

**SOLACE WOMEN’S AID REFUGE REFERRAL FORM**

**PART ONE**

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| **Date** |  | | **Time** | |  | | **Referral taken by** | | |  | |
| **Name of Service** | | | | |  | | | | | | |
| **Referred by** | | **Name** | | |  | | **Last name** | | **Mugadza** | | |
| **Agency** | |  | | | | | **Tel** | |  | | |
| **Email** | |  | | | | | | | | | |
| **Can you tell me what has prompted you to ring toady?** | |  | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | |
| **Name** | | |  | | | | | **D.O.B.** | | |  |
| **OASIS No.** | | | |  | | **Ever used any other names?** | | |  | | |
| **Ethnicity** | | | |  | | **Language(s) spoken** | | |  | | |
| **Interpreter required?** | | | **Yes No** | | |
| **Disability** | | | |  | | | | | | | |
| **How do you define your gender?** | | | |  | | | | | | | |
| **Sexual Orientation** | | | |  | | | | | | | |
| **Faith** | | | |  | | | | | | | |

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| ***Worker prompt: Please be mindful some people have had children removed or are involved in court proceedings. Ask sensitively if people have children.*** |
| **CHILDREN** |

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| **Name** | **Ethnicity** | | **Gender** | **Date of birth** | **Attending School/Nursery**  **Y/N** | **Part of this referral?**  **Y/N** |
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| **Are you pregnant?** | | **Yes No** | | | | |
| **Do your children have any additional support needs?** | | | | | | |
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**SOLACE WOMEN’S AID REFUGE REFERRAL FORM**

**PART TWO**

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| **PERSONAL DETAILS CONTINUED** | | | | | |
| **Tel**  **No** | **(home)**  **Safe to contact Yes No** | | | **(mobile) Safe to contact Yes** | |
| **Address currently fleeing from** | | | **Postcode: Borough:** | | |
| **Length of time at above address** | | |  | | |
| **Tenancy status** | | |  | | |
| ***Worker prompt: if woman is living in social housing and is accepted into the refuge, refer to the DV Reciprocal Housing Agreement Scheme immediately*** | | | | | |
| **Landlord details**  ***if woman is in social housing*** | | |  | | |
| **We find many women who have faced abuse have been financially impacted. Have you accumulated any rent arrears or debts?** | | | **Yes No**  **If yes, please give details** | | |
| **Unsafe area/areas? Consider family and perpetrator’s movement and links to other areas** | | |  | | |
| ***Worker prompt: if this is an in-borough referral please complete the in-borough Risk Assessment*** | | | | | |
| **Have you stayed in a refuge before?** | | | **Yes No** | | |
| **If yes, please detail where the refuge was, how long was stay, why did they leave the refuge** | | |  | | |
| ***Worker prompt: is there a need to contact the previous refuge? If in doubt speak to your line manager. Service User’s consent is needed before contact is made it may not be possible to continue with referral if consent is not given*** | | | | | |
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| **CURRENT SITUATION** | | | | | |
| **Immigration status** | |  | | **Recourse to public funds** | **Yes No** |
| **National Insurance number** | | | |  | |
| **Employed** | | | | **Yes No** | |
| **Student?**    **If Yes, how many hours per week?** | | | | **Yes No** | |
| **Entitled to/in receipt of Benefits?**    **If Yes, which Benefits are they receiving at the time of referral?** | | | | **Yes No** | |
| ***Worker prompt:* Please contact Housing Systems for advice if you are unsure on Housing Benefit entitlement. They have an email advice service which will respond within 24 hours** | | | | | |
| ***Worker prompt: Explain you want to ask some questions about their experiences. Again stress they can stop you at any time.*** | | | | | |
| **Can you tell me what has prompted you to ring today?**  ***Follow up questions – how long has this gone on for? What other incidents have there been? What is the most recent incident?*** | | | | | |
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| **Nature of (VAWG)** | | | | | | |
| ***Worker prompt: please complete this as the service user is talking about what has happened*** | | | | | | |
| **Please tick if applicable** | | | | | | |
| **Domestic Abuse** | | | | | |  |
| **Sexual Violence/Rape** | | | | | |  |
| **FGM** | | | | | |  |
| **Crimes committed in the name of so called honour** | | | | | |  |
| **Forced marriage** | | | | | |  |
| **Exiting prostitution** | | | | | |  |
| **Stalking** | | | | | |  |
| **Trafficking for sexual exploitation** | | | | | |  |
| **Relationship to perpetrator(s)** | | |  | | | |
| **Is perpetrator your carer?** | | |  | | | |
| **Name, address, DOB of perpetrator(s)** | | |  | | | |
| **PERPETRATOR PROFILE** | | | | | | |
| Has there been an **escalation** of domestic abuse with attacks becoming worse and happening more often? | | | | **Yes No** | | |
| Has the perpetrator expressed/behaved in a jealous way or displayed controlling behaviour or obsessive tendencies (such as **stalking**, abusive phone calls, texts and continued harassment)? | | | | **Yes No** | | |
| Has the perpetrator ever used, or made credible threats to use, weapons against the woman, the children or others? | | | | **Yes No** | | |
| Does the perpetrator have a history of violence, actual or attempted physical/sexual assault to any other person? | | | | **Yes No** | | |
| Does the perpetrator have/has he had problems with the following? (please tick) | | | | | | |
| **Alcohol □** **Mental Health**  **Drugs** | | | | | | |
| Has the perpetrator ever threatened to kill…..? (please tick) | | | | | | |
| **Themselves Victim Children**  **Other intimate partner Others (specify)** | | | | | | |
| **Current police/ support agency involvement (perpetrator). If none, please write ‘none’** | | | | | | |
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| **Are there any other services you are working with? If yes provide details** | | | | |  | |
| **Have you had any contact with Children’s Social Care?** | | | | | **Yes No** | |
| **If yes – can you give me details?** | | | | |  | |
| **Social Worker’s name** |  | | | | | |
| **Office** |  | | | | **Tel** |  |
| **Email** |  | | | | | |
| We have discussed already what a refuge is but do you have any more questions about refuge life? | | | | | | |
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| *Worker prompt:* talk further about main elements of living in your refuge if required including confidentiality of address and no visitors allowed | | | | | | |
| In order to work out how best to support you I need to find out what support needs you might have | | | | | | |
| How is your physical health? | |  | | | | |
| Being hurt by a partner doesn’t just cause physical injury but also emotional harm. The effects of living with abuse can cause people to feel depressed, anxious or mentally ill. Have you noticed any changes in how you feel? | |  | | | | |
| Some people feel suicidal or traumatised after being abused have your experiences led you to feel this way or do anything specific to cope? For example hurting yourself | | **Yes No**  Give details | | | | |
| Do you have a mental health diagnosis? | | **Yes No**  **Details of diagnosis? Who diagnosed and when?** | | | | |

