

Guidance Notes

Please give as much information as possible when completing the referral form as it enables Nottinghamshire Women's Aid to make informed decisions regarding any referrals made to the service. The remit of the IDVA service is short term crisis support for clients identified at high risk as identified on the DASH risk assessment, including workers own professional judgement. This referral form is to be used to refer high risk, non MARAC cases to the IDVA service. The client must consent to this referral and information sharing with Nottinghamshire Women's Aid.

Nottinghamshire women aid Ltd makes no exclusions to any woman who is experiencing domestic abuse and treats all referrals to our services on an individual basis. We recognise there are additional barriers for some women accessing services that may include women with complex needs, mental health, substance misuse or alcohol issues , women where they have no recourse to public funds or English is not the first language. We work in a flexible non judgement way to address our service users needs. Information is available in a variety of formats and languages and staff are trained to support service user needs. If you want more information you can go to our website <http://www.nottswa.org> or contact 01909 533610 where a member of our team will be there to offer support.

PLEASE PROVIDE A SIGNED COPY OF THE DASH RISK ASSESSMENT WITH THIS REFERRAL. IF THE DASH MEETS THE MARAC THRESHOLD A MARAC REFERRAL SHOULD BE COMPLETED AND FORWARDED ALONG WITH DASH TO LOUISE BABE, MARAC ADMINISTRATOR. REFRRALS FOR MARAC SHOULD NOT BE MADE DIRECT TO THE IDVA SERVICE.

Details of referrer

Wherever possible please involve your client in completing this referral form to ensure that areas are covered as fully as possible. If a woman has not been involved in the completion of the referral form, can you please indicate this, noting any reason for this.

Details of woman requiring support

Please pay particular attention to contact details for the woman in order to help minimise risks to her safety. There may be particular days or times that it is unsafe to call her. Please indicate this on the form

If it is unsafe to correspond at her home address, please indicate if correspondence may be sent via your agency or to an alternative address.

Children's details

Please indicate if children are subject to a Child Protection Plan or are defined as "in Need" and their social worker's details if known. Please give any additional information regarding children on the "Further Information" section of the form.

Summary of background and risk issues

This section should provide an overview of the background and risk and details of any recent/high risk incidents. This is the starting point for IDVA contact and will give the worker an idea of what the client's current situation is and the safety measures that may be required. The IDVA will clarify the background and risk issues with the client once contact is made.

Perpetrators details

Please give as much information as possible as this section will help to inform our lone working risk assessments.

Issues which may impact on the domestic violence and additional info sections

Please use these sections to highlight key issues relating to the woman's individual experience of domestic abuse.

Referrals can be sent to the IDVA service at Mansfield Police Station, faxed to 01636 657919 or emailed to idvaservices.north@nottinghamshire.pnn.police.uk You can contact us by telephone Mon – Fri, 9am – 5pm by dialling 101, ext 8053606. Please ensure that any communication you send is secure and you inform the IDVA service before sending.

Registered Charity Number 513843

Nottinghamshire Women's Aid – IDVA Service

Details of Referrer

Name		Position	
Agency and address		Contact number	
Date of referral:			
Has the woman consented to this referral and information sharing with Nottinghamshire Women's Aid?			YES/NO DATE:
Has the woman been involved in completing this referral form?			YES/NO DATE:

Details of woman requiring support

Name		Current Address:
D.O.B.		Postcode:
Client Reference Number	(IDVA to complete this box)	
Safe contact number		Safe to correspond? YES / NO
Any unsafe times to call?		If "NO" Please give a safe correspondence address <i>(This could be an agency address)</i>
Safe to leave an answer message?		

Reason for referral to Service

Summary of background and risk issues (please continue on separate sheet if necessary):

Any other issues which may impact on the domestic violence? (If yes please give details)

ISSUE	WOMAN			PERPETRATOR			DETAILS
	Yes	No	D/K	Yes	No	D/K	
Mental Health Issues							
Alcohol Issues							
Substance misuse issues							
Pregnancy							
New birth							
Isolation							
Sexual abuse							
Escalating violence							
Recent incident							
Other (please specify) e.g. disability, learning disability, cultural, language etc.							

Any current civil injunction / restraining order / occupation order in place?
(if yes give details)

How safe does the client feel?

Current relationship with perpetrator			
Perpetrators details			
Name		D.O.B.	
Convictions / Cases Pending YES/NO (if yes please specify)		Current Address / Whereabouts	
D.V related? YES/NO (give details)			
Does perp. currently have any bail conditions? YES/NO (if "yes" give details)		Is perp. Currently on probation for D.V. offences? YES/NO (if "yes" give details)	
Previous engagement with Notts WA or other D.V. services (if known) <i>(Which service? Has client engaged well / consistently, any barriers to engagement?)</i>			
Any additional information			
Signatures and Consent			

Signature of worker completing this referral:

Date:

Signature of client **(I hereby give consent for my details and information regarding my case to be shared with agencies to assist them to support me and my family):**

Date:

If the referrer is not able to gain client signature but has been given verbal consent to make this referral and share information please sign below:

Sign:

Date:

Please note that without a client signature or a referrer signature confirming consent this referral cannot be accepted.

Outcome of Referral IDVA to complete these boxes

Date case allocated to IDVA

Allocated IDVA name

IDVA signature

Initial enquiry opened on client

YES/NO

DATE:

IDVA file opened on client

YES/NO

DATE:

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