# Juno Women’s Aid

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**Stronger Families Programme (City)**

**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 Stronger Families please ensure that you have sufficient knowledge of the programme and criteria (please see below) in order to inform your decision to refer.

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 the Juno Stronger Families Team on:**

**0115 934 5045, Monday – Thursday 9.00am – 5.00pm Friday 9.30am – 3pm**

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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:** **strongerfamilies@junowomensaid.org.uk** |
| Alternatively you can post or fax your referral to:  | **Stronger Families****Juno Women’s Aid****30 Chaucer Street****Nottingham****NG1 5LP****Fax: 0871 989 5486** |
| **Eligibility Criteria:**Juno Stronger Families is recovery programme for mothers and their children who have witnessed or experienced domestic violence and abuse and live within **Nottingham City**. It is important that work has been carried out with the family to get them to a stage where they are ready to engage in the therapeutic group work.Other criteria:* The abusive relationship has ended and the family are no longer living with the perpetrator.
* The child is at least 5 years old (school year 1) and has a memory of the abuse within the home.
* Referrers are able to support the family to ensure both mother and child attend their group sessions.
 |
| **When we will respond:**The Juno Stronger Families Team will respond to your referral within **5** working days. |

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

|  |  |
| --- | --- |
| Date of referral:  | Click here to enter text. |
| **Please enter your name and contact details:**  |
| Referrer’s name  |  Click here to enter text. |
| Organisation name and address  |  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 woman given consent to have the referral?  | [ ]  Yes [ ]  No [ ]  Don’t Know  |

# 2. Mother/Carer contact information

|  |
| --- |
| **Names**  |
| First name  |  Click here to enter text. |
| Last 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  |   |
| **Child 1 information**  |
| Name |  Click here to enter text. |
| D.O.B and age | Click here to enter text. |
| Gender |  |
| Ethnicity  |  |
| Religion |  |
| Disability |  |
| School Year |  |
| **Name, address and telephone number of school****Named contact (if known)** |
|  |
| **Child 2 information**  |
| Name |  Click here to enter text. |
| D.O.B and age | Click here to enter text. |
| Gender |  |
| Ethnicity  |  |
| Religion |  |
| Disability |  |
| School Year |  |
| **Name, address and telephone number of school****Named contact (if known)** |
| Click here to enter text. |
| **Child 3 information**  |
| Name |  Click here to enter text. |
| D.O.B and age | Click here to enter text. |
| Gender |  |
| Ethnicity  |  |
| Religion |  |
| Disability |  |
| School Year |  |
| **Name, address and telephone number of school****Named contact (if known)** |
| Click here to enter text. |
| **Safeguarding**  |
| Are children’s services involved in this case? Please state which: | [ ]  Priority Family’s/Targeted Family Support[ ]  Child Protection [ ]  Child In Need[ ]  Don’t know Name and Role of worker:……………………………………………………….. |
| Level/ nature of involvement – notes:  | Click here to enter text. |
| **Access requirements**  |
| Does this child/ren 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/ren require an interpreter?  | [ ]  Yes [ ]  No [ ]  Don’t Know  | *If yes, please provide details:*Click here to enter text. |
| Primary language? |  |  |

# Household Composition

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

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. |

|  |
| --- |
| **Custody and contact arrangements** |
| Who has custody of this child/ren? |  |
| Does the perpetrator have any contact with the child/ren 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 |

# Reason for referral

|  |
| --- |
| **Why are you making this referral – Please could you tell us about current issues affecting the family and some family history**  |
|  Click here to enter text.    |
| **Does the child/ren have a clear memory of the abuse** |
| Click here to enter text. |
| **What do the family want to achieve from attending the Juno Stronger Families Programme.** |
|  |
| **Any additional information about the family that could support our assessment** |
|  |

1. **Children’s support needs/ vulnerabilities**

|  |
| --- |
| ***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  | [ ]  Issues with educational attainment/ attendance [ ]  Social isolation [ ]  Bullying/ being bullied [ ]  Experiencing abuse [ ]  Other *(please specify below)*  |
| **Additional details:**  |
|  Click here to enter text.     |

**Personal Safety Of The Child**

If you have reason to believe that the personal safety of the child participating in the programme is at risk due to recent separation, custody and 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.

1. **Equalities monitoring**

|  |  |
| --- | --- |
| 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  |
| Additional vulnerabilities | [ ]  Pregnant[ ]  Physical health [ ]  Drug support [ ]  Alcohol support[ ]  Offending[ ]  British National |  |
| How do you describe your 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  |
| What is your first language?  |  |
| Do you require an interpreter? |  |
| What is your 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 your sexual orientation? *(if age appropriate)*  | [ ]  Heterosexual/ straight[ ]  Gay woman/ Lesbian [ ]  Gay man [ ]  Bisexual [ ]  Other *(please specify):* Click here to enter text. [ ]  Don’t Know  |

Thanks for taking the time to complete this referral.

**N.B. Before you send the referral, please check that your referral meets the criteria set out on the first page of this document. Details on how to submit the referral can also be found on the first page.**