Client Referral Form

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| Referral Guidance |

***PLEASE NOTE***

1. Complete form with much information as possible.
2. Completed form to be send to Savera UK secure email address New.referrals@saverauk.cjsm.net. If you are unable to use this email, please use [**EGRESS**](http://www.egress.com/) and send to **info@saverauk.co.uk****.**
3. Any problems submitting the referral, please contact our general enquire on 0800 107 0726
4. *Savera UK IS NOT AN EMERGENCY SERVICE (OPERATE MON-FRIDAY 9-5pm EXCLUDING BANK HOLIDAYS)*

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| Refer Information |

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| Date referred to Savera UK |  |
| Referrer details | Full name: |
| Role/Job title: |
| Relationship to client: |
| Organisation work for: |
| Team: |
| Phone number: |
| Email: |
| Referrer’s line manager contact | Full name | Email Address | Phone number |
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| Client Information |

***PLEASE******NOTE:*** *It is* ***NOT*** *Savera UK’s policy to meet clients with or where the perpetrator is present*

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| Client Name: | Gender: | DOB: |
| Background/ethnicity: | Primary Language: |
| Phone number:    | Other form of contact:  |
| Address: |
| Interpreter required (for complex conversations)? | YES | NO |
| How do they identify their religion, spirituality, beliefs, etc.? |  |
| Are they currently practicing it? | YES | NO |
| Any identified disability?  | YES | NO |
| Are there any mental health issues that we need to be made aware of?  | YES | NO |
| If yes to the above, please provide details: |
| Immigration | What is the client’s immigration status? |
| Are they open to any services supporting with immigration / asylum support? | YES | NO  |
|  | If yes, please provide contact: |
| Solicitor | Does the client have a solicitor?  | YES | No |
| If yes, provide contact:  |
| Family solicitor | Immigration solicitor | Both  |
| GP details: | GP Name: |
| GP Address: |
| GP Phone Number: |
| Consent & environment  | Has the client given consent for Savera UK to contact them?  | YES | NO |
| Does the client understand who Savera UK is and what support we provide? | YES | NO |
| Is it safe to contact the client using information provided?  | YES | NO |
| Is the environment safe for Savera UK to make contact?: | YES | NO |
| Is there a specific time day to make contact? If yes, provide this below:Date:Time: | YES | NO |
| Is the client in a safe address? | YES | NO |
| If no, will they be provided/moving into a safe address? |  |  |
| For any further information: |

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| Children & Other Family who are at risk of HBA & Harmful Practices  |

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| Names | DOB | Gender | Indication of harmful practices  | Relationship to client |
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| Perpetrators and relationship to the client:Indicate the client fear the most  |

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| Names | DOB | Gender | Indication of HBA  | Relationship to clientWho client fear most? |
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| ‘Honour’-Based Abuse & Harmful practices Risks & Threats to Child/Young Person |

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| ‘Honour’-Based Abuse (HBA) | Does the client recognise the risk and threat as HBA? | YES | NO | NOT SURE |
| If Yes, please state what client has stated as risk: |
| Professional opinion:Do you identify these risks/threats as HBA? | YES | NO | NOT SURE |
| Explain if there are any other hidden risks/concerns: |
| Forced Marriage | Does the client recognise the risk and threats as forced marriage? | YES | NO | NOT SURE |
| If Yes, explain all risks here: |
| Professional opinion:Do you identify these risks/threats as forced marriage? | YES | NO | NOT SURE |
| Explain if there are any other hidden risks concerns: |
| Female Genital Mutilation (FGM) | Has the risk/threat of FGM been identified by the client? | YES | NO | NOT SURE |
| If yes, please state what client has stated as risk: |
| Professional opinion:Do you identify/recognise this as a risk/threat of FGM? | YES | NO | NOT SURE |
| Explain if there are any other hidden risks concerns: |
| Other harmful practices | What are the other harmful practices/culturally specific traditions identified as a risk? |
| Provide as much information on what are the risks and threats are: |
| Why have these risk/threats been considered as harmful? |

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| Risk Assessment & Agencies involvement  |

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| Risk Assessments  | Has an ‘honour’-based abuse or other risk assessment been completed?  | YES | NO |
| If yes, state here:  |
| Has a risk management plan been completed? | YES | NO |
| If yes, state here:  |
| Multi-Agency Risk Assessment Conference (MARAC)  | Has client been referred to MARAC currently or previously?  | YES | NO |
| If yes, please provide information of MARAC hearing and agencies involved**:**Please note if no, as the main referrer, you are required to make a referral to MARAC.  | When did MARAC take place: |
| Who was involved? |
| Outcomes: |
| HBA & Harmful practices Safeguarding Strategy Meetings or any other professional meeting | Has a meeting been held or organised?  | YES | NO |
| If yes, give details:  |
| Social Services  | Has client been referred to Social Services?  | Adult | YES | NO |
| Children |  |  |
| Both Adult & Children |  |  |
| If yes, provide * Name of Social Services Case Holder:
* Organisation/Team:
* Contact:
* Email:
* Team/Service manager name & contact:

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| Police | Any police involvement? | YES | NO |
| Police Log Number (if appropriate): |  |
| Has a HBA toolkit been completed? | YES | NO |
| Police/travel Boarder Markers? | YES | NO |
| If yes to any of the above, please provide details and contacts: |
| Other services  | Is the client open to or has already been referred to other services (this can include statutory and non-statutory)? | YES | NO |
| If yes, please provide name and contact and reason for referral:  |

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|  Safeguarding & Safety planning  |

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| Safety planning Measures  | What safety measures have been taken so far, or are due to be taken, to mitigate/manage risk? |
| Action taken: |
| Action pending:Reason: |
| Any other information?  |