**Tameside Women & Families Centre**

**REFERRAL FORM**

**Introduction and guidance**

The Women and their Families centre is a service provided by Jigsaw Support (part of Jigsaw Homes Group) and commissioned by Tameside Metropolitan Borough Council. Located at Cavendish Mill, Bank Street Ashton-under-Lyne, OL6 7DN the service provides access to 1:1 support and access to group sessions to help users overcome barriers and challenges they face.

**Consent and privacy notice**

If you are making a referral for someone else please ensure;

* You are familiar with the eligibility requirements
* You have the consent from the client to share their information with us
* You and the client are aware of and how to access our privacy notice <https://www.jigsawhomes.org.uk/privacy-policy/>

**Eligibility**

Women aged 18 years or over and their families that require support in relation to one or more of the following areas;

* + Access to support for domestic abuse
  + Substance misuse
  + Mental health
  + Physical health
  + Parenting skills
  + Criminal justice issues
  + Engagement with other agencies
  + Housing
  + Debt and financial
  + Life skills
  + Education and training
  + Volunteering and employment
  + Support to access groups and networks in relation to any of the areas listed above

**Completing the referral**

To access the service a referral form must be completed by/for the client. This referral form can be used to self-refer or by a referring agent.

Please complete all relevant questions of this referral form. If you require support completing this form, to check eligibility or for more information please email [WomensCentre@jigsawhomes.org.uk](mailto:WomensCentre@jigsawhomes.org.uk) or telephone 0161 331 2211

You will receive an automated confirmation email and your referral will be processed within 5 working days.

**All completed referrals should be emailed to** [**WomensCentre@JigsawHomes.org.uk**](mailto:WomensCentre@JigsawHomes.org.uk)

**Section 1: Details of Referring Agent (all)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of referral** | / / | | **Referral source** | Self-referral | Agent |
| **Move to section 2 if this is a self-referral** | | | | | |
| **Agency/organisation name** |  | | | | |
| **Contact name** |  | | | | |
| **Contact number/email** |  | | | | |
| **Mandatory attendance**  Is this person required to engage with the service by probation or another similar service? | Yes | No | If ‘Yes’ please give details, who requires their attendance and why | | |
|  | | |

**Section 2: Client Details (all) *All fields are Mandatory***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First name** |  | | | | | | **Surname** | | |  | | | |
| **DOB** |  | | | | | | **NI No.** | | |  | | | |
| **Contact number** |  | | | | | | | | | | | | |
| **Email** |  | | | | | | | | | | | | |
| **Area/Postcode** |  | | | | | | | | | | | | |
| **Pregnant**  Prefer not to say | Yes | | No | | | If ‘Yes’ please give any other relevant details | | | | | | | |
|  | | | | | | | |
| EDD | / / | | | |
| **Disability**  Prefer not to say | Yes | | No | | | If ‘Yes’ please specify | | | | | | | |
| Physical | | Learning | | | Mental health | | Multiple impairments |
| **Ethnicity**  Prefer not to say | White  White British  White Irish  White Other | | | Black British  Black African  Black Caribbean  Black Other | | | | | Asian Bangladeshi  Asian Pakistani  Asian Indian  Asian Other | | | Mixed race  Other | |
| If ‘other’ please specify | | | | |  | | | | | | | |
| **Sexuality**  Prefer not to say | Heterosexual  Bisexual  Lesbian  Pansexual  Other | | | | | | | | | | | | |
| If ‘other’ please specify | | | |  | | | | | | | | |
| **Gender**  Prefer not to say | Female  Transgender  Other | | | | | | | | | | | | |
| If ‘other’ please specify | | | | |  | | | | | | | |
| **Safe contact arrangements**  Does this person have additional contact arrangements for their safety? | Yes | | No | | | If ‘Yes’ please give details | | | | | | | |
|  | | | | | | | |
| **Assessment requirements**  Does this person have additional assessment requirements? Such as needing an interpreter | Yes | | No | | | If ‘Yes’ please give details | | | | | | | |
|  | | | | | | | |
| **Have you accessed the service before?** | Yes | | No | | | If ‘Yes’ approximately when did the service end | | | | **Month / Year** | | | |

