# **REFERRAL FORM - ALL SERVICES**

Although we accept self-referrals, we'd really rather professionals didn't signpost people to us.

It's incredibly hard to make a disclosure of abuse, for some people it can take years to find the courage to ask for help. If someone has trusted you enough to tell you they've experienced abuse or been raped and ask you to help them please don't ask them to call a phone number, visit a website or walk in to a building to tell a person they don't know. They may never find the courage again.

If you need help completing the form we'd be happy to chat on 0800 197 4787, there are some FAQ's at the end of this document

Client Details			7, there are some rAQ's at the e		
Name					
Mobile No.			Date of Birth		
Home Tel. No.			Ethnicity		
Contact Requests e.g. Safe to call, leave messages etc			Disability		
Address			Language		
			Use of Alcohol		
Postcode			Use of Drugs		
Tenure			Landlord Details		
Target Hardening		-	HFSC		
Immigration Status			Other support needs		
Alleged Perpetrator De	tails				
Name					
Address			Vehicle Details		
			Occupation		
Postcode			Risk to staff		
Date of Birth			Serial Perpetrator		
Children					
CYPS Status			Social Worker		
Subject(s) Of Court Orders			Order Details		
Name			Name		
DOB			DOB		
School/Nursery			School/Nursey		
Parental	Perpetrator	Client	Parental	Perpetrator	Client
Responsibility			Responsibility		
Name			Name		
DOB			DOB		
School/Nursery			School/Nursey		
Parental Responsibility	Perpetrator	Client	Parental Responsibility	Perpetrator	Client
Relevant information eg. Contact Arrangements					

Other Information -I Our response times are deta	Please note that the full comple ailed in the FAQ's below	etion of this section is ess	ential for a	safe and	timely r	esponse
DASH RIC Score (or reason for no	reason for no Professiona	Risk Level (Score or Professional Judgement)	High		Med	
completion of RIC)		,	Standard		None	
Is the client aware of the referral?					ES	NO
Have they consented to the referral?						
Please outline any curr	rent support, protection or multi-ag	gency plans for client and fa	mily;			
Referrer Details						
Referrer Name		Agency Name				
Agency Address		Contact No.				
		Email	Email			
Other Professionals Inv	volved with the family					
FaSST Worker		Contact No.				
Mental Health Support		Contact No.				
Midwife/H.V.		Contact No.				
Substance/Alcohol Misuse		Contact No.				
Solicitor		Contact No.				
Probation Officer		Contact No.				
Other						

Detail of Incident(s)							
			Multiple incidents (please	antor VI	YES	NO	
Age at time of incident(s)							
	Type of inc	cident(s) <i>(pleas</i>	se enter X against all that app	ly)			
Rape			Domestic Abuse	Domestic Abuse			
Sexual Assault			Stalking / Harassment				
Child Sexual Abuse			Other (please specify)				
Sexual Exploitation / Trafficking	Sexual Exploitation / Trafficking		Other (please specify)	ase specify)			
Please add any other information that you would like us to			low				
Criminal Justice System							
	the Delice?				YES	NO	
Have incidents been reported to	o the Police?				YES	NO	
	o the Police?		OIC Name		YES	NO	
Have incidents been reported to		as the outcom	OIC Name e/current status? (please el	nter X)	YES	NO	
Have incidents been reported to	If YES, what wa	as the outcom		nter X)	YES	NO	
Have incidents been reported to Crime or Log Number	If YES, what wa	as the outcom	e/current status? (please el	nter X)	YES	NO	
Have incidents been reported to  Crime or Log Number  Investigation ongoing / awaiting	If YES, what wa g CPS decision action)	as the outcom	e/current status? (please el	nter X)	YES	NO	
Have incidents been reported to  Crime or Log Number  Investigation ongoing / awaiting Investigation NFA'd (no further	If YES, what wa g CPS decision action)	as the outcom	e/current status? (please en Convicted at trial Acquitted at trial	nter X)	YES	NO	
Have incidents been reported to  Crime or Log Number  Investigation ongoing / awaiting Investigation NFA'd (no further  Withdrew support for prosecution	If YES, what wa g CPS decision action)	as the outcom	e/current status? (please en Convicted at trial Acquitted at trial Other (please specify)	nter X)	YES	NO	
Have incidents been reported to Crime or Log Number  Investigation ongoing / awaiting Investigation NFA'd (no further Withdrew support for prosecution Awaiting trial	If YES, what wa g CPS decision action)	as the outcom	e/current status? (please en Convicted at trial Acquitted at trial Other (please specify)	nter X)	YES	NO	
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Have incidents been reported to Crime or Log Number  Investigation ongoing / awaiting Investigation NFA'd (no further Withdrew support for prosecution Awaiting trial	If YES, what wa g CPS decision action)	as the outcom	e/current status? (please en Convicted at trial Acquitted at trial Other (please specify)	nter X)	YES	NO	

# **Frequently Asked Questions - For Professionals**

## What happens after I have made a referral?

Our team will acknowledge your referral within 4 working hours of receipt. If we don't have any queries this will usually be by email detailing that it has been received and is awaiting allocation to a worker. Contact details for the Manager responsible for allocation will be provided. Each client is allocated to a Support Tier, this is based upon the information received in the referral and any other information we hold or gather during the assessment process. This is why it is vital that the referral form contains all the information you have. Incomplete or innacurate referral forms will result in allocation being delayed and may be rejected.

Service Type	<b>Initial Contact Attempt</b>	First appointment date
Domestic Abuse – T1 Emergency	Immediate	Same Day
Domestic Abuse – T2 MARAC	24 Hours	Next Day
Domestic Abuse – T3 Complex	48 Hours	3 Working Days
Domestic Abuse – T4 Recovery	3 Working days	5 Working Days
Sexual Violence – T1 Emergency	4 Working Hours	Next Day
Sexual Violence – T2 Complex	24 Hours	3 Working Days
Sexual Violence – T3 Recovery	48 Hours	5 Working Days

MARAC Referrals MUST be made following local MARAC Operating Protocols and will not be accepted directly by The Blue Door

### Will I receive feedback on the referral I made?

Yes, it's important to us that we share and gather information to ensure that our clients receive the highest quality of support that is appropriate to their needs. We will endeavour to obtain consent from the individual for information sharing with the other services that they are working with at our initial appointment.

#### Do you have a waiting list?

For some of our services, particularly our Counselling Service there is a waiting list which can be up to 16 weeks. This doesn't mean that clients will receive no support while they wait. We don't ask agencies to make referrals into specific areas of our service provision as we work with each client to create a Support Plan that is unique and inidivdual to them. We offer a variety of support options; groups, advocacy, therapy and one to one support and will provide each individual with timely support to meet their needs and aid their recovery.

#### Do I have to make a referral for everyone?

The Freedom Programme doesn't require a referral however, we would urge you to encourage any individual to allow you to make a full referral for support. This enables us to consider all of their support needs, The Freedom Programme isn't appropriate for everyone.

We also offer open Drop-In's for those that only want advice, again we would like to think that making a referral would be the best option but a full list of our Drop-In Clinics are available on www.thebluedoor.org .

## I'd like to make a comment, suggestion or complaint.

We'd love to hear from you. You can contact our Chief Executive at steph.price@thebluedoor.org or request a copy of our Complaints Policy from info@thebluedoor.org