

Newcastle Integrated Domestic Abuse Service

**Refuge referral form**

**December 2023**

**NEWCASTLE INTEGRATED DOMESTIC ABUSE SERVICE**

**REFUGE REFERRAL FORM**

**Please return to:** nidas.team@changinglives.cjsm.net (secure email) or Nidas.team@changing-lives.org.uk

 **or ring 0191 226 3688 for assistance**

**Please ensure a DASH risk assessment is completed by referring agency and attached**

 Our refuge service provides a safe space for single women and women with children

 only.

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|  **DETAILS OF PERSON MAKING REFERAL** |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |   |
| Contact number  |  |
| Contact email  |  |
| Date of referral |  |

 Is the person aware you are making a referral?

Is assistance required to get to the refuge?

If Yes, who will be making the travel arrangements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DETAILS OF PERSON BEING REFERRED** |
| First name |  |
| Last name |  |
| Previous/Other Names |  |
| DOB |  |
| Gender | Female Male ☐ Trans ☐ Non-binary ☐ Other (please specify) |
| **CONTACT INFORMATION** |
|  | Details | Safe to Contact? |
| Phone |  | Yes No☐ Don’t Know ☐ |
| Current AddressIncluding details of tenure (e.g. home owner, renting?) |  |
| Have you ever lived in a property that has been subject to cuckooing? |   |
| Do you have any housing related debt or arrears? |   |
| Does the perpetrator live at this address? |  |
| **ACCESSIBILITY REQUIREMENTS** |
| Accessibility requirements?(e.g. hearing loop, braille documents) | Yes ☐ NoDon’t Know ☐ | If yes, please provide details: |
| Disability/literacy or numeracy difficulties? | Yes ☐ No Don’t Know ☐ | If yes, please provide details: |
| Is an interpreter required? | Yes ☐ No Don’t Know ☐ | If yes, please provide details of language (s) spoken:  |
| **PERSONAL DETAILS** |
| NI Number |  |
| Describe employmentstatus(e.g. occupation, unemployed, in training or education, financial status, benefits) |  |
| State benefits entitlement(e.g. Universal Credit, ESA, PIP) | Yes No Don’t know ☐  |
| Ethnicity  |  |
| Describe Immigration Status & any concerns(e.g. Indefinite Leave to Remain, Spousal Visa, Student Visa) |  |
| Access to Public Funds?(If not a British National*)* | Yes No Don’t know ☐ |

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| **CHILDREN OF PERSON BEING REFERRED** |
| *Name**(Use “Unborn” for unborn baby)* | *Gender* | *DOB/Due Date* | *Does the child live with the person being referred?* | *Is the child included in this referral?* | *Is perpetrator the parent of child/unborn baby?* *If not, state who other parent is?* | *Does other parent have parental responsibility?* |
|  |  |  | Y ☐ N ☐ | Y ☐ N ☐ |  | Y ☐ N ☐ |
|  |  |  | Y ☐ N ☐ | Y ☐ N ☐ |  | Y ☐ N ☐ |
| 3. |  |  | Y ☐ N ☐ | Y ☐ N ☐ |  | Y ☐ N ☐ |
| 4. |  |  | Y ☐ N ☐ | Y ☐ N ☐ |  | Y ☐ N ☐ |
| **ADDITIONAL INFORMATION** |
| Living arrangements and address of child / children(if different to person being referred) |  |
| Do the children attend school/nursery?If yes, will this need to change? |  |
| Is there Children Social Care involvement?If yes, provide relevant information and include the social worker details(e.g. Child In Need, Child Protection, Subject to Care Order) | *For out of area referrals we require written confirmation that Children Social Care will remain involved. Have CSC provided confirmation via email?*Yes ☐ No ☐  |
| Are any child contact arrangements in place? |  |
| CYPS involvement?If yes describe involvement. |  |
| Are there any significant concerns regarding the children? |  |

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| **DETAILS OF PERPERTRATOR:** |
| Name |  |
| DOB |  |
| Relationship to person being referred |  |
| Address |  |
| Is there more than one perpetrator? |  |

