New Client Referral Form

# Referral Guidelines

1. This form is to be used to refer your client Savera UK who is at risk/threats of ‘honour’-based abuse and harmful practices. Please note Savera UK is not an emergency service **(only operate Mon- Fri, 9-5pm)**
2. Please **complete all appropriate sections of this form**. For any additional information, will contact the person listed in Section 1.
3. Please send the completed form to Savera UK secure email address [New.referrals@saverauk.cjsm.net](mailto:New.referrals@saverauk.cjsm.net) , if you are unable to use this email, please use [**EGRESS**](http://www.egress.com/) and send to [**beatriz@saverauk.co.uk**](mailto:beatriz@saverauk.co.uk)**.** any problem please contact our general enquire on 03301592004

# Referral Information

|  |  |
| --- | --- |
| **Date referred to Savera UK** |  |
| **Referrer’s name and organisation:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Police Log Number (if appropriate)** |  |
| **Police contact details:** |  |
| **Date of last known incident:** |  |

# About the Client

Savera UK policy is not to meet client with or where the perpetrator is present.

|  |  |  |
| --- | --- | --- |
| **Client Name:** | **DOB:** |  |
| **Address:** | | |
| **Client phone number:** |  | |
| **Is it safe to call the client?** | YES | NO |
| **Has the client given consent for Savera UK to contact them?  (please obtain client’s consent *before* making a referral)** | YES | NO |
| **Gender:** | MALE | FEMALE |
| * TRANSGENDER | NON BINARY |
| * OTHER | PREFER NOT TO SAY |
| **Client background/Ethnicity:** |  | |
| **Primary Language:** |  | |
| **Interpreter required? (for complex conversations)** | YES | NO |
| **Religion/Faith** |  | |
| **Are they currently practicing their faith?** | YES | NO |
| **Disability/literacy or numeracy difficulties?** | YES | NO |
| **Are there any mental health issues that we need to be made aware of?** | YES | NO |
| **Details if yes** | | |
| **GP details:** | | |

# Immigration status

|  |  |
| --- | --- |
| **What is the client immigration status?** |  |
| **Does the client have a solicitor? (please include details** | |

# Other Agencies

|  |  |  |
| --- | --- | --- |
| **Is the client aware of who to contact should they be at immediate risk of harm? (call 999)** | YES | NO |
| **Has this person been referred to MARAC currently or previously or has there been domestic abuse? (All HBV cases must be referred to MARAC)** | YES | NO |
| **If YES please provide information of MARAC hearing and agencies involved:** | | |
| **Has case been referred to Social Services  Contact details:** | YES | NO |
| **Has a ‘honour’based abuse and harmful practices Safeguarding Strategy meeting been organised? (please give date)**  **Any other agencies involved to support the client?** | | |

# Address and dependants

|  |  |  |
| --- | --- | --- |
| **Is the client in a safe address/ Has the client a safe place to go?** | YES | NO |
| **If NO, is a safe place required for the client?** | YES | NO |

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| --- | --- | --- |
| **Is there any children at the address?*****Under age of 18*** | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | | **School** | **Has a referral to Children’s Social Services been made?** |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |

|  |  |  |
| --- | --- | --- |
| **Is there anyone else residing at client address?** *Over age of 18* | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | | **Relationship to client** | **Language** |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |

|  |  |  |
| --- | --- | --- |
| **Other relevant people/family members NOT at client address that we need to be aware of?** | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | | **Relationship to client** | **Language** |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |

|  |  |  |
| --- | --- | --- |
| **Is the client at risk of** **HONOR BASED ABUSE?** | YES | NO |
| **What has the client said that makes you feel they are at risk?** | | |
| **Do any family members/individuals know that the client has raised concerns and who the client fear of?** | YES | NO |
| **If YES:**  **What is full name of family member/individual that knows of disclosure?** |  | |
| **What is their relationship to the client?** | | |

# Risks and Threats to client

# FGM risks & threats

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| --- | --- | --- |
| **Is client at immediate risk of FGM? IF YES: Call 999** | YES | NO |
| **Has the client already undergone FGM as an adult/child?** | YES | NO |
| **Please give details:** | | |
| **Is the client aware that FGM is illegal in the UK?** | YES | NO |
| **Are there any family members/individuals who may pose a risk or wish for the FGM to undergo FGM?** | YES | NO |
| **Has FGM Protection Order being served or obtain to protect those at risk?** | YES | NO |
| If yes, give information of the FGMPO as when it was obtain and whose protected under the order**:** | | |
| **Any other concerns:** | | |

|  |  |  |
| --- | --- | --- |
| **Is the person at risk of or have been subject to a Forced Marriage?** | YES | NO |
| **If yes when and where did it take place** | | |
| **Names of those who forced/threatened the client into the marriage? (please provide full name)** | | |
| **Relationship to the client:** | | |
| **Does the client feel fearful of them and at high risk?** | YES | NO |
| **Does anyone of the clients family including spouse that they have disclosed these risks?** | YES | NO |
| **Does the client have any learning difficulties or impairments that may affect their ability to understand the risks or leave them open to further exploitation?** | YES | NO |
| **Has a Forced Marriage Protection Order been obtain to protect those at risk?** | YES | NO |
| If yes, give information of the FMPO as when it was obtain and whose protected under the order | | |
| **Any other risks:** | | |

# Forced marriage risks & threats

# Domestic Abuse related to HBA risk & threats

**Savera UK criteria for those at risk of Domestic Abuse/historical Domestic Abuse, should have relation/related to ‘honour’-based abuse risk which meet Savera UK referral criteria.**

|  |  |  |
| --- | --- | --- |
| **Is the Domestic Abuse/historic Domestic Abuse linked to ‘honour’-based abused or Harmful Practices?** | YES | NO |
| **If yes, give details of risks/threats** | | |
| **Is the perpetrator aware that they have disclosed risks?** | YES | NO |
| **Does the client have any learning difficulties or impairments that may affect their ability to understand the concerns or leave them open to further exploitation?** | YES | NO |
| **Has the client a safe place to go?** | YES | NO |
| **If NO, is a safe place required for the client?** | YES | NO |

# Savera UK Use only

|  |  |
| --- | --- |
| **Date Assigned:** |  |
| **Client ID/ref:** |  |
| **On database:** |  |
| **Assigned to:** |  |
| **Initial Meeting date:** |  |
| **Care plan decided:** |  |
| **Next Savera review:** |  |