

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.

For full information about our services please call the office on 0207 749 7790 or visit our website: headwayeastlondon.org or request a copy of our service specification.

FUNDING FOR HEADWAY SERVICES

Services	Price
Casework Service	Free to access - Short term pieces of information, advice, advocacy & support groups
Day Services	£107.29 per day placement (excluding transport)
Community Support Worker Service	Standard rate - £26.93 p/h (inclusive of reasonable expenses) Minimum service provided, 4 hours per week.
Neurological Therapy Service	Price on application

Referrals for the Enfield Brain Injury Service require a different form. Please see our website for more information

REFERRAL CRITERIA

- Anyone can make a referral.
- 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.
- 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	Havering	Tower Hamlets
Camden	Islington	Waltham Forest
Enfield	Newham	Westminster
Hackney	Redbridge	
Haringey	The City	

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

REFERRAL INFORMATION

Free to access service

Casework Service

Funded services

Day Service

Community Support Worker Service

Neurological Therapy Service (Fees apply for all therapy services)

 Physiotherapy

 Occupational Therapy

 Psychotherapy

 Neuropsychology

 Complementary Therapies (Inc. Craniosacral therapy)

Funded service must have information on who is going to pay

- If it's a local authority paying for the service a referral to their access team must be made with information on the service and costings and a request for a care needs assessment.
- If the NHS will be paying we will need funding confirmation from the Clinical Commissioning Group/Health Commissioning service.

If this is a self-referral we can help with the above

Referral date	
Name of person being referred	
Date of birth	
What gender do you identify with?	Male Female Other:
Address	
Phone	
Email	
Local authority	

Referred by (name)	
Relationship / role	
Address	
Phone	
Email	

Name of main carer/ next of kin	
Relationship	
Address	
Phone	
Email	

Date of referral to the Access to Adult Social Care Team	
Date of most recent Care Needs Assessment	
Has funding for Headway Services been agreed? If yes, please provide proof of funding.	

Social Worker	
Address	
Phone	
Email	

Therapist/Therapy Team	
Type of therapy	
Address	
Phone	
Email	

Name of GP	
GP practice name	
Address	
Phone	
Email	

DETAILS OF INJURY

Date of injury/diagnosis	
Name of hospital attended	
Dr / Consultant / Neurosurgeon	

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

MEDICAL CONDITION

Please give a brief description of any significant medical conditions we should be aware of:

RISKS

- 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)

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/>

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

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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

If your information is requested by a Court of Law, the Police or a similar legal/statutory body, you may have limited or no right to refusal

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

DIVERSITY MONITORING FORM

Headway East London (HEL) is committed to promoting equality of opportunity for all and welcomes staff, members and volunteers from all sections of the community. In order to help monitor the effectiveness of our Equality and Diversity Policy you are asked to provide the information requested below.

We occasionally provide statistical anonymous data to local authorities when requested however we assure you that the information you have provided us remains confidential and anonymous. If you do not wish to answer a question you can select 'prefer not to say'.

What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- European
- Any other White background, please write in

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please write in

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please write in

D Black or Black British

- African
- Caribbean
- Any other Black background, please write in

E Other ethnic group

- Arab
- Any other background, please write in

- Prefer not to say

What do you consider to be your religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religious belief / atheist

Other (please specify)

- Prefer not to say

What do you consider to be your gender?

- Male
- Female
- Non - binary
- I self – identify as
- Prefer not to say

What do you consider to be your sexual orientation?

- Bisexual
- Gay or lesbian
- Heterosexual
- Asexual
- Questioning / Unsure
- Other (please specify)
- I 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
- Diversity 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

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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