**Hammersmith and Fulham Cuckooing Safeguarding Group (CSG)**

**Referral Form**

**PLEASE READ AND COMPLETE AS THOROUGHLY AS POSSIBLE**

**REFERRALS TO OTHER PANELS**

There are several panels that cases can be referred to in order to best support the complex needs of residents. Please consider the questions below and whether a referral should be made to these panels in addition to CSG. If you require any support on how to make a referral to these panels, please let us know.

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|  |  | **Referral made****(Yes/No)** |
| 1. Is there a domestic abuse element to the case?
 | Refer to the **DA MARAC**  |   |
| Is there an anti-social behaviour or hate crime element to the case? | Refer to the **CMARAC** |  |
| 1. Do you have any safeguarding concerns? (Including any family members)
 | Refer to **Children’s and/or Adult’s safeguarding**  |   |
| 1. Is there any risk to young people that is external to their family or caregiver?( criminal exploitation/ gangs/ serious youth violence )
 | Refer to **Safeguarding Adolescence at Risk Panel**  |   |
| 1. Do you have any safeguarding concerns about self -neglect or hoarding?
 | Refer to the **Adults high risk** panel  |   |
| 1. Are you concerned that someone maybe made homeless?
 | Refer to the **Homelessness Prevention Panel** |   |

**VICTIM OF CUCKOOING - REFERRAL DETAILS**

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| **VICTIM** |
| **Name** (include any aliases) |   |
| **Date of Birth** |   |
| **Male / Female / Transgender / Other** |   |
| **Address**  |   |
| **Landlord** |  |
| **Ethnicity** |   |
| **Do they have a Disability** (Defined by the Disability Discrimination Act (DDA) *‘a disabled person is someone who has a physical**or mental**impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’)* |  Yes No |
| **Does the subject have any children (under 18s only)** |  |
| **Pregnant – Yes/ No?** |  |
| **Are there other vulnerabilities or concerns (e.g. mental health /sub. misuse)?** | *Please state any concerns or diagnoses and GP details* |
| **What issues are affecting the victim’s personal safety? (Select all that apply)** |  o Losing control of homeo Risk of homelessnesso Financial Exploitation o Sexual exploitation o Self neglect o Other please specify    |
| **Previously cuckooed**  | *Please include details/ dates* |
| **Details of actions taken so far** |  |
| **Subject to closure order**  |  |
| **Subject to management transfer**  | *Please include previous address if known*  |
| **Any other relevant background information**  |  |
| **What do you hope to achieve from the CSG?**  |  |
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| **Services known to:**  | **Yes/No/Unsure**  | **Details of any professionals working with the victim**  |
| **Adult social care** |  |  |
| **Alcohol & Substance Misuse** |  |  |
| **Mental Health** |  |  |
| **Gangs Unit**  |  |  |
| **Children's services** |  |  |
| **ASB Unit** |  |  |
| **Police** |  |  |

**PERPETRATOR OF CUCKOOING - REFERRAL DETAILS**

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| **PERPETRATOR** |
| **Name(s)** (include any aliases) |   |
| **Relationship to Victim** |  |
| **Date(s) of Birth** |   |
| **Male / Female / Transgender / Other** |   |
| **Does the subject have any children (under 18s only)** |   |
| **Pregnant – Yes/ No?** |   |
| **Address or known location**  |   |
| **Ethnicity** |   |
| **Do they have a Disability** (Defined by the Disability Discrimination Act (DDA) *‘a disabled person is someone who has a physical**or mental**impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’)* |  Yes No |
| **Are there other vulnerabilities or concerns (e.g. mental health /sub. Misuse/)?** | *Please state any concerns or diagnoses and GP details* |
| **Previously known for cuckooing** |  |
| **Previous actions taken against perpetrator** |  |

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| **Services known to:**  | **Yes/No/Unsure**  | **Details of any professionals working with the perpetrator**  |
| **Adult social care** |  |  |
| **Alcohol & Substance Misuse** |  |  |
| **Mental Health** |  |  |
| **Gangs Unit**  |  |  |
| **Children's services** |  |  |
| **ASB Unit** |  |  |
| **Police** |  |  |

**INFORMATION SHARING AND CONSENT**

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| **INFORMATION SHARING AND CONSENT** | **Yes** | **No** |
| Is the subject aware of the risk assessment and informed of CSG referral?*If no, state why:*  |   |   |
| Has the subject been informed that their data will be processed by CSG for the purposes of protecting their vital interests or the interests of others? |   |   |
| Has information been given about the type of data that may be shared and with what organisations? *For more information on what information you must give see the CSG Privacy Notice* |   |   |
| **If consent is not gained, please complete the CSG Information Sharing Without Consent Form**.  |
| **Signature of referrer** |  |
| **Date (as signed by caseworker)** |  |
| **Signature of manager** |  |
| **Date (as signed by manager)** |  |
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| **CSG Privacy Notice**Under the General Data Protection Regulation framework ([GDPR 2018](https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation)) practitioners referring to the CSG are required to inform the person they are referring how the person’s data will be used in a clear and understandable way. This should include the following: |
| * Your details & your organisation’s Data Protection Officer’s details.
* Purposes and legal basis for sharing information
* What will being shared
* Who will it be shared with *(CSG reps)*
* The retention period for the CSG data
* They have a right to access, rectify, erase and restrict their personal data and to object to processing
* They can request to access the CSG records held about them
* That they can complain to a supervisory authority (ICO)
 |  |
| **Practitioners do not have to share the above information if the subject has already been informed OR if informing them requires “disproportionate effort” or “seriously impairs the achievement of the objectives of processing” this includes where informing them would heighten the risk of harm to them or others or would prevent them from engaging with support.****Link to full CSG Privacy Notice:** [**https://officesharedservice.sharepoint.com/:w:/s/hfs/env/EZlXvVKIG\_BOubgfNmXNpE8BWPyil2NtOhI9zFvkhnCnyg?e=NyTrfb**](https://officesharedservice.sharepoint.com/%3Aw%3A/s/hfs/env/EZlXvVKIG_BOubgfNmXNpE8BWPyil2NtOhI9zFvkhnCnyg?e=NyTrfb) |

**ALL REFERRALS AND QUERIES:**

**ASBUMailbox@lbhf.gov.uk**

Should be password protected if being sent from a non-secure email address.

N.B Police email is secure -DO NOT PASSWORD PROTECT documents sent to Police email.