Purple text on a white background

Description automatically generatedA purple arrow with black background

Description automatically generated

**INDIGO Project Referral Form**

**Referral criteria: A support service for women aged 18+ living in Salford who have experienced domestic abuse, who are no longer in the abusive relationship, and consider themselves safe.**

If the details in this **referral** form are not **clear** or there is not enough **information,** the Service **may** contact the referrer for more **information, and this may cause delay in the service user being contacted.**

***Service User Details***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Date of Birth |  | Age at referral |  |
| Address |  | | |
| Contact Number |  | | |
| Ethnicity | White / Asian / Black / Mixed / Other / Unknown | | |
| Is English your first language |  | | |
| No of Children (under 18) |  | | |
| Child status (under 18) | At home / Living with relatives / Mixed care/ LAC | | |
| Disability | Learning disability or difficulty / mental health / physical disability / none | | |

***Referrer’s Details***

|  |  |  |  |
| --- | --- | --- | --- |
| Referrers Name |  | Agency |  |
| Office address |  | | |
| Email |  | | |
| Tel no |  | Referral date |  |

***Other Service Involvement***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Agency |  |
| Office address |  | | |
| Email |  | Tel no |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Agency |  |
| Office address |  | | |
| Email |  | Tel no |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Agency |  |
| Office address |  | | |
| Email |  | Tel no |  |

***Needs Assessment***

Please provide further details for all identified needs in box (boxes expand):

|  |  |
| --- | --- |
| Domestic Abuse |  |
| Has the victim safely separated from the abusive relationship? |  |
| Has a DASH been completed?  Yes/no  Date:  Score: |  |
| SIS (Safe in Salford) support in place? | Name of IDVA: |
| Is there a non-molestation order or restraining order in place? |  |
| Perpetrator information: |  |
| Other professionals involved |
| Children and Families  Level of safeguarding and social worker if applicable | TAF/CIN/CP/PLO/LAC/Proceedings |
| Name of social worker: |
| Child proceedings  Date of next court hearing |  |
| Are there any child contact arrangements in place? |  |
| Mental Health/Wellbeing |  |
| Other professionals involved |
| Drugs/Alcohol |  |
| Other professionals involved |
| Finance/debt |  |
| Other professionals involved |

***Risk Assessment***

**Risk of harm to service user High, Medium, Low, or None: Please tick all that apply.**

If your response is **High** or **Medium** in any of the following boxes, you will be required to provide further information before we can take any further action with this referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | High Risk | Medium Risk | Low Risk | Please provide further information |
| Domestic Abuse |  |  |  |  |
| Self-Harm |  |  |  |  |
| Suicide (thoughts/attempts) |  |  |  |  |
| Substance misuse |  |  |  |  |
| Child safeguarding concerns |  |  |  |  |
| Other (please specify) |  |  |  |  |

**Risk of harm to staff, public, or to other service users High, Medium, Low, or None: Please tick all that apply.**

Please tick all that apply, and provide further details for all identified needs in box (boxes expand):

If your response is **High** or **Medium** in any of the following boxes**,** you will need to provide further information before we can take any further action with this referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | High Risk | Medium Risk | Low Risk | Please provide further information |
| Verbal abuse |  |  |  |  |
| Aggression or violence |  |  |  |  |
| Anti-Social Behaviour |  |  |  |  |
| Suitability for group work |  |  |  |  |
| Financial abuse of others |  |  |  |  |
| Victimisation or bullying |  |  |  |  |
| Racial abuse |  |  |  |  |
| Other Specify: |  |  |  |  |

***Support needed***

Please give details of Domestic Abuse history and support required from our Project.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Referral Consent** | **Yes** | **No** |
| Has the service user agreed to the referral being made to Indigo (Salford Foundation)? |  |  |
| Has the service user agreed that Indigo can contact them directly? |  |  |
| Has the service user agreed that you can share their information with Indigo? |  |  |

**Please return this form via email to:** [**Indigo.referrals@salfordfoundation.org.uk**](mailto:Indigo.referrals@salfordfoundation.org.uk)