# **RECONNECT**

**Leicestershire Partnership (NHS) Trust**

# **Professional Referral Form**

Referrals will be accepted for any person aged 18 or above leaving a secure or detained setting (prison/IRC/CYPSE) with an identified health need which means that they would otherwise struggle to engage with community-based healthcare services and/or relevant support services.

RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services. RECONNECT will not duplicate other service provisions of support.

**RECONNECT will only accept referrals where consent is given by the referred individual. Full risk assessments should also be provided.**

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| **RECONNECT Referral Form** |
| **Date of referral:**  |
| **Name of individual being referred:****Preferred name:****Aliases / other names know by:** |
| **Referring service:** Choose an item.**Please state service name and location** (where possible please provide prison code)**:****If ‘Other’ was selected, please provide details, and confirm the name of the referral below:**  |
| **Prison Number:** **NHS number if known:** | **Date of Birth:** |
| **Please confirm the individual is aware of the referral and sharing of information.** (Please ensure the consent to share information form has been signed by the individual and is included with this referral)[ ]  **Yes, consented to referral.**[ ]  **Yes, consented RECONNECT to accessing healthcare and other professional records.** |
| **What is the individual’s sex?** Choose an item. | **Is the gender the individual identifies with the same as their sex registered at birth?** Choose an item. |
| **Religion or belief:**Choose an item. | **Ethnicity:**Choose an item. |
| **Sexual Orientation:**Choose an item. | **Marital Status:**Choose an item. |
| **Pregnancy and Maternity:**Choose an item. | **What is the individuals preferred pronouns?** (i.e. he/him, she/her, they/them) |
| **Armed Service history** (including reservist)**:** Choose an item.**If yes, have/are they engaged with a veteran’s specific service** (i.e. Op NOVA, Veterans HQ, HMPPS ViSCO’s etc.)**?** **If so, please provide details:** |
| **Area the individual will be released to and are they familiar with this locality:** |
| **Home Address:** Please indicate if no fixed abode upon release – where there is no fixed abode does the individual have known areas where they can be located, if so please provide details. |
| **Family/ Personal Circumstances** (e.g. will this person have family support on release, will they live with family? Support of friends etc.) |
| **Does the individual consent to a next of kin/trusted person being contacted, if there are difficulties in making direct contact with the individual?** (If yes, please provide name and contact details of next of kin?) |
| **Does the individual have any caring responsibilities?** (i.e. children, main carer for family member. Responsibilities including health and social care, financial care, support with shopping etc.) |
| **Identified health and wellbeing needs – diagnosed or suspected** (e.g. Neurodiverse conditions i.e. ADHD, Acquired Brain Injury, Autism, dyslexia; physical disabilities, mental health conditions, substance misuse needs – alcohol and/or substances; social/behavioural needs, sensory needs) |
| **Where needs are identified please describe current or historic support received:** |
| **Where needs are identified please state which of these (and any other barriers to engagement) require RECONNECT support for ongoing health engagement/access to treatment/support?** |
| **Does the individual require any reasonable adjustments?** |
| **Is the individual registered with a GP? If yes, please state which GP.** |
| **Does this individual have a health passport? If so, please attach to this referral form:** |
| **Does the individual have any current or historical risk to self (self-harm/suicide/accidental harm to self), including alerts/ACCT status? If so, please provide details (**i.e. OaSYS risk score**):** |
| **Release date/ROTL dates if known:**  |
| **Please provide any relevant details regarding the individuals current offence, including if the individual subject to any license conditions** (e.g. geographical tag/curfew etc.)**, length of sentence etc.:** |
| **Does this individual have any restraining orders? If so, please provide details:** |
| **Are there any concerns about a successful transition to the community?** (e.g. Anxiety/Previous unsuccessful attempts/Social circumstances etc.) |
| **Are there any current/historic risks that the individual poses when engaging with others? e.g. n**ature of offending, **aggressive tendencies, known triggers, previous behaviours etc. Please specify current risk level if known from professional formulations** (i.e. OaSYS, healthcare systems, NDeluis ect.) |
| **Is this individual under MAPPA/ MARAC? If yes, please include category and level:**

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| --- | --- | --- |
| Yes ☐  | **Category**  |   |
| No ​☐​  | **Level**  |   |

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| **Which other agencies are involved in this person’s care? Please provide contact details:**  |
| **Offender Manager in Custody details** (if applicable)**:**  |
| **Probation Officer and contact details** (if applicable**):** |
| **Details of Referrer** |
| **Name:** |
| **Job Role:** (if staff member) | **Contact Number:**  |  |
| **Email Address:** |

**Please tick below to confirm a risk assessment is attached to this referral.**

[ ] Thank you for completing the referral form.

Please ensure **ALL** areas of the form are completed, consent has been obtained, and the requested required documents are attached to your referral email, as these are required to process your referral.

**Please send your referral to:****lpt.reconnectreferrals@nhs.net**

Should you have any queries please do not hesitate to contact the team should you wish to discuss your referral

**We aim to respond to your referral within 5 working days**