

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](mailto:nidas.team@changinglives.cjsm.net) (secure email) or [Nidas.team@changing-lives.org.uk](mailto: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 Address  Including 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 ☐  No  Don’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 employment  status  (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? |  |
|  | |
| 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 | | | | | |
| **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 ☐x  Hindu ☐  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 ☐ |