Nottinghamshire Women's Aid Referral Form for Children and Young People

How to complete this referral:
By completing this referral form, you're helping us to make contact with the client as safely and quickly as possible. We'd appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

Referral form part 1 – 1-1 support and group work

Referral form part 1 and 2 – Hands are not for hurting

How to submit this referral:
Nottinghamshire Women's Aid LTD
Children and Young People's Domestic Abuse Services
The Farr Centre, Chapel Walk, Westgate,
Worksop, Nottinghamshire,
S80 1LR

Tel: 01909 533610   Fax: 01909 533617

Email: enquiries@nottswa.org

Website: www.nottswa.org

Eligibility criteria for this service: Please be sure to check that the client meets the following criteria before making the referral:

- We will only work with a child or young person if they have expressed their consent for us to contact them and are willing to engage with us.
- We offer a service to young men and young women up to the age of 18 years (we can continue to offer young women support over 18 years if they have additional needs) who have experienced the impact of domestic abuse.

Accompanying documents: Early Help Assessment Form (EHAF) and any other risk assessments that would support this referral.

How to get in touch: If you have any questions about our service, eligibility criteria, or how to make a referral, please contact Children and Young People's Domestic Abuse Services On 01909 533610

1. Information about the person making the referral

Date of referral:	
Please indicate which service you'd like to refer to:	
Please enter your name and contact details:	
Referrer's name	
Organisation name	
Role/ job title	
Contact number	
Contact email	

2. CYP contact info

Names			
First name			
Last name			
Other names			
What do they like to be called?			
DOB			
Contact info for this referral			
Please contact:	CYP directly ☐ Parent/ Carer ☐	*Parent/ carer name:*	
	Details	*Safe to contact?*	
Phone		☐	
Email		☐	
Current address			
Safe contact notes			
Next of kin – who can we contact in an emergency?			
Name		Relationship	
Contact information			
Safe contact notes			
School/ college/ nursery info:			

Safeguarding	
Are children's services involved in this case?	Yes ☐ No☐ Don't Know ☐
Level/ nature of involvement – notes:	

Accessibility requirements		
Does this client have any accessibility requirements (for example, hearing loop, braille documents)	Yes ☐ No☐ Don't Know ☐	*If yes, please provide details:*
Do they have any allergies?	Yes ☐ No☐ Don't Know ☐	*If yes, please provide details:*
Does this client require an interpreter?	Yes ☐ No☐ Don't Know ☐	*If yes, please provide details:*

3. Client equalities monitoring

How would this client describe their gender?	Female ☐ Male ☐ Other *(please specify):*________________ Don't Know ☐
Is their current gender different to the sex they were assigned at birth?	Yes ☐ No ☐ Don't know ☐
Do they consider themselves to have any kind of disability? (please tick any that apply)	Physical ☐ Learning ☐ Mental Health ☐ Deaf/ hearing impaired ☐ Blind/ visually impaired ☐ Other *(please specify):*________________ Don't Know ☐
How would they describe their ethnicity?	
White British ☐ White Irish ☐ White Gypsy or Irish Traveller ☐ Any other White background ☐ Asian British ☐ Asian Indian ☐ Asian Pakistani ☐ Asian Bangladeshi ☐ Any other Asian background ☐ Chinese ☐ Arab ☐	White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed/ multiple background ☐ Black British ☐ Black African ☐ Black Caribbean ☐ Any other Black background ☐ Other *(please specify):*________________ Don't Know ☐

Do they have a faith/ religion?	
No religion ☐ Bahai ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Jain ☐	Muslim ☐ Shinto ☐ Sikh ☐ Zoroastrian ☐ Other *(please specify)*:________________ Don't Know ☐
What is their sexual orientation?	Heterosexual/ straight ☐ Gay woman/ Lesbian ☐ Gay man ☐ Bisexual ☐ Other *(please specify)*:________________ Don't Know ☐

4. Client support needs/ vulnerabilities

Please tell us more about any support needs the client may have:	
Mental Health ☐ Physical Health ☐ Sexual Health ☐ Substance misuse ☐ Aggressive behaviour ☐ Self-harming/ suicidal feelings ☐	Issues with educational attainment/ attendance ☐ Social isolation ☐ Bullying/ being bullied ☐ Experiencing abuse ☐ Other *(please specify below)*
Additional details:	

5. Siblings

Please provide names and DOBs for any siblings below:	
Name	DOB

6. Reason for referral

Why are you making this referral – how could this client benefit from our support?
Are there any known risks to working with this client?

Thanks for taking the time to complete this referral.

To submit your completed document, please post to:
Nottinghamshire Women's Aid LTD
Children and Young People's Domestic Abuse Services
The Farr Centre, Chapel Walk, Westgate,
Worksop, Nottinghamshire, S80 1LR
Tel: 01909 533610 Fax: 01909 533617 Email: enquiries@nottswa.org

Before you send the referral, please check that your referral meets the criteria set out on the first page of this document and that any relevant additional materials are attached - Early Help Assessment Form (EHAF), Teen DASH RIC and any other relevant risk assessments.
If you have any queries, please contact Children and Young People's Domestic Abuse Services On 01909 533610

HANDS ARE NOT FOR HURTING PROGRAMME ONLY.

