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**Reconnect: Family Support and Mediation Referral Form**

The information in this form helps determine whether the young person/family is suitable for support from our Family Support and/or Mediation services. Please complete this form in full.

At the start of each section, we explain why we collect that particular piece of information and who we share it with. This is important to ensure that everyone understands what we do with their personal information. Please read this out loud to the person you are referring so they are clear.

In addition, please share the following statement with all people referred for support:

**When we receive referrals for Reconnect we collect personal and sensitive information about you. You have a right to know who has access to personal information about you, and who it is shared with.**

**The Reconnect service will ask for various pieces of information to:**

* Help assess whether you’re suitable for Reconnect
* Ensure it’s safe for you and for others involved
* Monitor trends about who uses the service. This is to help us improve the service, and know more about who we help.

**We take good care of your details and they are always safe with us. We store all this information on our secure server and database, and only the London Reconnect service staff have access to your personal information.**

###### **You can find out more about how we use and store your data by speaking with Jake Johnstone (Youth Homeless Prevention Service Manager).**

**I (insert name)……………………………………………….understand how my personal information will be stored and what it will be used for. YES / NO (please delete)**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **General Details**  This can be completed by the young person, family or referral agency. This information tells us a little bit more about you and helps us check you are eligible for our service. It is only shared with the Reconnect staff and is used for monitoring and evaluation purposes. | | | | | | | |
| **Young Person’s Name:** | |  | | **Date of Referral:** |  | | |
| **Date of Birth:** | |  | | **Age:** |  | | |
| **Young Person’s Address:** | |  | | | | | |
| **Young Person’s Contact Number:** | |  | | **Young Person’s Email:** | | | |
| **Ethnic Origin:** | |  | | **Religion:** | |  | |
| **Sexuality:** | |  | | **Gender Identity:** | |  | |
| **Parent/Carer name or names:** | |  | | | | | |
| **Parent/Carer Address:**  (If different to above) | |  | | | | | |
| **Parent/Carer Contact Number:** | |  | | | | | |
| **Parent/Carer Email:** | |  | | | | | |
| **Your Needs**  This section can be completed by the young person, family or referral partner. This information helps us understand what support is needed and to decide whether support from the Reconnect service is appropriate. This information is only shared with the Reconnect staff. | | | | | | | |
| **Reason for Referral**  Please tell us why the young person/family needs support from Depaul, using a separate sheet if necessary. | | **Young Person:**  **Parent/Carers:** | | | | | |
| **Additional needs**  Please tell us about any additional needs Depaul should know about to provide a safe and appropriate service.  (Please include details of any mental & physical health conditions, learning needs, safeguarding issues and criminal behaviours) | |  | | | | | |
| **Current Situation:** | | Please indicate the scale of the situation that the young person is currently facing. | | | | | |
| Not living at home |  | Young person is staying with family members/friends or has presented as homeless/is rough sleeping/sofa surfing and is unable to return home. | | | | | |
| At risk of leaving home |  | Frequent conflict; repeated warnings/threats of being asked to leave the family home; young person going missing; relationships approaching a breaking point. | | | | | |
| Escalating Issues |  | Communication challenges within family; escalating arguments/conflict; relationships between young person and parent(s)/carer(s) deteriorating. | | | | | |
| Presenting Issues |  | Family would benefit from some support due to arguments/conflict and difficulties in relationships. | | | | | |
| **Is young person aware of referral?** | |  | **Is parent/carer aware of referral?** | | | |  |

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| **Other Agencies**  We want to know who else is supporting you at the moment. This helps us to work together with other organisations to support you. This information is only seen by the Family Support/Mediation staff and is gathered to enable us to understand what support you are already receiving and assess how our services could support you. | | | |
| **Name & Role** | **Agency** | **Contact Details** | **Current or Past** |
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| **Referrer Details**  This information is for the referring agent to complete. This information is only available to the Family Worker Service staff. We use this information for monitoring and evaluation purposes and also to keep you informed about the outcome of the referral. | |
| **Referring Agency Name & Contact Details:**  (Please also include details of any other services you know to be involved) |  |

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| **London Youth Homeless Prevention Service**  Reconnect forms part of Depaul’s London Youth Homeless Prevention Service. We offer tailored support to help young people between the ages of 11 – 25 navigate the challenges and risks of homelessness. Our prevention services focus on keeping the young person in secure accommodation while also providing emergency accommodation and specialised housing support if they have to leave their home. A young person will be able to access multiple services which provide the relevant support. Would you like to find out more information or be referred to one of our other services? | | |
| **Nightstop** | Nightstop provides emergency accommodation in the spare bedrooms of trained and vetted volunteers | Yes / No |
| **Housing Advice** | Our Housing Advise workers support young people to find short term and longer-term accommodation | Yes / No |
| **Mind Connect** | Mind Connect provides counselling to young people | Yes / No |
| **Education Workshops** | Our Education team delivers engaging workshops to raise awareness of youth homelessness in schools and community groups | Yes / No |

**Please return completed form to:**

[Reconnect.London@depaulcharity.org.uk](mailto:Reconnect.London@depaulcharity.org.uk)

To call to discuss a referral:

M: 07966 743 200



This padlock symbol from the Information Commissioner’s Office is to make you aware that your information is being collected and processed in line with the General Data Protection Regulation and Data Protection Act 2018.

Depaul UK, Sherborne House, 34 Decima Street, London, SE1 4QQ [www.depaulcharity.org.uk](http://www.depaulcharity.org.uk)

Registered Charity Number: 802384, Company Number: 02440093 (Registered in England and Wales)

Depaul Housing Services is a subsidiary of Depaul UK

Registered Charity Number: 1155073, Company Number: 08561164 (Registered in England and Wales)

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