**NDAS REFERRAL FOR CHILD/YOUNG PERSON OUTREACH SUPPORT**

This programme aims to provide young people with an opportunity to explore and learn about what relationships are all about. It highlights what healthy and unhealthy relationships look like, our personal boundaries within these relationships and where to go if we need help regarding this.

Please bear in mind that our capacity to provide support is limited so the information provided on this form will enable us to determine if they are suitable for our Outreach Programme. Completion of referral does not constitute acceptance to the programme.

**How to submit this referral: Please email completed document to advice@ndas-org.co.uk**

**Children Eligibility Criteria**

* **The parent/carer has received support around domestic abuse previously and would like support for their children.**
* **The parent/carer has completed a Domestic abuse programme previously and would like support for their children.**
* **The child has been removed from the family setting due to Domestic Abuse.**

**The child/children have support needs around:**

* **Understanding domestic abuse and safety**
* **Exploring personal experiences of domestic abuse**
* **Healthy relationships**
* **Impact of domestic abuse on family**
* **How domestic abuse has affected my thoughts/feelings/behaviour**
* **Moving forward after domestic abuse**

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact 03000120154 and speak to our advice worker or email advice@ndas.co

If any referral is deemed not to meet the criteria the referrer will be contacted and informed.

|  |  |  |
| --- | --- | --- |
| 1. **Information about the person making the referral** | | |
| Date of referral: | |  |
| **Please enter your name and contact details:** | | |
| Referrer’s name |  | |
| Organisation name |  | |
| Role/ job title |  | |
| Contact number |  | |
| Contact email |  | |

1. **Child and parent/carer contact information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Child’s First name |  | | | |
| Child’s Last name |  | | | |
| What do they like to be called? |  | | | |
| DOB |  | | | |
| **Current address** |  | | | |
| Does the perpetrator live at this address? | Yes  No  Don’t Know | | | |
| **Parent /Carer Contact Info** *Details Safe to contact?* | | | | |
| Name |  | | |  |
| DOB |  | | |  |
| Contact Number |  | | |  |
| Is it safe to leave message |  | | |  |
| Email |  | | |  |
| **Please provide a safe additional contact for emergency purposes ONLY** | | | | |
| Name & relationship to client |  | | |  |
| Contact Number |  | | |  |
| **Any additional safety notes please record here:** | | | | |
| **Has parental consent been given -** | | Yes | No | |

1. **Additional needs and involvement**

|  |  |  |
| --- | --- | --- |
| Is there any social care involvement in this case? | Yes | No |
| *(Please provide details including any plans)* |  | |
| Name of allocated worker and contact details  *(if relevant)* |  | |
| School/Nursery attending?  Contact at school |  | |
| Does child/young person have additional needs? | Yes | No |
| If yes please provide an overview of support needs |  | |
| Does the child/ young person have behaviours causing concern? |  | |
| Please provide a brief history of child experiences |  | |

1. **Children/young people equalities monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| Child/Young Person Gender | Female | Male | Other |
| Do they have any kind of disability?  (please tick any that apply) | Physical  Learning  Mental Health  Deaf/ hearing impaired  Blind/ visually impaired  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 | | |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – how could this client benefit from our outreach support? Please elaborate below** |
| 1. **Understanding domestic abuse and safety** 2. **Exploring personal experiences of domestic abuse** 3. **Healthy relationships** 4. **Impact of domestic abuse on family** 5. **How domestic abuse has affected my thoughts/feelings/behaviour** 6. **Moving forward after domestic abuse** 7. **Safety** |
| **Are there any known risks to working with this child/young person?** |
|  |

1. **Alleged perpetrator/s**

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

Thanks for taking the time to complete this referral. To submit your completed document, please email advice@ndas-org.co.uk

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 are attached.

If you have any queries, please contact [advice@ndas.-org.co](mailto:advice@ndas.-org.co).uk or call 0300 0120154.

|  |  |
| --- | --- |
| ***OFFICE USE ONLY*** | |
| ***Referral outcome*** | |
| Referral accepted? | Yes  No |
| Allocated to: |  |
| **Please complete if the referral was rejected** | |
| Reason for rejection | Unable to contact client  Client does not want support  No space/ capacity to support  Ineligible for support (age)  Ineligible for support (borough)  Ineligible for support (service description)  Identified as unsafe to work with  Identified as perpetrator  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 NRPF  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 VAWG service  NDVH  Non-VAWG organisation/ service  Other |