**H&F Street Population Action Partnership - Referral Form**

For cases of Anti-Social Behaviour from individuals of the borough’s street population where there is a significant impact on an individual or community.

**Given that this referral is made on professional judgement, you should consider the eligibility criteria below.**

ELIGIBILITY CRITERIA:

* Is an individual or community at serious risk of harm? (injury, damage to property etc.)
* Is there a significant impact on an individual or community (e.g. is the behaviour causing significant distress, impact on mental health, physical health or wellbeing)?
* Is there a need for the prevention or detection of a crime?
* Is an individual’s behaviour is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality?
* Has previous involvement and interventions from relevant professionals been unsuccessful, or has the work to date has not resolved case to a satisfactory standard?
* Does the case involve entrenched rough sleeping?

If none of the above criteria apply, but the case is still deemed appropriate for referral, please provide detail:

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|  | **Yes** |
| 1. Is there a domestic abuse element to the case?
 | Consider a referral to the DA MARAC instead of/as well as to the CMARAC |
| 1. Do you have any safeguarding concerns?
 | Refer to Adult’s safeguarding as well considering CMARAC |
| 1. Do you have any concerns regarding Child Sexual Exploitation?
 | Refer to CSE panel and consider CMARAC |
| 1. Do you have any safe-guarding concerns, specifically in relation to self-neglect?
 | Consider a referral to the High Risk panel |
| 1. Is there a gang violence/exploitation element to the case?
 | Consider referral to the EGVE panel |
| 1. Do you have any concerns relating to cuckooing?
 | Consider a referral to the H&F Cuckooing panel  |
| 1. Are there complexities involved for a client who is at risk of losing their home?
 | Consider a referral to the Homelessness Prevention Panel |
| 1. As the referrer, have you explored all possible avenues to resolve the identified issues?
 | This must be considered before referring to SPAP |
| ***Link in with other multi-agency panels as appropriate*** |

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| **Details of individual making the referral** |
| **Name:** |  |
| **Job title:** |  |
| **Organisation:** |  |
| **Tel:** |  |
| **Email:** |  |
| **Details of individual being referred** |
| **Name(s)** (include any aliases) |  |
| **Male / Female / Transgender / Other** |  |
| **Date of Birth** |  |
| **Physical description (if DOB not known) and usual presentation of individual:** |  |
| **Pregnant – Yes/ No?** |  |
| **CHAIN number:** |  |
| **Local connection (if known):** |  |
| **Sleep site(s)** [location and description (e.g. tents/cardboard etc.), frequency, dates, times etc.] |  |
| **Reason for rough sleeping (if known)** |  |
| **Known support needs** (substance abuse/alcohol/mental and physical health) |  |
| **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 |
| **Details of street activity** |
| **Begging site(s)** [location, frequency, dates, times, others in cohort, suspicion of begging gang or trafficking] |  |
| **Street drinking** [incl. location, frequency, dates, times, others in cohort]: |  |
| **Risk factors** (e.g. aggressive begging, self-neglect etc.): |  |
| **Safeguarding concerns:** |  |
| **Working with other agencies or professionals? If so, in what capacity?** (provide details of agency/professionals if known)? |  |
| **Details of actions taken so far** |  |
| **Any other relevant background information** |  |
| **Details of impact of street activity on individual/community** |
| **Details of the impact of the street activity on an individual and/or community** (i.e. Who is impacted (i.e. individuals, businesses, residents, schools etc.)? How is the individual/community impacted? How many people does the street activity impact? ) |  |

**PLEASE READ AND COMPLETE AS YOUR REFERRAL MAY NOT BE ACCEPTED**

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| **INFORMATION SHARING AND CONSENT** | **Yes** | **No** |
| Is the subject aware of the risk assessment and informed of SPAP referral?*If no, state why:*  |  |  |
| Has the subject been informed that their data will be processed by SPAP 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 SPAP Privacy Notice and/or ISA* |  |  |
| **If consent is not gained, please complete the SPAP 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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| **SPAP Privacy Notice**In line with the General Data Protection Regulation framework ([GDPR 2018](https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation)) and the exemption on the basis that “providing the information to the individual would render impossible or seriously impair the achievement of the objectives of the processing” practitioners meet requirements around ‘the right to inform’ via the Privacy Notice.  |
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**ALL REFERRALS AND QUERIES:**

**spap@lbhf.gov.uk**

should be password protected

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| **DATE** | **ACTIONS** | **ACTION OWNER(S)** | **UPDATES** |
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