**Section 3: Any children Information (all)**

**Abbreviations:** CP – Child Protection, CIN - Child in Need -, PLO – Public Law Outline, CO – Care Order

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Provide details of all children and who they live with** | | | | | | |
| **Name** | **Living with** | **Sex** | **DOB** | **School** | **Subject to** | |
|  |  |  |  |  | CP | CIN |
| PLO | CO |
| Other | |
|  |  |  |  |  | CP | CIN |
| PLO | CO |
| Other | |
|  |  |  |  |  | CP | CIN |
| PLO | CO |
| Other | |
|  |  |  |  |  | CP | CIN |
| PLO | CO |
| Other | |

**Section 3: Safeguarding (all)**

|  |  |  |
| --- | --- | --- |
| **Do you believe that there are risks facing the children in the family?** | Yes | No |
| **Has a referral been made to safeguard the children?** | Yes | No |
| **Are the family known to Children’s Social Care?** | CP | CIN |
| CAFF | TFT |

**Abbreviations:** CAFF - , TFT -

**Section 4: Support Needs (Referring Agent only – Self referral do not complete)**

|  |  |  |
| --- | --- | --- |
| **Support areas** | **Y/N** | **Please provide brief information of the current situation and what support is required** |
| **Domestic Abuse** |  |  |
| **Substance misuse** |  |  |
| **Mental health Issues** |  |  |
| **Physical health Issues** |  |  |
| **Parenting** |  |  |
| **Criminal justice issues** |  |  |
| **Engagement with other agencies** |  |  |
| **Housing** |  |  |
| **Debt and financial** |  |  |
| **Life skills (language/ living skills)** |  |  |
| **Employment, Education, training** |  |  |

**Section 5: Safety Plan (Referring Agent only – Self referral skip to Brief Assessment to complete with staff)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Safety Factor** | **Score**  Bottom of page | **Details**  Please provide details and context in relation to factors scored **1, 2 or 3** including history, triggers and effects on the person | **Actions**  Please provide details of any support or actions for factors scored **1, 2 or 3**.  if there is no support or control in place please write ‘None’ |
| **Self-Harm/Suicidal Thoughts/Attempts** |  |  |  |
| **Alcohol/Drug**  **Use/Other** |  |  |  |
| **Physical Health/Disability** |  |  |  |
| **Offending Behaviours Against the Person** |  |  |  |
| **Other Offending Behaviours** |  |  |  |
| **Housing & Neighbourhood** |  |  |  |
| **Child Protection** |  |  |  |
| **Mental Health, including Anxiety & Depression** |  |  |  |
| **Risks from and/or to Others** |  |  |  |
| **Lone Working** |  |  |  |
| **Total Score** |  | (Please add together all of the scores and put the total score in this box)   |  |  | | --- | --- | | **Safety Scale Scores** | | | **1 - Very High** | Current issues concerns having extreme impact on wellbeing/safety of self and/or others | | **2 - High** | Current issues/concerns not being addressed/managed | | **3 - Med** | Current issues/concerns being addressed/managed | | **4 - Low** | Historical issues over 2 years ago | | **5 - None** | No issues or concerns | | |

**Declaration:** I agree that the information in this form is true and accurate to the best of my knowledge. If I have completed this form on behalf of someone else that I have consent from the client named in Section 2 to disclose this information.

|  |  |
| --- | --- |
| **Full name** |  |
| **Signature** |  |
| **Date** | / / |

Where signed on behalf of client state relationship i.e. referring agent, family member

|  |  |
| --- | --- |
| **Relationship to client** |  |

**INTERNAL USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Referral Accepted** | Accepted for brief assessment  Accepted for full assessment | Accepted for access to groups |
| If ‘Accepted - Other’ please give details below | |
|  | |
| **Reason for not engaging** | Eligibility  Insufficient detail | Withdrawn  Other |
| If ‘Other’ please give details below | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Action(s) taken** | Brief intervention  Support  Other action | Advice given  Signposted |
| Please give details the action(s) taken | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Referral processed by** | Staff | Volunteer |
| **Name** |  | |
| **Contact number/email** |  | |
| **Date processed** | / / | |

**All completed referrals should be emailed to** [**WomensCentre@JigsawHomes.org.uk**](mailto:WomensCentre@jigsawhomes.org.uk)