Referral Form – Tower Hamlets SASS

Please password protect the referral form and send us the password in a separate email. Email the completed form and password to: [**towerhamlets@solacewomensaid.org**](mailto:towerhamlets@solacewomensaid.org)

Alternatively, please send the completed referral form to our secure email address: [**tower.hamlets.sass@solacewomensaid.cjsm.net**](mailto:tower.hamlets.sass@solacewomensaid.cjsm.net)

Tower Hamlet’s SASS provides advice and support to people aged 16+ in Tower Hamlets who are currently experiencing domestic abuse. Where the service is at capacity, priority for ongoing support will be given to victim/survivors who are high risk, homeless, or experiencing economic abuse.

In addition, SASS co-ordinates referrals to the Sanctuary Scheme run by Tower Hamlets Council (LBTH).

# Service user consent

|  |  |
| --- | --- |
| **Has the service user consented to this referral?** | Choose an item.  Click here to enter a date. |

**Please note we cannot accept referrals where the service user has not consented to being referred.**

|  |
| --- |
| **Please indicate which service you would like to refer to (tick all services required by the service user)** |

**Independent Domestic Violence Advocacy (IDVA) support**

**Sanctuary Scheme**

*All referrals to the Sanctuary scheme* ***must*** *have consented to their data being shared with LBTH*

# Referrer details

|  |  |
| --- | --- |
| Referrer name and Job Title |  |
| Agency (incl. department/team) |  |
| Contact number |  |
| Contact email address |  |

# Service user contact details

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Other/previous names |  |
| Date of Birth | Click here to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Method** | **Details** |  | **Safety** (we would call a contact method safe if no-one else other than the service user has access to it, i.e. if perpetrator can access texts it is not safe to text) |
| Telephone  **Please inform service user that we call from a withheld number** | Click here to enter text. |  | Safe to call? Yes  No  Safe to text? Yes  No  Safe to leave voicemails? Yes  No |
| Email address | Click here to enter text. |  | Safe to email?  Yes  No |
| Address | Click here to enter text. |  | Is the service user living with the perpetrator? Yes  No |

1. Sanctuary Scheme **(***If the victim is a joint tenant with perpetrator or the perpetrator is the sole tenant of victim’s residency, then Sanctuary cannot be installed.*)

|  |  |  |
| --- | --- | --- |
| Current legal order in place? Yes  No | If yes, type of legal order: | Expiry date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of property** | **Tenancy status** | **Property owner name (e.g. Tower Hamlets Homes)** | **Property owner telephone number** | **Property owner email address** |
| Council | Sole tenant  Joint |  |  |  |
| Housing Association | Sole tenant  Joint |  |  |  |
| Privately rented | Sole tenant  Joint |  |  |  |
| Owner | Sole tenant  Joint |  |  |  |

# Reason for referral to SASS

|  |
| --- |
| Why are you referring the service user? Please describe the main issues relating to the domestic abuse i.e. frequency, when it began, if there has been physical abuse or recent separation: |
| **Basic history** |
| **Most recent incident** |
| **What are the service user’s priorities in terms of the support required?** |
| **Has the service user ever been referred to MARAC? If yes, please provide the date.**  Yes  No  Don’t know |

**Types of abuse experienced by service user (please tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Coercive control/ controlling behaviour |  | CPV (Child to Parent abuse) |  |
| Emotional/ psychological abuse |  | HBV (Honour-based violence) |  |
| Physical abuse |  | Forced marriage |  |
| Sexual violence/ abuse |  | Sexual exploitation |  |
| Verbal abuse |  | Trafficking |  |
| Financial abuse |  | FGM (Female genital mutilation) |  |
| Harassment/ Stalking |  | Other form of VAWG (please specify) |  |

1. Children in the household

**Please list all children under 18 whether related to service user and/or perpetrator**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **DOB** | **Ethnicity** | **Relationship to service user** | **With whom do children reside?** |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |

|  |
| --- |
| School(s) if known: |
| Known to Children’s Social Care? (please specify allocated worker if known): |

# Perpetrator(s)

**Please provide alleged perpetrator(s) details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **DOB** | **Gender** | **Ethnicity** | **Relationship to service user** |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |

|  |
| --- |
| Address if different to service user’s? |

# Equalities monitoring

**How does the service user describe their:**

|  |  |
| --- | --- |
| Gender identity | Choose an item. |
| Is their gender identity the same as they were assigned at birth? | Choose an item. |
| Nationality | Click here to enter text. |
| Ethnicity | Choose an item. |
| Relationship status | Choose an item. |
| Religion/ faith | Choose an item. |
| Sexual orientation | Choose an item. |
| Disability | Choose an item. |
| ***Details re the above i.e. disability/ ethnicity*** | Click here to enter text. |

# Risk from service user

|  |
| --- |
| Do you know of any potential risk this service user may pose to our workers?  Yes  No |
| **If yes, please provide details:** |

# Accessibility requirements

Does the service user require:

|  |  |
| --- | --- |
| Specific requirements e.g. wheelchair ramp, hearing loop | Choose an item.  If yes, please give details: |
| Language interpreter?  If yes please state which language | Choose an item. |
| Languages spoken by service user: | Click here to enter text. |

1. Additional vulnerabilities

|  |  |
| --- | --- |
| Is the service user pregnant? | Choose an item. |
| Does the service user have recourse to public funds? | Choose an item. |
| What is the service user’s immigration status? | Choose an item. |
| Does the service user have any other support needs (for example, mental health needs, substance use needs, history of offending behaviour)? Please give details. |  |

**Please return this form to** [**towerhamlets@solacewomensaid.org**](mailto:towerhamlets@solacewomensaid.org)