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**THRIVE REFERRAL FORM**

This referral form can be used to access the integrated domestic abuse and substance misuse service in Redcar & Cleveland.

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| **Email completed form to:** [thrive.withyou@nhs.net](mailto:thrive.withyou@nhs.net)  **Telephone:** [0300 303 3781](https://www.google.com/search?q=we+are+with+you+redcar&oq=We+are+with+you+redcar&aqs=chrome.0.0i355i512j46i175i199i512j69i60.14119j0j7&sourceid=chrome&ie=UTF-8) |

**1. THE REFERRER**

|  |  |  |  |
| --- | --- | --- | --- |
| Time & Date |  | Telephone Number |  |
| Job Title of Referrer |  | Name of Referrer |  |
| Email Address of Referrer |  | Agency |  |
| **Service Areas**  **Who is this referral for?** | **Select all which apply**  Domestic Abuse  Drug  Alcohol  **Family members requiring support:**  Person at risk  Person using violence/abuse  Child/ren stated on the form | | |

**2. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | | M  F  Trans  Non-Binary |
|  |  | |
| Other Known Names | Telephone Number | | |
|  |  | | |
| Email Address: |  | | |
| Address: | | | Postcode: |
|  | | |  |
| Is it alleged this person is abusive to the person at risk? | Y N |  | |
| Is an interpreter needed? If yes, give details. | Y N | Details: | |
| Is the person pregnant? | Y N | Details: | |
| Is there an ongoing criminal case? | Y N | Details: | |
| Are they currently on bail? | Y N | Details: | |
| Are they aware of the referral and do they consent to Thrive gathering and storing the details you are providing about them? | Y N | Details: | |

**PERSON AT RISK PARTNER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person at risk | Date of Birth | | | M  F  Trans  Non-Binary |
|  |  | | |
| Other Known Names | Telephone Number | | | |
|  |  | | | |
| Email Address: |  | | | |
| Address: | | | | Postcode: |
|  | | | |  |
| Ethnicity | | | |  |
| Disability? | | | | Y N |
| Is the address, email & tel number above safe to use? If not, give alternative contact details. | | Y N | Alternative Details: | |
| Is an interpreter needed? If yes, give details. | | Y N | Details: | |
| Is the person pregnant? | | Y N | Details: | |
| Are they aware of the referral and do they consent to Thrive gathering and storing the details you are providing about them? | | Y N | Details: | |

**CHILDREN AND YOUNG PEOPLE’S DETAILS -** Detail any children/young people within the family – Continue on a separate sheet if needed

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child/young person |  | | Date of Birth | |  | | Gender: | | M  F  T | |
| Relationship to person at risk | | |  | | | | | | | |
| Does the child/young person live at the same address as the person at risk? If no, give details | | Y N | Details : | | | | | | | |
| Are there Child Protection or Child in Need issues? If yes, give details. | | Y N | Details:  Category of CP: | | | | Is the young person pregnant? | | | Y  N |
| Does the child have a Social Worker?  If yes, give details including Social Worker’s name and contact information | | Y N | Details: | | | | | | | |
| Has an Early Help Assessment been completed on the child/young person?  If yes, give details | | Lead Agency | |  | | Date of assessment | |  | | |
| Copy Supplied | |  | | Other information | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child/young person |  | | Date of Birth | |  | | Gender: | | M  F  T | |
| Relationship to person at risk | | |  | | | | | | | |
| Does the child/young person live at the same address as the person at risk? If no, give details | | Y N | Details : | | | | | | | |
| Are there Child Protection or Child in Need issues? If yes, give details. | | Y N | Details:  Category of CP: | | | | Is the young person pregnant? | | | Y  N |
| Does the child have a Social Worker?  If yes, give details including Social Worker’s name and contact information | | Y N | Details: | | | | | | | |
| Has an Early Help Assessment been completed on the child/young person?  If yes, give details | | Lead Agency | |  | | Date of assessment | |  | | |
| Copy Supplied | |  | | Other information | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child/young person |  | | Date of Birth | |  | | Gender: | | M  F  T | |
| Relationship to person at risk | | |  | | | | | | | |
| Does the child/young person live at the same address as the person at risk? If no, give details | | Y  N | Details : | | | | | | | |
| Are there Child Protection or Child in Need issues? If yes, give details. | | Y  N | Details:  Category of CP: | | | | Is the young person pregnant? | | | Y  N |
| Does the child have a Social Worker?  If yes, give details including Social Worker’s name and contact information | | Y  N | Details: | | | | | | | |
| Has an Early Help Assessment been completed on the child/young person?  If yes, give details | | Lead Agency | |  | | Date of assessment | |  | | |
| Copy Supplied | |  | | Other information | |  | | |

**OTHER SIGNIFICANT FAMILY MEMBERS – Continue on a separate sheet if needed**

Detail any other significant family members, especially if they are living within the household and/or they may be vulnerable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name (including surname) | Date of Birth | Same Address? | Gender | Telephone number | Relationship to family |
|  |  | Y  N | M  F |  |  |
|  |  | Y  N | M  F |  |  |

**3. BACKGROUND INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for referral |  | | |
| Is any member of the family on MARAC/MAPPA?  If yes, give details. | Y  N  Unknown | Name(s) of person(s) on MARAC/MAPPA: | Details: |
| Have you completed the DASH risk assessment? If yes, give details | Y  N | Details: | |
| Does this family have any additional needs which are known to the referrer? If yes, give details. | Y  N | Details: | |
| Is either the person at risk, their partner, or another family member a current or former member of the armed forces? | Y  N | Details: | |
| GP Details |  | | |

**4. DOMESTIC ABUSE: REFUGE SERVICE ONLY**

Complete only if refuge accommodation is required

|  |  |  |
| --- | --- | --- |
| Does the woman have recourse to public funds? If no, give details | Y  N Unknown | Details: |
| Has the woman been in any refuge before? If yes, give details | Y  N Unknown | Details: |
| Do you have any reason to believe that the abuser is likely to pursue the woman to the refuge? If yes, give details | Y  N | Details: |

**4. SUBSTANCE MISUSE ONLY**

Complete only if the person at risk requires support with substance misuse

|  |  |  |
| --- | --- | --- |
| Please detail the type of substance(s) being used | Details: | |
| What is the frequency of use? | Details: | |
| Is the person at risk undergoing treatment for hepatitis C? | Y  N Unknown | Details: |

**5. ADDITIONAL INFORMATION**

|  |
| --- |
| Please provide any additional relevant information: |