# JUNO Women’s Aid

**South Nottinghamshire**

**Children and Teen Advocate Services**

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the family/teenager as safely and quickly as possible. We’d appreciate it if you could include as much information as this saves the family/teenager 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 the Children and Teen Advocate Duty Desk on: 0115 8221777, Monday – Friday 9.00am – 5.00pm**

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| --- | --- |
| **How to submit this referral:**  To submit your referral by email please ring beforehand for the password to protect your referral documents:  **Email: [childrenandteen@junowomensaid.org.uk](mailto:childrenandteen@juno.org.uk)** | |
| Alternatively you can post or fax your referral to: | **Children and Teen Advocate Service**  **JUNO Women’s Aid**  **30 Chaucer Street**  **Nottingham**  **NG1 5LP**  **Fax: 0871 989 5486** |
| **Eligibility Criteria:**  Children and teenagers who have witnessed or experienced domestic violence and abuse from the south of the county (Ashfield, Broxtowe, Gedling or Rushcliffe).  **One to one support**:   * The child must be aged 5 – 16 years (School years 1 – 11) * The child has witnessed and has a memory of domestic violence and abuse within the home   **Group Work:**   * The child must be aged 5 – 16 years (School years 1 – 11) * The child has witnessed and has a memory of the domestic violence and abuse within the home   **Hands Are not For Hurting Programme:**   * The child must be aged 5 – 16 years (School years 1 – 11) * The child has witnessed and has a memory of domestic violence and abuse within the home * The family are no longer living with the perpetrator and the relationship has ended * Both mother and child attend group sessions and where possible are supported by the referrer to do so   **Teen Advocate Support:**   * The teenager is aged 13-17 years (female and male) and has experienced abuse in their own intimate relationship | |
| **Additional information to submit?**  Early Help Assessment Form (EHAF), Teen DASH RIC and any other risk assessments that would support this referral. | |
| **When we will respond:**  The Children and Teen Advocate Service will respond to your referral within 2 working days. | |

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

|  |  |  |
| --- | --- | --- |
| Date of referral: | Click here to enter text. | |
| **Please indicate which service you’d like to refer to:** | | |
| Click here to enter text. | | |
| **Please enter your name and contact details:** | | |
| Referrer’s name | Click here to enter text. | |
| Organisation name | Click here to enter text. | |
| Role/ job title | Click here to enter text. | |
| Contact number | Click here to enter text. | |
| Contact email | Click here to enter text. | |
| **Consent:** | | |
| Has the Child/teen given consent to have the referral? | | Yes  No  Don’t Know |

# 2. Child/Teenagers contact information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Names** | | | | | | |
| First name | Click here to enter text. | | | | | |
| Last name | Click here to enter text. | | | | | |
| Other names | Click here to enter text. | | | | | |
| What do they like to be called? | Click here to enter text. | | | | | |
| Date of Birth | Click here to enter text. | | | | | |
| **Contact info for this referral** | | | | | | |
| Please contact: | Child or teenager directly  Parent/ Carer | | | | | |
| *Details Safe to contact?* | | | | | | |
| Phone | Click here to enter text. | | | | to call  to text  to leave voicemail | |
| Email | Click here to enter text. | | | |  | |
| Current address  (inc. postcode) | Click here to enter text. | | | | to post | |
| Safe contact notes | Click here to enter text. | | | | | |
| **Mother/ carer contact information** | | | | | | |
| Mother/carer name | Click here to enter text. | | | | | |
| Date of Birth | Click here to enter text. | | | | | |
| *Details Safe to contact?* | | | | | | |
| Phone | Click here to enter text. | | | | to call  to text  to leave voicemail | |
| Email | Click here to enter text. | | | |  | |
| Current address  (inc. postcode) | Click here to enter text. | | | | to post | |
| Safe contact notes | Click here to enter text. | | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | | |
| Name | Click here to enter text. | | | Relationship | | Click here to enter text. |
| Contact information | Click here to enter text. | | | | | |
| Safe contact notes | Click here to enter text. | | | | | |
| **Nursery/ School/ college/ info:** | | | | | | |
| Click here to enter text. | | | | | | |
| **Safeguarding** | | | | | | |
| Are children’s services involved in this case? | | Yes  No  Don’t Know | | | | |
| Level/ nature of involvement – notes: | | Click here to enter text. | | | | |
| **Access requirements** | | | | | | |
| Does this child/ teen have any access requirements (for example, braille documents) | | Yes  No  Don’t Know | *If yes, please provide details:*  Click here to enter text. | | | |
| Do they have any allergies? | | Yes  No  Don’t Know | *If yes, please provide details:*  Click here to enter text. | | | |
| Does this child/teen require an interpreter? | | Yes  No  Don’t Know | *If yes, please provide details:*  Click here to enter text. | | | |
| **Custody and contact arrangements** | | | | | | |
| Who has custody of this child/young person? | | Click here to enter text. | | | | |
| 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/Teenagers equalities monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| How would this child/teen describe their gender? | Female  Male  Other (*please specify):* Click here to enter text.  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):*  Click here to enter text.  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):*  Click here to enter text.  Don’t Know | |
| Do they have a faith/ religion? | | | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | | Muslim  Shinto  Sikh  Zoroastrian  Other *(please specify):*  Click here to enter text.  Don’t Know | |
| What is their sexual orientation? *(if age appropriate)* | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Other *(please specify):* Click here to enter text.  Don’t Know | | |

1. **Children/teenagers support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the child/teen 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:** | |
| Click here to enter text. | |

# 5. Household Composition

|  |  |
| --- | --- |
| **Please provide names and Date of Birth for any members of the household, including siblings below:** | |
| Name | DOB |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. **Perpetrator’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# 7. Reason for referral

|  |
| --- |
| **Why are you making this referral – how could this child/teen benefit from our support?** |
| Click here to enter text. |
| **Are there any known risks to working with this child/teen?** |
| Click here to enter text. |
| **Are you including any of the following documents with your referral?** |
| Early Help Assessment (formally CAF)  Teen DASH RIC  Other *(please specify):* Click here to enter text. |

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, and that any relevant additional materials e.g. Early Help Assessment or Teen DASH RIC are attached. Please see coversheet for how to send this referral to the JUNO Women’s Aid Children and Teen Advocate Service.

|  |  |
| --- | --- |
| ***OFFICE USE ONLY*** | |
| Modus ID: | |
| ***Referral outcome*** | |
| Referral accepted? | Yes  No |
| Allocated to: |  |
| **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: | Another refuge  Another specialist Violence Against Women and Girls  service  National Domestic Violence  Non-VAWG organisation/ service  Other |