

LET'S TALK PROGRAMME FOR CHILDREN AFFECTED BY DOMESTIC VIOLENCE

Free 12 week structured therapeutic group programme for children affected by domestic violence, with a parallel programme for mothers.

The aims of the project are to provide:

- Children's groups to help children to process their experiences and begin the healing process.
- Mothers' groups to support women to understand how to help and communicate with their children.

Please return this form to:

Email: rachel.atterton@hounslow.gov.uk or tejinder.aiyadorai@hounslow.gov.uk

DomesticAbuseSupport@hounslow.gov.uk

Tel: 020 8583 5034 or 07970 955326

Please note that the perpetrating adult must not be living in the family home.

The children must be living or educated in Hounslow borough.

COMPLETE ALL THE BOXES OTHERWISE WE WILL NOT ACCEPT THE REFERRAL

About the Children

Full Name	Gender	D.O.B	Ethnicity	Child being referred to Let's Talk? (Please Tick)
	Choose an item.	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/>
	Choose an item.	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/>
	Choose an item.	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/>
	Choose an item.	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/>

Do any of the children have any special educational needs, disabilities or requirements relating to illness, impairment, allergies, special needs or other? (Please specify)

What is the name of the non-resident parent and are they aware of the referral?

What is the abusing individual's name and their relationship to the children?

About the Mother

Name:

DOB:

Ethnicity:

Choose an item.

Contact number:

Address:

Email address:

Does the client have any special educational needs, disabilities or requirements relating to illness, impairment, allergies, special needs or other? (Please specify)

Is it safe to contact the client by phone?

Choose an item.

Is the mother interested in participating in the programme with their child?

Choose an item.

Please briefly describe the family history including the abuse they have experienced.

(Please indicate the types of abuse and violence, frequency, severity and what the children have witnessed.)

What are the main aims for this family attending the Let's Talk programme?

(Please remember the family must be free from harm and consider IDVA's if there are safety concerns)

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<u>Personal safety of the family</u>		
Are there any court orders in place (care, child arrangement, parental responsibility, specific issues, prohibited steps, injunctions or other)?		
Type of Court order:	Date order made:	
Please give details of any other legal/ risk issues that may affect the child e.g. abduction risk:		
Are there are issues around child contact? Please give details of the current contact arrangements:		
Are the children subject to a Child Protection Plan or CIN plan? Choose an item.	Date:	Category:

Name of other agencies/professionals involved (Include Schools, Social Worker, Cafcass Officer, YOT, Children's Guardian, family support etc)			
Name of School:	Contact at the school:		
Name and Job Title:	Telephone:	Email:	Permission to contact
			Choose an item.
			Choose an item.
			Choose an item.

Referral agency details:			
Name and Job title:	Agency:	Email:	Telephone:

Client consents to the Let's Talk Referral

I consent to my information being shared for this referral to the Let's Talk programme.

This information may be shared with London Borough Hounslow Services.

Verbal consent can be obtained but please ensure the details given on this form are shared with the client for their agreement.

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Resident parent's signature

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Date of referral