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| **REASON FOR REFERRAL**  |
| Is the person fleeing domestic abuse and are they at immediate risk of harm?If yes, what are the current identified risks? |  |
| When was the most recent incident?What did the incident involve? |  |
| Describe relationship with the perpetrator and previous living arrangements |  |
| Describe the type of abuse being experienced(e.g.Control and coercion, jealous behaviour, physical, emotional or psychological, sexual abuse, online abuse, and stalking/harassment) |   |
| For how long has the abuse been going on? |  |
| Who is aware of the abuse?(e.g. police, A&E or GP)If police, provide details of crime, dates & PVP numbers |  |
| What are the main fears and concerns of the person being referred? |  |
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| Standard ☐ Medium ☐ High ☐  |
| MARAC involvement?If yes, please give details (including reference) | Yes ☐ No  |
| Has the person lived in a refuge before? | If yes, please give details including reason for move on: |
| Any localities of particular risk? |  |

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| **SUPPORT NEEDS/ VULNERABILITIES**  |
| **Please tell us more about any support needs the person being referred may have:** |
| Mental Health ☐Physical Health ☐ Additional Learning Needs ☐ | Drug Misuse ☐Alcohol Misuse ☐Offending ☐ |
| **Please provide additional details if you have ticked any of the above:** |
| **Mental Health***(e.g. diagnosis, prescribed medication, treatment plan, impact on presentation)*Has the person being referred ever threatened or attempted suicide? | Yes No Don’t know ☐If yes, provide details:Yes ☐ No Don’t know ☐If yes, provide details. |
| **Physical Health***(e.g. mobility issues, allergies, HIV, Hep C, treatment plans, prescribed medication)* | Yes ☐ No Don’t know ☐If yes, provide details: |
| **Additional Learning Needs***(e.g sensory, developmental, physical, learning or behavioural)* | Yes ☐ No Don’t know If yes, provide details.  |
| **Drug Misuse***(e.g. script, frequent or infrequent drug use including current and historic)* | Yes ☐ No Don’t know ☐If yes, provide details of:* Details of substances used
* Date of last use
* Frequency of use
* Support / Recovery Plan
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| **Alcohol Misuse****Including Historic & Current***(e.g. engaging in services, frequency of use)* | Yes ☐ No Don’t know ☐If yes, provide details. |
| **Offending***(e.g. Details of historic or current offending, risk toward staff or other residents*)*Police = please including warning markers.* | *We do not accept referrals for people with serious offending histories including schedule 1 offences and/or arson.*Yes No Don’t know ☐If yes, provide details. |
| **Additional Risk** | Is this person safe to lone work? Yes No If no, provide details:Any other additional risks we should we aware of?  |
| **PROFESSIONALS INVOLVED:**Does the person being referred (and children) have professionals’ involved?During our decision making process, we may contact professionals involved for additional/background information.  |
| Professional | Name  | Email / Tel. No |
| Adult Social Worker |  |  |
| Children Social Worker |  |  |
| Health visitor/mid wife  |  |  |
| Mental health Worker (s)  |   |  |
| Substance Misuse Worker (s)  |  |  |
| Probation Officer |  |  |
| Domestic Violence Officer (Police)  |  |  |
| Domestic Abuse Support Services |  |  |
| Other |  |  |
| **DISCLAIMER** |  |
| I hereby declare that the information provided in this referral is true and correct.I also understand that any wilful dishonesty may impact upon the future placement of the person being referred and could result in termination of the license agreement. |
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| **PERSON MAKING REFERAL:** | **PERSON BEING REFERRED:** |
| **Signature:** |   | **Signature:** |  |
| **Name:** |  | **Name:** |  |
| **Date:**  |  | **Date:**  |  |

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| **EQUALITIES MONITORING**  |
| How would this person 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?  |
| Buddhist ☐Christian ☐xHindu ☐Jewish ☐Sikh ☐ | No religion Don’t Know Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is their relationship status?(tick one option) | Civil partnership ☐Married ☐Divorced ☐ Separated ☐Cohabiting ☐In a relationship (not cohabiting) ☐ Widowed ☐Single  |
| What is their sexual orientation?(tick one option) | Heterosexual/ straight Gay woman/ Lesbian ☐Bisexual ☐Don’t Know ☐  |