# 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**

|  |  |
| --- | --- |
| **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**](mailto:strongerfamilies@junowomensaid.org.uk)  **Unfortunately, we no longer accept referrals via post or fax.** | |
|  |  |
| **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.** * **The family should no longer be in crisis.** * **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 aim to 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 Child Services involved in this case?  Please state which: | | Priority Families/Targeted Family Support  Child in Need  Child Protection Plan  Care Order  Team around the child  CAF in place  Supervision Order  Voluntary Care Order  Other  Name, Role and contact number 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 (*for the referred mother*)**

|  |  |  |  |
| --- | --- | --- | --- |
| 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/  support needs | ☐ Pregnant  ☐ Mental health  ☐ Physical health  ☐ Drug support  ☐ Alcohol support  ☐ Offending support | |  |
| 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 primary language? | |  | |
| Do you require an interpreter?  (British Sign Language or language) | |  | |
| Do you have specific requirements? E.g. wheelchair ramp, hearing loop? | |  | |
| Are you a British National?  If not, what is your immigration status?  What is your nationality?  Do you have recourse to public funds? | |  | |
| 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  Gay woman/ Lesbian  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.**