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](mailto: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**](mailto: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 client  Who 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: | | | | | | | | |
| 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? |