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| Have you ever used drugs or alcohol in a way that has caused a problem? | **Yes No** |
| Have you been in contact with any medical services to support you mental health? | **Yes No**  **If yes what services? And is there a named professional eg. A CPN?** |
| **Are you taking any medication currently?** | **Yes No** |
| **If Yes, please give details** |  |
| **Some people find alcohol and drugs help them cope with how they are feeling – do you use anything to help you manage?** |  |
| Have you ever had an Anti-Social Behaviour Order against you? | **Yes No** |
| If yes, please give details |  |
| How do you cope with anger or stress, has this ever caused you to be violent/ aggressive towards anyone? | **Yes No** |
| If yes, please explain |  |
| It is rare that a criminal conviction would prevent you from moving into the refuge, however, we are going to ask you about criminal history so that we can make sure this is the right place for you. | |
| Do you have a criminal conviction or are you currently charged with a criminal offence? | **Yes No** |
| If yes, please explain |  |
| **Are you receiving support from any other agencies?** | **Yes No** |
| **If yes, please provide details** |  |

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| **Signature of client to confirm consent for referral to refuge:**  **Date:**  **(The referral should not be delayed if you are unable to get a client’s signature)** | |
| **Emergency contact details request (Next of kin/friend) *in case they don’t turn up and we need to follow up*** | |
| **Name** |  |
| **Contact details** |  |
| **Relationship** |  |
| **What time do you think you will arrive?** |  |
| **Has referral been given the SWA Out of Hours number?** | **Yes No** |
| **If possible can you bring** any letters from the Benefits Agency, any medical information including medication, Housing Benefit details, solicitor’s details, National Insurance Number, Social Worker details, Birth Certificates for everyone coming , personal items, passports, items which cannot be replaced, Marriage Certificate, child’s favourite toy, proof of UK residency | |
| **Signed: Date:**  **(worker)** | |

**Worker Prompt:**

**Please thank the service user for giving you this information. Remind them that what they have been through is not uncommon and that they are not alone. Let them know they have the right to be safe and get support. Let the woman know how a decision will be made and check safety while she is waiting.**

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| **SAFETY PROMPTS -** to go through with the woman – some questions may only be relevant once woman has been offered place at refuge and accepted. |
| **Safety tonight –** Does the woman and her children have somewhere safe to stay this evening? |
| **Mobile phone -** is it a PAYG or contract?  Who pays for it?  Access to online statements or paper?  **Location settings off? GPS off? – particularly important whilst travelling to refuge** |
| **Travel to refuge –** How will she get to the refuge – explain to professionals that they must meet at meeting place if accompanying  **If using own car -** When did APOA last have access to the vehicle?  Possible chance of tracker device? Explain where vehicle will have to be parked whilst in refuge  **If using Oyster** – does APOA have access to card if it is registered?  **If using contactless card for travel** – see below re bank account |
| **Bank Account- is it joint or in your name?**  Do the statements arrive in the post or are they paperless?  Does APOA know the internet log in details? |
| **Work-** does APOA know the location? |
| **Internet- email does he have access to your emails or any social media accounts ?**  Location settings need to be switched off , check history |

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| **OUTCOME:** | |
| **Has referring agency been informed of outcome?** | **Yes □ No □** |
| **If referral not accepted, please indicate why** | |
| **Not homeless due to VAWG** | **Yes □ No □** |
| **Safety e.g. lives too close to refuge** | **Yes □ No □** |
| **Offered place but refused** | **Yes □ No □** |
| **Does not want to accept support** | **Yes □ No □** |
| **Financial reasons** | **Yes □ No □** |
| **Support needs too high** | **Yes □ No □** |
| **Other please state** |  |
| **If referral not accepted have you Informed woman of her right to appeal the decision using SWA Complaints Procedure?** | **Yes □ No □** |
| **Informed woman about local/national agencies and or services which may be appropriate for them?** | **Yes □ No □** |

**THANK YOU FOR YOUR REFERRAL – WE WILL ENDEAVOUR TO PROVIDE AN OUTCOME AS SOON AS POSSIBLE**