**BEACON**

**FAMILY HUB**

**Eligibility criteria check**

The Hub provides support for families where a child or young person is displaying behaviour that is deemed controlling, threatening, or intimidating to other family members. Please include as much information around the child or young persons behaviour, past and present, triggers, risky behaviours, or any additional learning needs. If we feel we haven’t got enough information to assess eligibility of referral or risk, then we will be in contact to discuss referral in more detail.

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| **Professional information** |
| **Referrer name** |  |
| **Organisation** |  |
| **Contact details** |  |
| **Primary cause for concern:**  |  |

**Parent/guardian(s) detail:**

Please put the lead parents’ information below to ensure we have a single point of contact with the family. Further information about other parent/guardian(s) can be added to the ‘household’ question below.

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| **Name:** |  |
| **D.O.B:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **Has the parent given their consent and aware of the referral? If no, we will not be able to accept the referral.**  |  |
| **Best ways to contact – if specific contact methods are needed, please include here e.g. safe word:** |  |
| **Is an email or text required before calling? Yes or no** | Email Yes □ No □Text Yes □ No □ |
| **Is it okay to leave a voicemail/text/email? Yes or no** | Voicemail Yes □ No □Text Yes □ No □Email Yes □ No □ |
| **Risk factors/vulnerabilities e.g. history of DA** |  |

We need consent from the child or young person (13+) for a referral into our service and for their information to be provided and stored. If consent has NOT been gained, please do not fill in the below information.

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| **Child or Young Persons details:** |
| **Name:** |  |
| **D.O.B:** |  |
| **Address:** |  |
| **School information:** |  |
| **Risk factors/vulnerabilities:** |  |
| **Behaviour triggers:** |  |
| **Additional needs i.e. Autism/ADHD:** |  |
| **Has the child or young person ever presented with abusive/challenging behaviour towards professionals? If yes, please provide further details on this** |  |

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| **Who lives in the household (including names and D.O.B):** |
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| **Please list any specific known risk posed by any member of the household which is relevant for us to be aware of:** |
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| **Incident details:** |
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| **Is this the first incident? Yes or no. (If no, please detail any previous incidents below)** |
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| **Who has been impacted by these incidents:** |
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| **Have any incidents been reported to the Police?** |
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| **Has the child or family ever received support from Social Services? (If yes, please provide details below)** |
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| **Are there any other organisations involved currently? Yes or No. (If yes, please outline who is involved and what support is being provided)** |
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| **Any further information:** |
| Please include information on any relevant family history, any other issues present for the family at the moment or any other information you feel is relevant. |