

## REFERRAL FORM FOR SERVICES

Headway East London (HEL) is a charity which supports people affected by brain injury. This includes provision of specialist services for brain injury survivors, their friends, families and carers.

HEL is committed to protecting all personal information collected, is transparent about why we do so, and what we do with it. For full details please see the Privacy Policy section on our website <http://headwayeastlondon.org/page/privacy-policy/>

For full information about our services please call the office on 0207 749 7790 or visit our website: [headwayeastlondon.org](http://headwayeastlondon.org)

### FUNDING FOR HEADWAY SERVICES

| <u>Services</u>   | <u>Price</u>  |
|---|---|
| Casework/ Family Support                                | FREE TO ACCESS - Short term pieces of information, advice, advocacy & support groups  |
| Day Services<br><i>(Including Young People's Group)</i> | £95.00 per day placement (excluding transport)  |
| Community Support Worker Service                        | Standard rate - £21.50* p/h (inclusive of reasonable expenses)<br><br>Higher rate - £23.00* p/h for clients with complex needs (inclusive of reasonable expenses)<br><br><i>*A decision upon which rate will be charged will be made at assessment. Minimum service provided, 4 hours per week.</i> |
| Neurological Therapy Service                            | Price on application  |

**NB: All prices are reviewed annually and are subject to change.**

### REFERRAL CRITERIA

- Anyone can make a referral. This includes self-referring, referrals from professionals and families/ friends etc.
- Referrals **must** be for someone who has had an acquired brain injury (ABI) and is over 16 years old.
- Headway East London does not offer services to people who have a progressive illness or who have had a brain injury at birth. If the person referred sustained an injury in childhood Headway East London reserves the right to carry out an extended assessment or suggest appropriate alternative services.
- Headway East London is only able to offer placements/services to people with high care needs if we are confident we will be able to meet those needs.

To be referred you **must** live in our catchment area which includes the following London Boroughs:

|                    |           |                |
|--------------------|-----------|----------------|
| Barking & Dagenham | Haringey  | The City       |
| Camden             | Havering  | Tower Hamlets  |
| Enfield            | Islington | Waltham Forest |
| Hackney            | Newham    | Westminster    |
|                    | Redbridge |                |

Referrals **must** be accompanied by at least one of the following documents about the person's injury:

- **Hospital Discharge Report**
- **Neuropsychology Assessment**
- **Therapy/Rehabilitation Discharge Report**
- **Report from Current Therapist**
- **Social Services Needs Assessment**

If you are making a referral for a funded service, please find out **who will be paying for the service.**

- If a Local Authority will be paying for the service(s), you **must** make a referral to their Access to Adult Social Care Team clearly stating the cost of the service and requesting they carry out a Care Needs Assessment. Please indicate the date of this referral.
- If the cost of the service(s) is to be paid by the NHS this form **must** be accompanied by confirmation of funding from the Clinical Commissioning Group / Health Commissioning Services.

If you are **not** making this referral in a professional capacity and are referring yourself or someone in your family we can help you with making these arrangements; please get in touch.

**The “Consent to Process and Share Information” form below, must be completed and signed to allow us to progress with this referral**

## **REFERRAL INFORMATION**

What is the primary reason for this referral?

If you know please mark which service this referral is for. More than one service can be selected:

### **FREE TO ACCESS SERVICES**

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- Casework
- Family Support

### **FUNDED SERVICES**

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- Day Service
- Young People's Group
- Community Support Worker Service
- Neurological Therapy Service (Fees apply for all therapy services)
- Physiotherapy
  - Occupational Therapy
  - Psychotherapy
  - Neuropsychology
  - Complementary Therapies (Inc. Craniosacral therapy)

- 
- Don't Know

How did you hear about Headway East London?

|                                      |  |
|--------------------------------------|--|
| <b>Referral date</b>                 |  |
| <b>Name of person being referred</b> |  |
| <b>Date of birth</b>                 |  |
| <b>Address</b>                       |  |
| <b>Phone</b>                         |  |
| <b>Email</b>                         |  |
| <b>National insurance number</b>     |  |
| <b>Local authority</b>               |  |

|                            |  |
|----------------------------|--|
| <b>Referred by (name)</b>  |  |
| <b>Relationship / role</b> |  |
| <b>Address</b>             |  |
| <b>Phone</b>               |  |
| <b>Email</b>               |  |

|  |  |
|--|--|
| <b>Name of main carer/<br/>next of kin</b> |  |
| <b>Relationship</b>                        |  |
| <b>Address</b>                             |  |
| <b>Phone</b>                               |  |
| <b>Email</b>                               |  |

|  |  |
|--|--|
| <b>Date of referral to the Access to Adult Social Care Team</b> <i>(if applicable)</i> |  |
| <b>Has a Care Needs Assessment been carried out?</b> <i>(if applicable)</i>            |  |
| <b>Has funding for Headway Services been agreed?</b> <i>(if applicable)</i>            |  |

