbeing Hub Workshops | [x]  |
| Housing (Signposting) | [ ]  | Other (provide information below) |  |
| If checked boxes above, provide more information here.  |       |
| Please state below whether the client would face any barriers to access signposting |
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| **HIGHER SUPPORT NEED**  |
| * The Southwark Wellbeing Hub works in partnership with the MH Reablement Team. The below categories relate to residents in Southwark that are not able to meet their care needs because of mental health issues. If eligible the referral will be sent to MH Reablement to review if some short reablement support may be required or a package of care depending on the persons needs
* Please check the boxes below for areas that are applicable for the person you are referring.
* Where boxes have been checked then you are required to provide more information about why this is an area of need, please include what you have observed or evidenced to support the need.
* Referrals may not be accepted until sufficient supporting information is provided.
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| 1. **Nutrition**
 | Do their needs prevent them from being able to access, prepare, or consume food and drink to adequately maintain or manage nutrition? |[ ]
|  | If checked, more info: |       |
| 1. **Hygiene**
 | Do their needs prevent them from being able to wash themselves and launder their clothes? |[ ]
|  | If checked, more info: |       |
| 1. **Toilet**
 | Do their needs prevent them from being able to access and use the toilet and manage their toilet needs? |[ ]
|  | If checked, more info: |       |
| 1. **Clothes**
 | Do their needs prevent them from being able to dress themselves and be appropriately clothed? |[ ]
|  | If checked, more info: |       |
| 1. **Use home safely**
 | Do their needs prevent them from being able to move around their home safely? |[ ]
|  | If checked, more info: |       |
| 1. **Maintain Housing**
 | Do their needs prevent them from being able tosufficiently clean or maintain their home, sustain a tenancy or remain safe? |[ ]
|  | If checked, more info |       |
| 1. **Isolated**
 | Do their needs prevent them from maintaining or developing relationships with family and friends? |[ ]
|  | If checked, more info: |       |
| 1. **Work & Training**
 | Do their needs prevent them being able to apply themselves through work, education or training? |[ ]
|  | If checked, more info: |       |
| 1. **Access Community**
 | Do their needs prevent them from being able toget about to access local community safely, including their ability to access public transport, shops and recreational facilities? |[ ]
|  | If checked, more info: |       |
| 1. **Caring or Parenting**
 | Do their needs prevent them from being able to achieve their caring or parenting responsibilities for a child? |[ ]
|  | If checked, more info: |       |
| 1. **Supported accommodation**
 | Are you referring to request assessment for supported accommodation? If yes, please also attach the completed Placement Checklist | [ ]  |
| **RISK ASSESSMENT** | Please send us your formal risk assessment if you are a health professional  | [ ]  |
|  | If you are not a health professional that ordinarily records risk assessments please answer the below questions  |  |
|  | How is this person’s mental health/ wellbeing?  |  |
|  |  |  |
|  | Are there any specific known vulnerabilities? |  |
|  |  |  |
|  | How are the vulnerabilities being managed? |  |
|  |  |  |
|  | Does the individual present as at risk to themselves or others? |  |
|  |  |  |
|  | Please add further risk information here |  |
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| What services are currently working with the client? Please give contact details for the primary worker at said services where possible.Please also state how long you will be working with the client for |
|  |
| **CONSENT** | It is essential that client consent is given for this referral and to being contacted, please check box to confirm:  | [ ]  |
| **SEND THIS FORM TO:**  | **EMAIL:** **southwarkhub@together-uk.org** |
| Further information:  | PHONE: 020 3751 9684WEBSITE: [southwarkhub.together-uk.org](file:///C%3A%5CUsers%5Cafarquhar%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CLXMA3E53%5Csouthwarkhub.together-uk.org) |

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| **Equality and Diversity** |
| **What gender is the client?** |
| [ ]  Male | [ ]  Prefer to use my own term (write below) |
| [ ]  Female |

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| **Is their gender identity the same as the gender they were assigned at birth?**  |
| [ ]  Yes | [ ]  Do not wish to answer |
| [ ]  No |   |
|  | [ ]  Do not wish to answer |
| **How does the client describe their faith / belief / religion?** |
| [ ]  No religion[ ]  Christian (including CofE, Catholic, Protestant and all other Christian denominations)[ ]  Buddhist[ ]  Hindu[ ]  Jewish | [ ]  Muslim[ ]  Sikh [ ]  Do not wish to answer [ ]  Other (write below)

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| **What is the client’s sexual orientation?**  |
| [ ]  Bisexual | [ ]  Lesbian / gay woman |
| [ ]  Gay man | [ ]  Do not wish to answer  |
| [ ]  Heterosexual / straight | [ ]  Prefer to use my own term (write below) |
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| **How does the client describe their ethnic origin?** Choose **one** section from A to F, then tick **one** box to best describe your ethnic group or background |
| **A White** | **B Mixed / multiple ethnic groups** |
| [ ]  English / Welsh / Scottish / Northern  Irish / British[ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Any other white background (write below)

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 | [ ]  White and Black Caribbean [ ]  White and Black African[ ]  White and Asian[ ]  Any other Mixed / multiple ethnic  background (write below)

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| **C Asian / Asian British** | **D Black / African / Caribbean / Black British** |
| [ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Any other Asian background (write below)

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 | [ ]  African[ ]  Caribbean[ ]  Any other Black / African / Caribbean background (write below)

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| **E Other ethnic group** | **F Undisclosed** |
| [ ]  Arab[ ]  Any other ethnic group (write below)

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 | [ ]  Do not wish to answer  |