Consent to Release Information
I consent to the information in this referral to be shared between member agencies of the Hands Are Not for Hurting Therapeutic Programme. I understand that the content of the sessions will be confidential except for circumstances surrounding safeguarding issues.

Carers Signature ----------------------------
Child/YP Signature ---------------------------- **OR** Child/YP Verbal consent ☐

<u>Mothers/female carer's Participation</u>

As a parent/carer you are encouraged to participate in a women's group that takes place during the same timeframe as the children's group. As children begin to heal from the impact of being exposed to abuse, the women's group provides an opportunity for you to gain information and support in nurturing the relationship between yourself and your child.

Will you be attending the group alongside your child? ☐ Yes ☐ No

We are able to offer assistance with transport and childcare in **some circumstances** for **The Hands are not for hurting programme only.**

Do you require assistance with transport to and from the venue? ☐ Yes ☐ No

Do you require assistance with Childcare? ☐ Yes ☐ No

Mother/female Carer's Information

1. Client contact info

Contact information		
First name		
Last name		
Other names		
What do they like to be called?		
DOB		
NI Number (if known)		
Addresses		
Current address		
Current Local Authority		
Local Authority of origin (if different)		
Does the perpetrator live at this address?	Yes ☐ No ☐ Don't Know ☐	
Safe contact notes:		
Contact info		
	Details	*Safe to contact?*
Phone		☐
Email		☐

Safe contact notes			
Next of kin – who can we contact in an emergency?			
Name		Relationship	
Contact information			
Safe contact notes			

Accessibility requirements		
Does this client have any accessibility requirements (for example, hearing loop, braille documents)	Yes ☐ No☐ Don't Know ☐	*If yes, please provide details:*
Does this client require an interpreter?	Yes ☐ No☐ Don't Know ☐	*If yes, please provide details:*

Client equalities monitoring

How would this client describe their gender?	Female ☐ Male ☐ In another way:________________
Is their current gender different to the sex they were assigned at birth?	Yes ☐ No ☐ Don't know ☐
Do they consider themselves to have any kind of disability? (please tick any that apply)	Physical ☐ Learning ☐ Mental Health ☐ Deaf/ hearing impaired ☐ Blind/ visually impaired ☐ Something else:________________ Don't Know ☐
How would they describe their ethnicity?	
White British ☐ White Irish ☐ White Gypsy or Irish Traveller ☐ Any other White background ☐ Asian British ☐ Asian Indian ☐ Asian Pakistani ☐ Asian Bangladeshi ☐ Any other Asian background ☐ Chinese ☐ Arab ☐	White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed/ multiple background ☐ Black British ☐ Black African ☐ Black Caribbean ☐ Any other Black background ☐ Other (please specify): ________________ Don't Know ☐
Do they have a faith/ religion?	
No religion ☐ Bahai ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐	Muslim ☐ Shinto ☐ Sikh ☐ Zoroastrian ☐ Other: ________________

Jain ☐	Don't Know ☐
What is their relationship status? (tick one option)	Civil partnership ☐ Married ☐ Divorced ☐ Separated ☐ Cohabiting but not married/ CP ☐ In a relationship (not cohabiting) ☐ Widowed ☐ Single ☐
What is their sexual orientation? (tick one option)	Heterosexual/ straight ☐ Gay woman/ Lesbian ☐ Gay man ☐ Bisexual ☐ Something else:_______________ Don't Know ☐
Are they pregnant?	Yes ☐ No ☐ Don't know ☐

2. Client support needs/ vulnerabilities

Please tell us more about any support needs the client may have:	
Mental Health ☐ Physical Health ☐	Substance misuse ☐ Offending ☐
Additional details:	
What is this client's nationality?	
(If not British National) What is their immigration status?	
(If not a British National) Do they have access to Public Funds?	Yes ☐ No ☐ Don't know ☐

3. Reason for referral

Why are you making this referral – how could this client benefit from our support?
Are there any known risks to working with this client?

Office use only:	
Referral outcome	
Referral accepted?	
Allocated to:	
Please complete if the referral was rejected	
Reason for rejection	Unable to contact client ☐ Client does not want support ☐ No space/ capacity to support ☐ Ineligible for support (age) ☐ Ineligible for support (borough) ☐ Ineligible for support (service description) ☐ Unable to meet support needs around language ☐ Unable to meet support needs around large family ☐ Unable to meet support needs around mental health ☐ Unable to meet support needs around disability ☐ Unable to meet support needs around NRPF ☐ Unable to meet support needs around drug and alcohol ☐ Previous convictions for violent/sexual offences/ arson ☐ Other ☐
Referred/ signposted on to:	Another refuge ☐ Another specialist VAWG service ☐ NDVH ☐ Non-VAWG organisation/ service ☐ Other ☐