Under 16s Referral Form

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| Referral Guidelines |

***PLEASE NOTE:***

1. This form is **ONLY** to be to completed by professionals working with a person under the age of 16 years, who is at risk or may be at risk of ‘honour’-based abuse or/and harmful practices, and requires Savera UK advisory intervention and support.
2. Please complete the form with as much information as possible.
3. Once completed please send the form to Savera UK’s secure email address New.referrals@saverauk.cjsm.net. If you are unable to use this email, sign up for a free [**EGRESS**](http://www.egress.com/) account and use it to send this form to **info@saverauk.co.uk****.**
4. If you have any problems submitting the referral, please contact us by calling 0800 107 0726.
5. Savera UK IS NOT AN EMERGENCY SERVICE (Our hours of operation are Monday – Friday 9am-5pm excluding bank holidays).

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| Referrer 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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| Child/Young Person information |

***Please note:***

1. *It is* ***NOT*** *Savera UK’s policy to meet independently with child/or young person (YP) under the age of 16 years old,*
2. *We will always meet them with their key worker/professional present if required.*
3. *The advice given will be either verbal or written.*
4. *Savera UK will not take or follow up on actions once advice has been given*

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| Child/YP Name: | DOB: | Gender: |
| Background/Ethnicity: | Primary Language: |  |
| Address: |
| Interpreter required?  | YES | NO |
| How do they identify in terms of their religion, spirituality or beliefs? |
| Are they currently practicing them? | YES | NO |
| Is child/YP open to any services / support (statutory and/or non-statutory)?  | YES | NO |
| If yes, which organisation/team / named professional? |
| If yes, please provide contact details and any additional information:  |
| Name  | Contact  | Role | Dept/org |
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| School and key contact if any | Name of School: | Contact:  | Address: |
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| Child/YP environment & consent  | Are they at a safe address? | YES | NO |
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| If no, will they be provided with/moving into a safe address? |  |  |
| Are they aware of Savera UK and our involvement? |  |  |
| For any further information: |

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| Other family members at risk of harm  |

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| Names of those may be at risk | DOB | Gender | Indication of harm | Relationship to Child/YP |
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| Perpetrator information |

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| Names | DOB | Gender | Indication of harm | Relationship to client |
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| ‘Honour’-Based Abuse & Harmful practices Risks  |

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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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| 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?  |

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| For Savera UK Use Only |

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| Referral accepted: | YES | NO |
| If no, has client been notified? | YES | NO |
| Date Assigned: |  |
| Client ID: |  |
| Assigned to: |  |