

**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**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 |  |
| **Referral 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: |
|  |  |
|  |

**3. SUBSTANCE MISUSE INFORMATION**

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 undergoing treatment for hepatitis C? | ☐ Y ☐ N ☐ Unknown | Details:       |
| Any known risks? (Physical health, mental health, safeguarding, criminal justice etc) |  |
| Are we able to contact the person via email, phone, letter and home visits? |  |
| Additional information: |  |

**4. DOMESTIC ABUSE: (FEMALE) 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:       |

**5. PERSON AT RISK PARTNER**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of person at risk | Date of Birth |  ☐ M  ☐ F  ☐ Trans ☐ Non-Binary |  | Name of person at risk | Date of Birth |  ☐ M  ☐ F  ☐ Trans ☐ Non-Binary |
|     |       |  |  |
| Other Known Names | Telephone Number | Other Known Names | Telephone Number |
|       |       |       |       |
| Email Address: |       | Email Address: |       |
| Address: | Postcode: | Address: | Postcode |
|       |       |      |  |
| Ethnicity |      | Ethnicity |  |
| Disability? | ☐Y ☐N | Disability? | ☐ Y ☐ N  |
| Is the address, email & tel number above safe to use? If not, give alternative contact details. | ☐ Y ☐ N | Alternative Details:       | Is it alleged this person is abusive to the person at risk? | ☐ Y ☐ N | Details:  |
| Is an interpreter needed? If yes, give details.  | ☐ Y ☐ N | Details:       |
| Is an interpreter needed? If yes, give details.  | ☐ Y ☐ N | Details:       | Is the person pregnant? | ☐ Y ☐ N | Details:       |
| Is the person pregnant? | ☐ Y ☐ N | Details:       | Is there an ongoing criminal case? | ☐ 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:       | 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:       |

**6. 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 | DetailsCategory 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 |       |

**7. 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  |       |       |

**8.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) 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 |       |

**9. ADDITIONAL INFORMATION**

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