# JUNO Women’s Aid

**Nottingham City**

**Young Voices Project**

**How to complete this referral:**

By completing this referral form, you are helping us to make contact with the family as safely and quickly as possible.

Before referring a family to Young Voices please ensure that you have sufficient knowledge of the service and criteria (please see below)

We’d appreciate it if you could include as much information as this saves the family 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 Young Voices or the Stronger Families Team on: 0115 9345044 Monday – Friday 9.00am – 5.00pm**

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| **How to submit this referral:**  To submit your referral please email or ring beforehand for the password to protect your referral documents:  **Email:** [**youngvoices@junowomensaid.org.uk**](mailto:youngvoices@juno.org.uk) | |
| Alternatively you can post or fax your referral to: | **Young Voices**  **JUNO Women’s Aid**  **30 Chaucer Street**  **Nottingham**  **NG1 5LP**  **Fax: 0871 989 5486** |
| **Eligibility Criteria:**  Young Voices is a project that provides one to one support to children and young people, that have experienced/been exposed to domestic abuse and live within **Nottingham City**. It is important that work has been carried out with the child/young person in order for them to engage and benefit from the service.  Other criteria:   * The child/young person is between 5 and 18 years old (at least school year 1) * The child/young person has a memory of the abuse within the home.   Where the child or young person is still living with the perpetrator, an additional risk assessment will be carried out, to ensure the Young Voices service is appropriate for the individual. | |
| **When we will respond:**  We will confirm receipt of the referral within 5 working days and we will make contact with the family. | |

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

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| --- | --- | --- |
| 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 |  | |
| **Consent:** | | |
| Has the Child/young person given consent to have the referral? | | Yes  No  Don’t Know |

# 2. Mother/Carer contact information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names** | | | | |
| First name |  | | | |
| Last name |  | | | |
| Date of Birth |  | | | |
| *Details Safe to contact?* | | | | |
| Phone |  | | | to call  to text  to leave voicemail |
| Email |  | | |  |
| Current address  (inc. postcode) |  | | | to post |
| Safe contact notes |  | | | |
| **Child 1 information** | | | | |
| Name |  | | | |
| D.o.B and age |  | | | |
| Gender |  | | | |
| Ethnicity |  | | | |
| Religion |  | | | |
| School Yr |  | | | |
| **Name and address of school/college** | | | | |
|  | | | | |
| **Safeguarding** | | | | |
| Are children’s services involved in this case? | | Yes  No  Don’t Know | | |
| Level/ nature of involvement – notes: | |  | | |
| **Access requirements** | | | | |
| Does this child/ young person have any access requirements (for example, braille documents) | | Yes  No  Don’t Know | *If yes, please provide details:* | |
| Do they have any allergies? | | Yes  No  Don’t Know | *If yes, please provide details:* | |
| Does this child/yp require an interpreter? | | Yes  No  Don’t Know | *If yes, please provide details:* | |
|  | |  |  | |
| **Custody and contact arrangements** | | | | |
| Who has custody of this child/young person? | |  | | |
| 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 equalities monitoring**

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| --- | --- | --- | --- |
| How would this child/teen describe their gender? | Female  Male  Other (*please specify):*  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):*  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 *(please specify):*    Don’t Know | |
| What is their sexual orientation? *(if age appropriate)* | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Other *(please specify):*  Don’t Know | | |

1. **Children/young people support needs/ vulnerabilities**

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| --- | --- |
| ***Please tell us more about any support needs the child/ren 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:** | |
|  | |

# 5. Household Composition

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| --- | --- |
| **Please provide names and Date of Birth for any members of the household, including siblings below:** | |
| Name | DOB |
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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 |
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# 7. Reason for referral

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| **Why are you making this referral – Please could you tell us about current issues affecting the family** |
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| **Does the child/ren have a clear memory of the abuse** |
|  |
| **What do the child/YP want to achieve from the one to one support?** |
| **Any additional information about the family that could support our assessment** |
| **Personal Safety Of The Child**  If you have reason to believe that the personal safety of the child participating in the program is at risk due to recent separation, custody and/or access issues etc, please indicate below.  **HIGH RISK** Has attempted to locate and snatch in the past  May try to snatch the child again  May be physically abusive towards children and others  **MEDIUM RISK** May try to locate the child  May be verbally abusive towards children and others  **STANDARD RISK** Is aware of the referral and will not contact  **Important (for the referred mother)**  Please provide us with the name and contact number of someone who will always know how to contact you. This is because we recognise that women may need to leave at short notice for one reason or another and we want to ensure that we can contact you to continue supporting you and your children.  Name:  Relationship to this person  Tel: No. |

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. Please see coversheet for how to send this referral to the Young Voices Team.

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| ***OFFICE USE ONLY*** | |
| On Track ID: | |
| ***Referral outcome*** | |
| Referral accepted? | Yes  No |
| **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: |  |