

Changing Pathways Referral Form

How to complete this referral:

Completion of this form enables us to make contact with the individual as quickly and safely as possible.

From an unsecure email address please **password protect** the referral and send to us using the email address below, then send the password separately:

| Services | Referral Address |
|-------------------------|---|
| IDVA/ISAC | Secure: idva.referrals@changingpathways.cjsm.net Unsecure: idva@changingpathways.org Social Services - please use the unsecure email address and password protect your document |
| Brighter Futures | Secure: brighterfutures@changingpathways.cjsm.net Unsecure: brighterfutures@changingpathways.org Social Services - please use the unsecure email address and password protect your document |
| Outreach/ BAME services | Secure: referrals.secure@changingpathways.cjsm.net Unsecure: referrals@changingpathways.org Social Services - please use the unsecure email address and password protect your document |

Please be aware that for all refuge referrals, there is a requirement to speak to the individual to complete a suitable assessment. A refuge space will not be offered without this having taken place. If you would like to speak to someone about a refuge referral, please contact:

Basildon Refuge – **01268 581591**

Thurrock Refuge – **01375 845899**

REFERRAL CRITERIA - *Please be sure to check that the client meets the following criteria before making the referral:*

COMMUNITY BASED REFERRALS

IDVA:

- Victim is currently at high risk of immediate harm from domestic abuse, which includes the abuse being perpetrated by intimate partners, ex-intimate partners and family members.
- We are able to work with high risk victims from the ages of 16+, regardless of gender identity, sexuality and immigration status.
- Victim resides in the local areas of, Basildon, Rochford, Castle Point, Brentwood, Thurrock, Harlow or Epping Forrest (Southend has their own IDVA referral pathway).

DAP:

- Victim is currently experiencing standard or medium risk of harm from domestic abuse (or within 12 months), which include abuse being perpetrated by intimate partners, ex-intimate partners and family members.
- We are able to work with standard to medium risk victims from ages of 16+, regardless of gender identity, sexuality and immigration status.
- Reside in the local areas of, Basildon, Rochford, Castle Point, Brentwood, Harlow or Epping Forrest.

BAME:

- Victim is currently experiencing DA, HBA, FGM and Harmful practices and/or has NRPF.
- Identifies with Black, Asian and Minority Ethnic groups.
- We are able to work with standard, medium and high-risk victims from age 16+, regardless of gender identity, sexuality and immigration status.
- Reside in local areas of Basildon, Rochford, Castle point, Brentwood or Thurrock (only high risk in Thurrock).

STALKING:

- Victim is currently experiencing high risk stalking.
- We are able to work with high risk victims from the ages of 16+, regardless of gender identity, sexuality and immigration status.
- Victim resides in the local areas of, Basildon, Rochford, Castle Point, Thurrock, Brentwood.

NOTE: IF THE VICTIM RESIDES OUTSIDE OF THE LOCAL AREA, ADVISE THAT THEY CONTACT COMPASS WHO CAN LOCATE THEIR LOCAL SERVICE.

REFUGE REFERRALS:

- The applicant must be female and 16 years or older.
- The applicant must be leaving a situation where she is experiencing domestic abuse from a partner, same sex partner, other family member/carer, Forced Marriage, Female Genital Mutilation, Honour Based Violence, Stalking and Harassment, Sexual Violence, Sexual Exploitation, Elder Abuse.
- Women from all areas are accepted.
- Maximum age of male child is 14 years old.
- Applicants that are ex-offenders, serious offenders, previously evicted from refuge accommodation, have a history of violence or a history of arson will not be accepted into refuge.
- The applicant must have Destitution Domestic Violence Concession in place or agreed funding from elsewhere. Only one applicant with NRPF can be accepted into refuge at any one time.

How to get in touch:

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact Changing Pathways [01268 729707](tel:01268729707)

1. Information about the person making the referral

| | |
|--|--|
| Date of referral: | |
| Please indicate which service you'd like to refer to: | |
| | |
| Please enter your name and contact details: | |
| Referrer's name | |
| Organisation name | |
| Role/ job title | |
| Contact number | |
| Contact email | |

