

**NIDAS Support Services Referral Form – Children and Young People**

**\*If the young person you are referring is assessed as high risk using the DASH RIC assessment or on your professional judgement, you will need to refer to MARAC (Multi- Agency Risk Assessment Conference)**

**\*Please note, if you are making a referral for multiple children and/or young people please ensure you complete a separate referral form each.**

**Before you begin:**

Check – is your client is aware of their referral to our service?

Does your client consent for us to make safe contact with them?

**Completing this referral form:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible in order to help us understand more about the client’s needs and risk and also manage duplication of support.

**Completed referrals should be sent to:**

NIDAS – Nottinghamshire Independent Domestic Abuse Services 01623 683250.

Email: [referrals@nidas.org.uk](mailto:referrals@nidas.org.uk)

**This form can be used for:**

* NIDAS Children’s Outreach Service
* NIDAS Teen Outreach Service
* Group Work e.g. Escape the TRAP

**Eligibility criteria for this service:**

* Children and young people aged between 5 – 25 years who have experienced or are experiencing domestic abuse
* Children and young people who live in Mansfield and Ashfield

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact NIDAS 01623 683250

**Accompanying documents:**

Please attach any supplementary details where possible, particularly in relation to safeguarding and risk concerns. Where the young person is aged 13 – 25 it is recommended that a DASH assessment to be used to highlight risk factors. If you don’t have an assessment of risk completed and would like support to complete one contact us on 01623 683250.

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| --- | --- |
| **How did you hear about our service?** | |
| Search Engine  Email  Social Media  Education  Health  Housing  Word of mouth | Police  Social Care  Citizens Advice  Solicitors  Mental Health Services  Family Service  Other  Please specify: |

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| --- | --- |
| 1. **Information about the person making the referral** | |
|  | |
| Date of referral: |  |
| **Please indicate which service you’d like to refer to:** | |
| 1:1 Children’s Outreach  1:1 Teen Outreach  Group Work e.g. Escape The TRAP | |
| **Please enter your name and contact details:** | |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |  |
| Contact number |  |
| Contact email |  |

1. **CYP contact info**

|  |  |  |
| --- | --- | --- |
| **Names** | | |
| First name |  | |
| Last name |  | |
| Other/ preferred names |  | |
| DOB |  | |
| **Contact information for this referral** | | |
| Please contact: | | CYP directly  Parent/ Carer |
| Parent/ carer name: | |  |
| DOB: | |  |
| Address: | |  |
| Can we send post to this address? | | Post to this address |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Details Safe to contact?* | | | | | |
| Phone: |  | | | | |
| Email: |  | | | | |
| Safe contact notes: |  | | | | |
| Safe contact methods: | Call  Text  Email  Leave voicemail messages | | | | |
| Preferred contact time: |  | | | | |
| GP details: |  | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | |
| Name |  | | | Relationship |  |
| Contact information |  | | | | |
| Safe contact notes |  | | | | |
| **School/College/Nursery info:** | | | | | |
|  | | | | | |
| Are the child/young person in receipt of free school meals? | | Yes  No  Don’t know | | | |
| **Safeguarding** | | | | | |
| Are social care involved with this family? *(Please give details)* | Yes  No  Don’t know | | | | |
| Nature of involvement: *(please give details, current or previous involvement)* |  | | | | |
| Name of social worker and contact details: *(if relevant)* |  | | | | |
| **Are there any other services/agencies involved with this family?** | | | | | |
|  | | | | | |
| **Accessibility requirements** | | | | | |
| Does this client have any accessibility requirements (for example, hearing loop, 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 client require an interpreter? | Yes  No  Don’t Know | | *If yes, please provide details:* | | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client 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 |
| 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? | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Other *(please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Don’t Know |
| Is the young person in a relationship? *(Relevant for teen outreach service 11+)* | Yes  No  Don’t know  N/A |
| Is the young person pregnant?  *(Relevant for teen outreach service 11+)* | Yes  No  Don’t know  N/A |
| *If yes, please give additional details*  *e.g., expected due date, is the alleged perpetrator father to the unborn baby?* |  |

1. **Client support needs/ vulnerabilities**

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| --- | --- |
| ***Please tell us more about any support needs the client 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:** | |
|  | |

1. **Siblings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide names and DOBs for any siblings below:** | | | |
| Name: | DOB: | Additional Needs and/or Disabilities: | School/College/  Nursery: |
|  |  |  |  |
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1. **Alleged perpetrator/s**

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| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name: |  |
| Relationship to child/ young person: |  |
| Address: |  |
| DOB: |  |
| Additional details regarding alleged perpetrator e.g. risk: |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Reason for referral**

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| **Why are you making this referral – how could this client benefit from our support?** |
| \*Please consider: recent incidents, nature of abuse, is the abuse current or historic?  Identified support needs |
|  |
| **Are there any known risks to working with this client?** |
|  |

**Thanks for taking the time to complete this referral.**

To submit your completed document, please complete and send with the DASH risk assessment. If you have any queries, please contact NIDAS 01623 683250 [referrals@nidas.org.uk](mailto:referrals@nidas.org.uk) . Please send completed referral forms to [referrals@nidas.org.uk](mailto:referrals@nidas.org.uk) . Once the referral is received it will be check alongside the eligibility criteria. If the referral is declined, we will signpost the referrer to relevant support services. If the referral is accepted, the referrer will be updated and it will be progressed through to the relevant team’s Risk Assessment Worker who will contact the parent and/or young person to explore support and risk further, clients will be placed on waiting list until support can take place.