|  |  |
|--|--|
| <b>Name of current or previous Social Worker</b> |  |
| <b>Address</b>                                   |  |
| <b>Phone</b>                                     |  |
| <b>Email</b>                                     |  |

|  |  |
|--|--|
| <b>Name of current or previous therapist</b> |  |
| <b>Type of therapy</b>                       |  |
| <b>Address</b>                               |  |
| <b>Phone</b>                                 |  |
| <b>Email</b>                                 |  |

|                         |  |
|-------------------------|--|
| <b>Name of GP</b>       |  |
| <b>GP practice name</b> |  |
| <b>Address</b>          |  |
| <b>Phone</b>            |  |
| <b>Email</b>            |  |

## DETAILS OF INJURY

|                                       |  |
|---------------------------------------|--|
| <b>Date of injury/diagnosis</b>       |  |
| <b>Name of hospital attended</b>      |  |
| <b>Dr / Consultant / Neurosurgeon</b> |  |

### Acquired Brain Injury:

- Vascular e.g. stroke, haemorrhage** (please give details)
- Viral e.g. meningitis** (please give details)
- Tumour** (please give details)
- Hypoxic / anoxic** (please give details)
- Encephalitis** (please give details)
- Other** (please give details)

### Traumatic Brain Injury:

- Road traffic collision (RTC)** (please give details)
- Assault** (please give details)
- Fall** (please give details)
- Other** (please give details)

**Please mark any of the following areas of function the person is having difficulty with as a consequence of their injury:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Epilepsy</b>            | <input type="checkbox"/> <b>Attention/concentration</b> |
| <input type="checkbox"/> <b>Movement/Mobility</b>   | <input type="checkbox"/> <b>Self-awareness/Insight</b>  |
| <input type="checkbox"/> <b>Vision</b>              | <input type="checkbox"/> <b>Problem solving</b>         |
| <input type="checkbox"/> <b>Hearing</b>             | <input type="checkbox"/> <b>Pain</b>                    |
| <input type="checkbox"/> <b>Taste/Smell</b>         | <input type="checkbox"/> <b>Transfers</b>               |
| <input type="checkbox"/> <b>Speech and language</b> | <input type="checkbox"/> <b>Fatigue</b>                 |
| <input type="checkbox"/> <b>Behaviour</b>           | <input type="checkbox"/> <b>Other difficulties</b>      |
| <input type="checkbox"/> <b>Emotions</b>            | <b>(Please give details):</b>                           |
| <input type="checkbox"/> <b>Memory</b>              |   |

**Medical condition:**

Please give a brief description of any other significant medical condition:

**Diabetes** (please give details)

**Cancer** (please give details)

**Heart disease** (please give details)

**Heart disease** (please give details)

**Allergies** (please give details)

**Other** (please give details)

**RISKS**

Please provide details of any risks – including risks related to home visits (e.g. pets at home, state of home)

**History of self-harm** (please give details)

**Current self-harm** (please give details)

**Suicidal ideation** (please give details)

**Previous suicide attempt** (please give details)

**Forensic History** (please give details)

**Previous harm to others** (please give details)

**Current risk to others** (please give details)

## CONSENT TO PROCESS & SHARE INFORMATION FORM

To help Headway East London support you more effectively, we may be required to provide information to, and receive information from, other parties involved in supporting you. This helps everyone work together. Wherever possible we will ask your permission to pass information on.

All information will be held in the strictest confidence and will only be available to security cleared staff and/or volunteers on a 'need to know' basis. Personal details are stored on Secure, Data Protection compliant databases.

**By signing this referral / consent form, you are positively “opting-in” for HEL to process relevant personal information required to provide support/ a service.**

You are able to withdraw consent at any stage by explicitly i.e. clearly & definitively, communicating this to HEL. Withdrawal of consent may affect our ability to make contact with third parties regarding your support, and may affect our ability to support you in certain cases.

Information regarding HEL's Data Protection & Privacy Policy are below. For full details please see our website <http://headwayeastlondon.org/page/privacy-policy/>

**To assist with my support, I consent to HEL storing & processing my personal information using their secure physical & online systems (accessible to relevant security cleared HEL staff involved in my support) in line with HEL Data Protection Policies (detailed on the sheet below and on HEL website)**

**To assist with my support, I consent to HEL sending and receiving information to & from relevant agencies/professionals involved in, or required to be involved in, my support. This may include (but is not limited to) My Local Authority, Social Workers, Hospital Staff, My GP, Therapy personnel, Housing Staff, Benefit Agencies and Other Relevant statutory agencies/personnel**

**I do not consent to HEL sending and receiving information to/from the following:**

**(Please state):**

Referee Signature

Printed Name

Date of Birth

Address

Date:

Witness / Carer signature

Printed Name

Relationship to person



## ETHNIC MONITORING FORM – What is your ethnic group?

There is no obligation to complete this section – Data provided may be anonymously shared with boroughs

Choose ONE section from A to F, and then tick the appropriate box to indicate the cultural background of the person being referred.