2. Client contact info

| | | |
|--|--|--------------------------|
| Contact information | | |
| First name | | |
| Last name | | |
| Other names | | |
| What do they like to be called? | | |
| DOB | | |
| NI Number (if known) | | |
| Addresses | | |
| Current address | | |
| Current Local Authority | | |
| Local Authority of origin (if different) | | |
| Does the perpetrator live at this address? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | |
| Safe contact notes: | | |
| Contact info | | |
| | <i>Details</i> | <i>Safe to contact?</i> |
| Phone | | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |
| Safe contact notes | | |

| COVID-19 questions | | |
|---|--|--|
| Is this client in the clinically vulnerable group or vulnerable group, therefore needing to be in appropriate space? Please ask if they received an NHS letter to shield. | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | <i>If yes, please provide details:</i> |
| Does their job role bring them into contact with suspected or positive COVID-19 patients? – If yes, consider self-contained. | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | <i>If yes, please provide details:</i> |
| Are there any Physical Health issues or medication concerns around COVID-19? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | <i>If yes, please provide details:</i> |
| Have they been in contact with anyone who has had symptoms of COVID-19? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | <i>If yes, please provide details:</i> |
| Is there anything else that could make them vulnerable to COVID-19? For example, the government guidelines around the at risk and vulnerable groups? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | <i>If yes, please provide details:</i> |
| <p>Please explain to all clients that we are running a reduced service, this will include only phone and virtual support for community support.</p> <p>Refuge clients will be booked in face to face but will need to wear a face covering and the support worker will be wearing both a face mask and visor.</p> <p>The first appointment may be done via face to face, again this will be wearing PPE with social distancing.</p> <p>On entry to refuge all clients will have their temperature taken – with a hand-held thermometer gun. This will be taken from a distance. Children will also be tested for their temperature.</p> | | |
| Next of kin – who can we contact in an emergency? | | |
| Name | | Relationship |
| Contact information | | |
| Safe contact notes | | |

| Previous requests for support | |
|---|---|
| Before being accepted here, did you try unsuccessfully to access any other domestic abuse services? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How many did you try to access? | |
| Is this an exact figure or an estimate? | Exact <input type="checkbox"/> Estimate <input type="checkbox"/> |
| Accessibility requirements | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> <i>If yes, please provide details:</i> |
| Does this client require an interpreter? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> <i>If yes, please provide details:</i> |

3. Client equalities monitoring

| How would this client describe their gender? | Female <input type="checkbox"/> Male <input type="checkbox"/> In another way: _____ |
|--|--|
| Is their current gender different to the sex they were assigned at birth? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> |
| Do they consider themselves to have any kind of disability? (please tick any that apply) | Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Deaf/ hearing impaired <input type="checkbox"/> Blind/ visually impaired <input type="checkbox"/> Something else: _____ Don't Know <input type="checkbox"/> |
| How would they describe their ethnicity? | |
| White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/> Asian British <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Chinese <input type="checkbox"/> | White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/ multiple background <input type="checkbox"/> Black British <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Other (please specify): _____ |

| | |
|---|--|
| Arab <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| Do they have a faith/ religion? | |
| No religion <input type="checkbox"/> Bahai <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Jain <input type="checkbox"/> | Muslim <input type="checkbox"/> Shinto <input type="checkbox"/> Sikh <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Other: _____ Don't Know <input type="checkbox"/> |
| What is their relationship status? (tick one option) | Civil partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting but not married/ CP <input type="checkbox"/> In a relationship (not cohabiting) <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> |
| What is their sexual orientation? (tick one option) | Heterosexual/ straight <input type="checkbox"/> Gay woman/ Lesbian <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else: _____ Don't Know <input type="checkbox"/> |
| Are they pregnant? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> |

4. Client support needs/ vulnerabilities

| | |
|--|--|
| Please tell us more about any support needs the client may have: | |
| Mental Health <input type="checkbox"/> Physical Health <input type="checkbox"/> | Substance misuse <input type="checkbox"/> Offending <input type="checkbox"/> |
| Additional details: | |
| | |
| What is this client's nationality? | |
| (If not British National) What is their immigration status? | |
| (If not a British National) Do they have access to Public Funds? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> |

5. Children

| If the person being referred has children, please provide their names and DOBs below: | |
|---|-----|
| Name | DOB |
| | |
| Are social services involved in this case? <i>(Please give details)</i> | |
| Name of social worker <i>(if relevant)</i> | |

6. Alleged perpetrator/s

| Information about the alleged perpetrator, if known: | |
|---|--|
| Name | |
| Relationship to survivor | |
| Address | |
| DOB | |
| <i>If there is more than one alleged perpetrator, please provide additional details in the box below:</i> | |
| | |

7. Reason for referral

| Why are you making this referral – how could this client benefit from our support? |
|--|
| |

| |
|---|
| |
| Are there any known risks to working with this client? |
| |

Thank you for taking the time to complete this referral.

To submit your completed document, please see front page for the relevant email addresses. Before you send the referral, please check that your referral meets the criteria for the service you require, and that any relevant additional materials are attached e.g. risk assessment etc.

If you have any queries, please contact Changing Pathways on 01268 729707.

