

**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 |       |
| **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:       |