

# Juno Women’s Aid

**City 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 Teen Advocate Duty Desk on: 0115 8221760, Monday – Thursday 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:** [**samc@junowomensaid.org.uk**](mailto:samc@junowomensaid.org.uk) | |
| Alternatively you can post or fax your referral to: | **City Teen Advocate Service**  **Juno Women`s Aid**  **30 Chaucer Street**  **Nottingham**  **NG1 5LP**  **Fax: 0115 9472199** |
| **Eligibility Criteria:**  The YPVA service offers specialist support to teenagers from an accredited practitioner, focusing on those who have experienced domestic abuse in their own intimate relationship, in addition responding to other areas of violence against young women and girls both practical and emotional. The criteria’s for support into the service are below:   * Female Teens in intimate relationships aged 13-17years old (18 year olds with a learning disability) * Female to Female violence aged 13-17 * Child sexual exploitation * Gang related issues * Sexting, stalking and harassment * Youth offending linked to Domestic Abuse * Honour based violence * Forced Marriage * Online Grooming   We provide partnership working to; Domestic Abuse Support Unit, HBV and Force Marriage unit, Equation, YOTs, Beckhampton Teenage project, The DART, Social Care, Targeted support, Teenage Midwife Team, Family Nurse Partnership alongside and schools. | |
| **When we will respond:**  The City Team will aim to 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. | | | | | | |
| **Safe Alternative contact number** | | | | | | | | |
| Name | | Click here to enter text. | | | | | | |
| Relationship to YP | | 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. | | | | | | |
| **Perpetrators Details** | | | | | |  | |  |
| Name |  | | | | | Relationship | |  |
| D.O.B |  | | | | |  | |  |
| Contact Information |  | | | | |  | |  |
| **School/ college/ Training info for YP:** | | | | | | | | |
|  | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| **Safeguarding** | | | | | | | | |
| Are children’s services involved with YP | | | Yes  No  Don’t Know | | | | | |
| Level/ nature of involvement – notes: | | | Click here to enter text. | | | | | |
| **Access requirements** | | | | | | | | |
| Does this 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. | | | | |

1. **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. **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. Services

|  |  |
| --- | --- |
| **Please provide details of any services involved with the YP** | |
| Agency Name | Contact Details |
| 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. |

# 6. 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?** |
| CAF paperwork  Teen /Adult 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. CAF, CSE assessment, Teen DASH RIC are attached. Please see coversheet for how to send this referral to the JUNO 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 |