Consent Form

- To help support you with domestic abuse and stalking we ask you for personal information about you and your experiences.
- We keep your personal information securely and it is only shared by the staff team when necessary.
- There may be times where staff are bound by law to share information about you with external agencies, for example, if we think that you or your children are at risk of serious and immediate harm.
- If you are deemed as high risk we will refer you to MARAC (Multi Agency Risk Assessment Conference). If we disclose any unreported crime that you have told us about on this referral, please be advised that the police will record these crimes and may be obliged to investigate them.
- If staff feel that they are bound by law to share information with other agencies, we will never pass on your information without telling you, and we will always look to do this with your consent.
- No other information will ever be passed on to external agencies without your consent unless required by law.
- Under the General Data Protection Regulations 2018 (GDPR), we will only record information that is relevant to your support.
- All personal information held will be accurate and up to date. Six years after you stop accessing our support your personal information will be deleted unless required to be kept by law.
- You have the right to see information that we hold on you, for free. Please give us 30 days to do this, please put this request in writing and send to welcome@changingpathways.org

I, _____ have read and understood the organisation’s privacy notice and **consent** for my personal information to be processed by Changing Pathways.

| | |
|------------------------|--|
| Print Name | |
| Signature | |
| Date of Consent | |

OR

I, _____ have had the organisation’s privacy notice explained to me over the telephone and understood the contents, and I **consent** for my personal information to be processed by Changing Pathways.

Case Practitioner Details

| | |
|------------------------|--|
| Print Name | |
| Signature | |
| Date of Consent | |

To ensure that we can effectively support you and/or your children, it may be necessary to share your personal information with a range of other agencies. We will only share the personal information necessary to achieve our aims.

We will only do this with your consent unless we have concerns about you or your child’s safety

I, _ consent to Changing Pathways sharing my personal information with the following agencies if necessary. (Please tick those that we have your permission to share information with)

- Local Authority Housing Departments
- Local Authority Adult and Child Social Care Teams
- Local Authority Housing Benefit Department
- The Department of Work and Pensions (DWP)
- The Police
- Solicitor firm that is working on your behalf
- Other Women’s Refuge/Outreach services
- SERICC or other Rape Crisis Centres
- The local Multi–Agency Risk Assessment Conference (MARAC)
- Your Doctor (GP surgery) or a local practice that you wish to register with
- Mental Health services including the Community Mental Health team
- Other voluntary sector organisations and grant making organisations

Changing Pathways sometimes takes part in national research to improve the kind of support women and children receive around domestic abuse.

We are also part of a national research programme run by Women’s Aid Federation of England, who are a national charity working to end abuse against women and children. As part of this programme we share anonymised information about our work with Women’s Aid to support research into domestic abuse, and to help campaign for more and better services for women and children.

Nothing that could identify you or your children (for example, names, addresses, birthdays) would ever be shared or made public as a result of this research.

If you consent to us sharing your information in this way, please just sign below.

Please **DO** use my anonymised information for research

| | |
|------------------------|--|
| Print Name | |
| Signature | |
| Date of Consent | |

Case Practitioner Details if consent received via telephone

| | |
|------------------------|--|
| Print Name | |
| Signature | |
| Date of Consent | |

| OFFICE USE ONLY | |
|---|--|
| Referral outcome | |
| Referral accepted? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rent Personal charges explained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| House rules explained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Confidentiality of refuge discussed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Allocated to: | |
| Please complete if the referral was rejected | |
| Reason for rejection | Unable to contact client <input type="checkbox"/> Client does not want support <input type="checkbox"/> No space/ capacity to support <input type="checkbox"/> Ineligible for support (age) <input type="checkbox"/> Ineligible for support (borough) <input type="checkbox"/> Ineligible for support (service description) <input type="checkbox"/> Identified as unsafe to work with <input type="checkbox"/> Identified as perpetrator <input type="checkbox"/> Unable to meet support needs around language <input type="checkbox"/> Unable to meet support needs around large family <input type="checkbox"/> Unable to meet support needs around mental health <input type="checkbox"/> Unable to meet support needs around disability <input type="checkbox"/> Unable to meet support needs around NRPF <input type="checkbox"/> Unable to meet support needs around drug and alcohol <input type="checkbox"/> Previous convictions for violent/sexual offences/ arson <input type="checkbox"/> Other <input type="checkbox"/> |
| Referred/ signposted on to: | Another refuge <input type="checkbox"/> Another specialist VAWG service <input type="checkbox"/> NDVH <input type="checkbox"/> Non-VAWG organisation/ service <input type="checkbox"/> Other <input type="checkbox"/> |