Family Support Hub Referral Form

ANY FORMS RECEIVED FROM PROFESSIONALS WITH MISSING INFORMATION WILL BE RETURNED FOR COMPLETION

For support with completing this form contact your local Family Support Hub Coordinator (see pages 7 & 8 for contact details)

Ref No (for office use only)

Is this family currently open to? -		
• CAMHS (above Step2/Tier 2)	Yes ☐	No ☐
• Social Services (except Children with Disabilities Team)	Yes ☐	No ☐

(Families currently open cannot be referred to Family Support Hubs)

About the person completing referral

NAME OF REFERRER:	
Date of referral:	
Relationship to family: (i.e. family member/ GP/ HV)	
Contact number:	
Contact email:	

Is this a self-referral? Yes ☐ No ☐

Were you advised to self-refer? Yes ☐ No ☐

If so, by who? _____

About the family

Address**:** Postcode: Email: Contact Number:	

Parent/Carer/Partner

	Parent/Carer/Partner (Please specify)	Name	Gender	Age	Ethnicity	Contact Number	Requires Support? Yes/No
1							
2							

Is an interpreter required? Yes ☐ No ☐

If yes, what language? _____

Are there known communication barriers? e.g. Hearing impairment/Difficulties with Literacy

Children *

	Name	Gender	DOB	Age	Ethnicity	School	Requires Support Yes/No
1							
2							
3							
4							
5							
5							

* continue on separate sheet if necessary

Does anyone in the family have any additional needs, disability, mental health conditions?

Yes ☐ No ☐

If yes, please give details:

	Parent 1	Parent 2	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
ADHD/ADD	☐	☐	☐	☐	☐	☐	☐	☐
Autism (ASD)	☐	☐	☐	☐	☐	☐	☐	☐
Learning	☐	☐	☐	☐	☐	☐	☐	☐
Physical	☐	☐	☐	☐	☐	☐	☐	☐
Sensory	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐

Are any of the children on the waiting list for assessment for ASD/ADHD/ADD?

If yes, which child/children? (please provide name/s) _____

Referral Information

Reason for Referral (To be completed for all referrals if professional making referral)

Please include current family pressures and also note strengths (e.g. family and friends who support the family)

What other organisations/services are currently supporting the child/family or have supported family in the past 6 months? Please list and provide contact names/numbers where possible. (No contact will be made with those services without first speaking to the family and getting express consent)
Are they currently on a waiting list for any other service/s? e.g. Counselling Yes ☐ No ☐
Has the family/individual engaged with a Family Support Hub within the last 12 months? Yes ☐ No ☐ If yes, please specify which Family Support Hub _____

Family Views (Self Referrals)

Parent/Carer – What type of support/service is needed to assist you/your family?
Child/Young Person – What type of support/service is needed to assist you/your family?

WRITTEN CONFIRMATION OF CONSENT

PLEASE READ CAREFULLY THROUGH COMPLETED FORM BEFORE SIGNING

- ☐ I have read and understood the Family Support Hub Information Leaflet.
- ☐ I have read and understood the Family Support Hub Privacy Statement.
- ☐ I consent to myself/my child /my family (delete as appropriate) being referred to the Family Support Hub and on to an appropriate service provider.
- ☐ I understand and agree with the information provided and the referral to the Family Support Hub.
- ☐ I understand that Family Support Hub staff may contact me to further discuss support needs, to help identify appropriate services.
- ☐ I understand that relevant information from my referral may be shared with Hub partner agencies so that they can confirm whether the Family Support Hub is the most appropriate service for my child/family and help identify the right support. Any information shared will be proportionate, necessary and treated confidentially.
- ☐ I understand that in order to access a suitable service, my information may be discussed at a monthly Hub meeting with Hub Member Family Support service providers.
  (In Belfast Hubs, all information will be presented in a way that does not identify you or your family).
- ☐ I understand that my information on the Family Support Hub Referral Form will only be shared on a 'need to know' basis with the agreed service provider organisation/s.
- ☐ I understand that my information will be managed and secured at all times in accordance with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.
- ☐ I understand that I can withdraw my consent for engagement at any point.

*Signature(s) ……

……

(Parent(s)/Person(s) with Parental Responsibility/Individual)

*Signature(s) ……

VERBAL CONSENT

PLEASE NOTE BELFAST FAMILY SUPPORT HUBS WILL NOT ACCEPT VERBAL CONSENT

The following section **MUST** be **FULLY** completed by the person receiving verbal consent, if it is not possible to gain written consent.

If any sections of this are not fully completed the referral will not be accepted.

☐ I have read the full referral including reason for referral and confirmation of consent section to the person giving consent.

☐ I have established that they are able to give consent on behalf of the child/children/family.

☐ They have provided consent for themselves/their family/ children (delete as appropriate) being referred to the Family Support Hub and on to an appropriate service provider.

Name of parent/guardian giving consent: ……

Contact number: ……

Date of consent: ……

Time of consent: ……

Name of person receiving consent (PRINT NAME): ……

Signature: ……

Relationship to family: ……..

Contact number: ……

For further information on the Family Support Hubs including what happens next can be found at https://cypsp.hscni.net/wp-content/uploads/2026/06/Family-Support-Hub-Regional-Guide-Final-June-2026.pdf

Protecting and using your information

How we protect and use your information - https://cypsp.hscni.net/wp-content/uploads/2026/06/Protecting-and-Using-Your-Information-Easy-Read-Final-June-2026.pdf

Belfast Trust Protecting and Using Your Information Document - https://cypsp.hscni.net/wp-content/uploads/2022/08/BELFASTTrustFSH-referral-formMay22.pdf

If you would like a printed copy of this document please ask your local Family Support Hub Coordinator.

How to submit your referral

Referrals should be directed to your local Family Support Hub. If you are unsure which Family Support Hub to send your referral to please phone to confirm. Contact details for all Family Support Hubs can be found below.

Email details for Family Support Hubs that accept referrals electronically can be found on CYPSP website at https://cypsp.hscni.net/family-support-hubs/

Trust Area	Family Support Hub	Phone Number
Belfast	Inner East Belfast	(028) 9045 6766
	Lower North Belfast	(028) 9074 9986
	Upper North Belfast	(028) 9035 1020
	Greater Falls	(028) 9031 9634
	Greater Shankill	(028) 9031 1455
	South Belfast 1 (LORAG)	(028) 9031 2377
	South Belfast 2 (CASA)	(028) 9023 5451
	Outer West Belfast	(028) 9521 2131
	Outer South East Belfast	(028) 9041 9069
	Upper Springfield & Whiterock	(028) 9043 8438
Northern	Antrim & Ballymena	(028) 9446 7345
	Coleraine, Ballymoney & Moyle	
	Magherafelt & Cookstown	
	Larne & Carrick	
	Newtownabbey	
South Eastern	Down Sector	(028) 9250 1357
	Greater Lisburn	
	North Down & Ards	
Southern	Armagh & Dungannon	(028) 3752 2380
	Craigavon, Portadown & Banbridge	(028) 3833 1168
	Newry & Mourne	(028) 3083 5764

Trust Area	Family Support Hub	Phone Number
Western	Dry Arch	(028) 7774 2904
	Ethos	(028) 7135 2522
	Family First	(028) 7137 3870
	Strabane	(028) 7138 2658
	Outer West	(028) 7126 9833
	Fermanagh	(028) 6632 4181
	Omagh	(028) 8225 9495
	Waterside	(028) 7132 9444