### A. White

- British
- Irish
- Any other White background, please state:

### B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please state:

### C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please state:

### D. Black or Black British

- Caribbean
- African
- Any other Black background, please state:

### E. Chinese or other ethnic group

- Chinese
- Any other, please state:

### F. Not Stated

- Prefer not to say

## **IMPORTANT**

**We cannot accept incomplete referrals. Please ensure that you have completed all sections including the consent to process & share information form.**

If you are self-referring or referring someone else in a non-professional capacity i.e. family member or friend, you do not have to have all of these details and or documents. Provided your referral includes consent to share information we can find out these details at a later stage.

## **REFERRAL CHECKLIST**

- Referral Form
- Discharge Report/Neuropsychology Assessment
- Social Services Care Needs Assessment
- Social Services Care Plan
- Ethnic Monitoring Form
- Consent to Process & Share Information Form

**Please send the completed form to:**

**Headway East London  
Bradbury House  
Timber Wharf, Block B  
238-240 Kingsland Road  
London E2 8AX**

**Tel: 020 7749 7790**

**Fax: 020 3582 4688**

**Email: [info@headwayeastlondon.org](mailto:info@headwayeastlondon.org)**

HEL is committed to protecting all personal information collected, and is transparent about why we do so and what we do with it.

For full details please see the Privacy Policy section on our website <http://headwayeastlondon.org/page/privacy-policy/> or request specific information about our Data Protection procedures by emailing [info@headwayeastlondon.org](mailto:info@headwayeastlondon.org)

## **Information Regarding HEL's Data Protection & Privacy Policy**

### **What Lawful Basis does HEL utilise to process data?**

HEL predominantly utilises Consent, Contract and Legitimate Interests to process personal data. **By signing a HEL referral / consent form and/ or requesting support from HEL, you are positively "opting-in" for us to process the relevant personal information required for us to provide support/ a service.**

- The personal data collected relating to **non-funded members** (Casework, Family Support) is done so based on the lawful basis of Legitimate Interests and/or Consent
- The personal data collected relating to **funded members** (Day Service, Support Work, Therapies) is done so based on the lawful basis of Contract

As the nature of our work involves medically related conditions, HEL processes special category data (health records). HEL satisfies the additional condition (h) required under article 9 of GDPR for processing this data.

### **What personal data does HEL collect?**

Depending on what service/project/information you receive from HEL, this will determine what personal data is collected. This may be different for a funded service and a non-funded service. The HEL referral form covers the majority of headings of data that is collected.

### **What do we use your personal data for?**

Depending on what service/project/information you receive from HEL, this will determine what we use your personal data for, why and for how long. Predominantly information is used for different purposes throughout someone's relationship with HEL. This may be to verify someone is in our catchment, verifying the condition is within our remit, assessing risk levels to self & others etc., having information about support needs etc.

### **Where is the data stored and who has access?**

HEL uses appropriate technical and organisational measures including secure paper filing systems, security tiered software, and cloud based Management systems to process personal data. Data is predominantly stored on GDPR compliant databases including Charitylog and SharePoint. These database have tiered security levels and staff with relevant security level clearance will be able to access details on these databases.

### **Is this data being shared with 3rd parties? (i.e. organisations external to HEL)**

There may be situations when it is necessary to share personal information with third parties. This may be to allow us to support you, and/or to get other organisations involved in supporting you. If written consent is received and relevant support is required, data may be sent to, and received from, 3rd party agencies already involved, or required to be involved with supporting someone.

### **How long do we keep personal data? What is the policy on data deletion?**

Information is retained as long as a service contract is in place and/or ongoing support is occurring. If there has been inaction with a person for a period of 6 years the information will be archived and/or deleted to retain only non-identifiable information and retain the statistical information.

### **Your Data Protection Rights**

Headway East London (HEL) takes our responsibilities regarding the security of personal information seriously and strives to be open, transparent and proactive in every aspect of how we manage data. HEL is fully committed to adhering to the following rights for individuals; you have the right: to be informed, of access, to rectification, to erasure, to restrict processing, to data portability, to object.

### **I have more questions! I'm not clear! How can I find out more?**

For a comprehensive breakdown of all the information collected by HEL, and a justification of why, please see the relevant tab on the HEL Data Mapping Excel sheet which can be found on our Privacy Policy page on our website. If you wish to have more information on ways HEL processes data, or to assist with making a choice about "opting-in", please request this from the HEL Data Protection Officer through a member of staff, calling 020 7749 7790 or emailing [info@headwayeastlondon.org](mailto:info@headwayeastlondon.org)