# Women’s Aid Integrated Service

**Nottingham City**

**Young Voices Project**

**How to complete this referral:**

By completing this referral form, you are helping us to make contact with the family as safely and quickly as possible.

Before referring a family to Young Voices please ensure that you have sufficient knowledge of the service and criteria (please see below)

We’d appreciate it if you could include as much information as this saves the family from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**If you have any questions please contact Young Voices or the Stronger Families Team on: 0115 9345044 Monday – Friday 9.00am – 5.00pm**

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| **How to submit this referral:** To submit your referral please email or ring beforehand for the password to protect your referral documents:**Email:** **youngvoices@wais.org.uk** |
| Alternatively you can post or fax your referral to:  | **Young Voices****Women’s Aid Integrated Services** **30 Chaucer Street****Nottingham****NG1 5LP****Fax: 0115 9472199** |
| **Eligibility Criteria:**Young Voices is a project that provides one to one support to children and young people, that have experienced/been exposed to domestic abuse and live within **Nottingham City**. It is important that work has been carried out with the child/young person in order for them to engage and benefit from the service.Other criteria:* The child/young person is between 5 and 18 years old (at least school year 1)
* The child/young person has a memory of the abuse within the home.

Where the child or young person is still living with the perpetrator, an additional risk assessment will be carried out, to ensure the Young Voices service is appropriate for the individual. |
| **When we will respond:**We will confirm receipt of the referral within 5 working days and we will make contact with the family. |

1. **Information about the person making the referral**

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| --- | --- |
| 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  |  |
| **Consent:**  |
| Has the Child/young person given consent to have the referral?  | [ ]  Yes [ ]  No [ ]  Don’t Know  |

# 2. Mother/Carer contact information

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| **Names**  |
| First name  |  |
| Last name  |  |
| Date of Birth |  |
| *Details Safe to contact?*  |
| Phone  |  | [ ]  to call[ ]  to text[ ]  to leave voicemail  |
| Email  |  | [ ]  |
| Current address (inc. postcode) |  | [ ]  to post |
| Safe contact notes  |  |
| **Child 1 information**  |
| Name |  |
| D.o.B and age |  |
| Gender |  |
| Ethnicity  |  |
| Religion |  |
| School Yr |  |
| **Name and address of school/college** |
|  |
| **Safeguarding**  |
| Are children’s services involved in this case?  | [ ]  Yes [ ]  No [ ]  Don’t Know |
| Level/ nature of involvement – notes:  |  |
| **Access requirements**  |
| Does this child/ young person have any access requirements (for example, 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 child/yp require an interpreter?  | [ ]  Yes [ ]  No [ ]  Don’t Know  | *If yes, please provide details:* |
|  |  |  |
| **Custody and contact arrangements** |
| Who has custody of this child/young person? |  |
| Does the perpetrator have any contact with the child/young person? | [ ]  No contact with perpetrator [ ]  No formal contact arrangements in place[ ]  Perpetrator has sole custody[ ]  Perpetrator has supervised contact[ ]  Survivor has sole custody[ ]  Perpetrator has unsupervised contact |

1. **Child equalities monitoring**

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| How would this child/teen 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  |
| The 2010 Equality Act defines disability as *‘a physical or mental impairment which has a substantial and long term adverse [negative] effect on their ability to carry out normal day to day activities’* |
| Based on the definition above, 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? *(if age appropriate)*  | [ ]  Heterosexual/ straight[ ]  Gay woman/ Lesbian [ ]  Gay man [ ]  Bisexual [ ]  Other *(please specify):* [ ]  Don’t Know  |

1. **Children/young people support needs/ vulnerabilities**

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| ***Please tell us more about any support needs the child/ren 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. Household Composition

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| **Please provide names and Date of Birth for any members of the household, including siblings below:**  |
| Name | DOB |
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1. **Perpetrator’s Details**

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| **Please provide name, address, date of birth (if known) of any perpetrators and details of their relationship to the child** |
| Name | Address | DOB | Relationship to child |
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# 7. Reason for referral

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| **Why are you making this referral – Please could you tell us about current issues affecting the family**  |
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| **Does the child/ren have a clear memory of the abuse** |
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| **What do the child/YP want to achieve from the one to one support?** |
| **Any additional information about the family that could support our assessment** |
|  **Personal Safety Of The Child**If you have reason to believe that the personal safety of the child participating in the program is at risk due to recent separation, custody and/or access issues etc, please indicate below.**[ ]  HIGH RISK** Has attempted to locate and snatch in the past May try to snatch the child again May be physically abusive towards children and others**[ ]  MEDIUM RISK** May try to locate the child May be verbally abusive towards children and others**[ ]  STANDARD RISK** Is aware of the referral and will not contact**Important (for the referred mother)**Please provide us with the name and contact number of someone who will always know how to contact you. This is because we recognise that women may need to leave at short notice for one reason or another and we want to ensure that we can contact you to continue supporting you and your children.Name:Relationship to this personTel: No. |

Thanks for taking the time to complete this referral.

Before you send the referral, please check that your referral meets the criteria set out on the first page of this document. Please see coversheet for how to send this referral to the Young Voices Team.

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|  ***OFFICE USE ONLY***  |
| On Track ID:  |
| ***Referral outcome***  |
| Referral accepted?  | [ ]  Yes[ ]  No  |
| **Please complete if the referral was rejected**  |
| Reason for rejection  | [ ]  Unable to contact[ ]  Client does not want support [ ]  No space/ capacity to support [ ]  Ineligible for support (age) [ ]  Ineligible for support (borough/district/authority)[ ]  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 No Recourse to  Public Funds[ ]  Unable to meet support needs around drug and alcohol [ ]  Previous convictions for violent/sexual offences/ arson[ ]  Other  |
| Referred/ signposted on to:  |  |