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| New Changes Referral **Specialist Navigator DSVA SMD**  This service is for women survivors of DSVA, aged 18 and over, experiencing SMD and living in temporary accommodation. See information sheet for more detail.  Please include as much information as possible, including recent DASH RIC score and threat from perpetrator if known.  In order for us to work in a trauma informed way, please let us know about any previous and/or current mental health difficulties that may impact on how we work with the woman to enable us to put relevant support in place. Please only refer if client has consented to us contacting her. | | | | | | | | | | |
| Client Details – please complete this section in full | | | | | | | | | | |
| Client Name | |  | | | | Date of referral | |  | | |
| Address & postcode | |  | | | | | | | | |
| Phone number | |  | | | | Safe to text?  Safe to call? | | | Yes/No  Yes/No |  |
| Email if available | |  | | | | Safe to email? | | | Yes/No |  |
| Date of birth | |  | Living with any children? (please include ages) | | | | |  | |  |
| Referrer Details – please complete this section in full | | | | | | | | | | |
| Organisation | |  | | | Organisation Phone Number | | |  | | |
| Person making referral (your name) | |  | | | Your job role | | |  | | |
| Your mobile no. | |  | | | Your email | | |  | | |
| Specific client issues being experienced (please tick any that apply) | | | | | | | | | | |
|  | Domestic/Sexual Violence or Abuse (current or historic) | | |  | | | Mental Health | | | |
|  | Offending | | |  | | | Substance Misuse/Dependency | | | |
|  | Homeless/vulnerably housed | | |  | | |  | | | |
| Is client receiving ongoing support from your service or other services? (give details –this helps us ensure the safety of the client) | | | | | | | | | | |
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| Why are you referring to us? What are the client’s support needs?  What does client need help with? Please specify timescales if anything urgent/crisis. Please copy and paste all available info on history, with client permission, so that client doesn’t have to repeat what she’s already told you. |
| **Domestic or Sexual Violence / Abuse** (this may include suffering violence, coercive control by a partner, ex-partner, parent, carer, or someone known to you).  **Prompts**: Police involved within last twelve months, crime number on record, referral made for additional support within last six months. DASH-RIC form completed in the last 6 months (risk score and if the referral was passed on to MARAC and the outcome) |
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| **Homelessness/Vulnerably Housed**  **Prompts:** Status of current temporary housing? Currently engaging with Housing Aid or any other homeless assistance? Due to be discharged from hospital? Rough sleeping with perpetrator? |
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| **Mental Health** (including PTSD/CPTSD, mental illness, personality disorder, learning disability)  **Prompts:** Diagnosis? Medication? Known to the crisis team? Hospital admissions related to mental health. Currently engaging with any professionals (e.g: CPN)? Risks associated with mental health issues. Referral from GP in last eight months to secondary provider or IAPT (CBT/MI)? |
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| **Substance Misuse** (Provide details of any misuse or dependency of drugs, alcohol, or prescription medication): Type of substance? I.V use? Recent or historic overdoses? Alcohol dependant? Amount and frequency? Type of alcohol? Historic or recent alcohol withdrawal seizures?  **Prompts:** Recent hospital admissions related to alcohol or substance misuse? Referred to, or currently engaging with any clinical substance support services within last eight months? |
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| **Offending**: Please provide as much detailed information as possible on current and previous offending  **Prompts**: Currently known to Probation? MAPPA? Pending court appearances? Type of offences? Last arrest? Dates of offences, pending action |
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| **Other needs: please tick any below that apply** |

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| Physical Health including mobility |  | Education/Training/Employment |  |
| Sexual Health |  | Children and Family Relationships |  |
| Neurodivergence |  | Contact Arrangements |  |
| Care Leaver |  | Legal Advice |  |
| Sex Work |  | Criminal Justice |  |
| Insecure Immigration Status |  | Interpreter |  |
| No Recourse to Public Funds |  | Culturally specific support |  |

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| GP details if available (GP name, surgery address, phone number) |
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| Your Risk Assessment of Client and her situation  We treat all risk assessment information with sensitivity. Sometimes we need to ask for more detail about an issue. Are there any responses to questions on this form that the client does not wish to talk to us about directly? If any of the following are selected, please attach a qualifying note. Who may we approach? |

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| Dangerous behaviour |  | Emotional/mental health issues |  |
| Known incidents of violence |  | Detained under the Mental Health Act |  |
| **If yes, to whom?** | | Known suicide attempts |  |
| Staff |  | Known self-harm |  |
| Public |  | Dual diagnosis |  |
| Friends |  | Concerning behaviours |  |
| Family |  | Self-care/risk from others |  |
| **Most serious damage caused:** | | History of serious self-neglect |  |
| None |  | History of being abused /exploited |  |
| Minor injury |  | History of being harassed |  |
| Serious injury |  | Accidental harm (kitchen fires) |  |
| Death |  | Persistent provocative behaviour |  |
|  | | Damage to property |  |
| Known incidents of abuse or harassment to others |  | Known risk to children |  |
| Verbal aggression to others |  | Problems managing anger/impulsive behaviour |  |
| Sexual assault/exposure |  | Arson |  |
| Substance Misuse |  | Alcohol Misuse |  |
| Perpetrator of Racial abuse |  | Perpetrator of Homophobic abuse |  |
| **If you have ticked the box to any of the above questions, please describe behaviour/incidents in detail - without this information, we will be unable to process the referral.** | | | |
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| **Please outline and share additional information on identified *risks to self*** | | | |
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| **Please outline and share additional information on identified *risks to others*** | | | |
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| **Please identify any issues with lone working. (ie: no lone working, etc.)** | | | |
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| Please give further information relating to any risks identified (e.g. confirm approx. dates of any suicide attempts, mitigating factors, MARAC referrals) | | | | | |
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| DASH RIC completed | Yes |  | No | Date completed: |  |
|  | If completed DASH RIC, please send copy with this form (password protected, as below) | | | | |
| Level of risk identified on DASH RIC |  | | | | |
| **Please return this form securely:**  Please password protect this referral form and send it to [reception@nottinghamwomenscentre.com](mailto:reception@nottinghamwomenscentre.com)  Please email password separately to [reception@nottinghamwomenscentre.com](mailto:reception@nottinghamwomenscentre.com) | | | | | |