Please note that for a woman to be considered for ASSIST then they will have experienced trauma, live in Birmingham or Sandwell, and have a range of needs that are not being met by existing services. We provide intense casework and psychological interventions to effect change for women with complex needs and a history of trauma, such as domestic or sexual violence.

Referrals are considered weekly and a decision on the client’s suitability will be made and communicated to you as soon as possible. Please provide us with as much information as possible to allow us to make an informed decision.

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| --- | --- | --- | --- | --- | --- |
| **First Name:** |  | | | **Last Name:** |  |
| **Date of Referral:** |  | | | | |
| **DOB:** |  | | | **Please tick box**  Female  Transgender (Identifying as Female) | |
| **Contact Number** |  | | | **Email Address** |  |
| **Address** |  | | | | |
| **Ethnicity** |  | | | **Nationality** |  |
| **Immigration Status:** | UK National  EU National  Refugee  Asylum Seeker | | | | |
| **Is an interpreter needed?** |  | | | **If yes, which language?** |  |
| **Any long term illness or disability?** Yes No  **If yes, what is the nature of the illness or disability?**  Mobility  Visual Impairment  Hearing Impairment  Learning difficulty  Other illness or disability  (If other illness or disability, please specify below) | | | | | |
| **Any accessibility needs? Yes  No**  If yes please provide information here | | | | | |
| **What is the preferred method of contact?** Phone call  Email  Letter | | | | | |
| **Referrer Name** |  | | **Referrer Role** | |  |
| **Referrer Email** |  | | **Referrer Phone Number** | |  |
| **Do you believe this person is a risk?**  Yes  No | | **Is a two person visit required?**  Yes  No | | | |
| **If yes to either of above, please explain further:** | | | | | |
| **Please confirm that permission for this referral has been obtained from the client and they are aware of this referral;**  Yes  No | | | | | |

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| **ASSIST CRITERIA**  **(Please note further info is required in next section for any boxes ticked)** | |
| **Gendered Abuse/Trauma** | |
|  | History of or current victim of rape and sexual violence |
|  | History of or current victim of domestic abuse |
|  | History of or current involvement in sex work |
|  | History of childhood abuse; physical, sexual, emotional and neglect. |
| **Mental Health** | |
|  | History of (within last 12 months) or current mental health problems such as depression, or mental illness such as psychosis, not necessarily formally diagnosed. |
|  | Presents with persistent, pervasive and problematic issues with personality, such as difficulty managing emotions, with or without a diagnosis of personality disorder. |
|  | History of (within last 12 months) psychiatric hospital admissions, or frequent MH crisis service involvement. |
| **Risk to Self** | |
|  | Self-harm (within last 2 years). |
|  | Suicide attempt/s (within last 2 years). |
|  | History of (within last 12 months) or current homelessness, or in insecure or unsuitable accommodation |
|  | Risk to self or at risk from others e.g. sexual exploitation, engagement in risky sexual behaviour, trafficking, honour-based violence etc. |
|  | Is a vulnerable adult at risk from others. |
| **Risk to Others** | |
|  | History of removal of children by children’s services. |
|  | At risk of removal of children by children’s services (e.g. Children subject to CIN or CP plan). |
|  | Poses a risk to others e.g. aggression and violence. |
| **Substance Misuse** | |
|  | History of (within last 12 months) or current misuse of drugs, alcohol, or prescription drugs. |
| **Engagement** | |
|  | History of chaotic/lack of meaningful or inconsistent engagement with services (e.g. only engages in crisis, has multiple referrals with no engagement, misses appointments) |
|  | History of being declined, refused or barred from services. |
| **Offending** | |
|  | History of offending behaviour. |
|  | Served a custodial sentence or at risk of being detained in prison. |

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| **Client History and Reason for Referral**  **Please provide further details, such as diagnosis, of any criteria ticked - failure to do so will mean we cannot consider the referral. Please also tell us about any other services the woman receives support from or has been referred to.** |
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