**NDAS REFERRAL FOR OUTREACH SUPPORT**

**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.

Please bear in mind that our capacity to provide support is limited so the information provided on this form will enable us to determine if they are suitable for our Outreach Programme. Completion of referral does not constitute acceptance to the programme.

**How to submit this referral: Please email completed document to advice@ndas-org.co.uk**

**Adult eligibility criteria for this service:**

* **The client is a victim of current or historic domestic abuse**
* **The client has agreed to received 12 weeks support with weekly sessions taking place in the community or in the home.**
* **The client has support needs around three or more of the following issues Safety**
* **Accommodation**
* **Support Networks**
* **Legal Issues**
* **Health and Wellbeing**
* **Finances**
* **Children**
* **Empowerment and self esteem**

**Children Eligibility Criteria**

* **The parent/carer has received support around domestic abuse previously and would like support for their children.**
* **The parent/carer has completed the Freedom programme previously and would like support for their children.**
* **The child has been removed from the family setting due to Domestic Abuse.**

**The child/children have support needs around:**

* **Understanding domestic abuse and safety**
* **Exploring personal experiences of domestic abuse**
* **Healthy relationships**
* **Impact of domestic abuse on family**
* **How domestic abuse has affected my thoughts/feelings/behaviour**
* **Moving forward after domestic abuse**

**Accompanying documents:**

Please attach the following documents to this referral, if completed:

* DASH form
* Any other document that would support your referral

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact 03000120154 and speak to our advice worker or email advice@ndas.co

If any referral is deemed not to meet the criteria the referrer will be contacted and informed.

|  |  |  |
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| 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 |  | |

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  Rent arrears?  Private/housing association/owned? | | |  | | | | |
| 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:* | | | |

1. **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  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 |

1. **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 |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – how could this client benefit from our outreach support? Please elaborate below ( go to the next section if the client has completed the freedom programme or received support previously)** |
| 1. **Safety** 2. **Accommodation** 3. **Support Networks** 4. **Legal Issues** 5. **Health and Wellbeing** 6. **Finances** 7. **Children** 8. **Empowerment and self esteem** |
| **Client has received support previously or has attended the freedom programme:** |
| 1. **Client has received Support:**   **Date:**  **Agency:**   1. **Client has completed freedom programme:**   **Date:**  **Agency:** |
| **Are there any known risks to working with this client?** |
|  |

1. **Alleged perpetrator/s**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name |  |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Children – Please complete next section if there is a child or children in need of support. ALL SECTIONS MUST BE COMPLETED**

|  |  |  |
| --- | --- | --- |
| **If the person being referred has children, please provide their names and DOBs, Support needs below:** | | |
| Name | | DOB |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| Is there any social care involvement in this case?  *(Please give details including any plans)* |  | |
| Name of allocated worker *(if relevant)* |  | |
| School/Nursery attending |  | |
| Has Parental consent been given |  | |
| Does the child/children have additional needs?  (if relevant provide details) |  | |
| Please provide behaviours that are causing concern. |  | |
| Please provide a brief history of child experiences. |  | |
| Support required around (please expand):  **1.Understanding domestic abuse and safety**  **2.Exploring personal experiences of domestic abuse**  **3. Healthy relationships**  **4. Impact of domestic abuse on family**  **5. How domestic abuse has affected childs thoughts/feelings/behaviour**  **6.Moving forward after domestic abuse** |  | |

Thanks for taking the time to complete this referral. To submit your completed document, please email advice@ndas-org.co.uk

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.

If you have any queries, please contact [advice@ndas.-org.co](mailto:advice@ndas.-org.co).uk or call 0300 0120154.

|  |  |
| --- | --- |
| ***OFFICE USE ONLY*** | |
| ***Referral outcome*** | |
| Referral accepted? | Yes  No |
| 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)  Identified as unsafe to work with  Identified as perpetrator  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 |