**Equation Referral Form**

**For Group Gateway Programme for Male and LGBTQ+ Survivors**

# How to complete this referral

By completing this referral form, you’re helping us to contact the client as safely and quickly as possible.  We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

# How to submit this referral

Please complete and return by email to:

**Non secure email** (please send password protected): [referrals@equation.org.uk](mailto:referrals@equation.org.uk)

**Secure email:** [menservice.referrals@equation.cjsm.net](mailto:menservice.referrals@equation.cjsm.net)

**IMPORTANT NOTES:**

* **Please contact Equation on 0115 960 5556** to inform you have sent a referral.  This will provide confirmation that your referral has reached us from your email account.
* If you have identified the case as **HIGH RISK** then please follow the MARAC referral process in line with your organisation’s procedures.  Please contact us if you are unsure.

# Eligibility criteria for this service

Please be sure to check that the client meets the following criteria before making the referral:

1. **You have received the consent of the survivor to share this information and also to make the referral to us.  Please confirm (YES/NO)**
2. To your knowledge the client is not a perpetrator of domestic abuse
3. The client identifies as male or LGBTQ+ (any gender)
4. The client is 18+ years old
5. There is a **safe** means of contacting the client (either by phone, letter, or joint meeting with your service)
6. The service user lives in Nottinghamshire or Nottingham City
7. Client agrees to attend an assessment meeting to determine eligibility and is able to attend Group Gateway Programme for 8 weeks.

# Accompanying documents

Please attach the following documents to this referral (if completed):

* DASH risk indicator checklist

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact **equation** on **0115 960 5556.**

## Group Gateway Programme – session summaries

**Must be discussed with clients to ensure risk-managed allocation consideration of any client questions or concerns.**

The evidence-based Gateway Programme requires ongoing risk management. Trained and Open Awards accredited lead facilitators provide 8 two-hour, weekly Gateway sessions (including an introductory session) to raise awareness of the dynamics and impact of abusive relationships. Individual risk management, referral and safety planning must be carried out before, during and after Gateway Programme attendance. Gateway sessions does not replace specialist support for those in high-risk situations.

**Introductory Session**

Introductory session to ‘break the ice’ for participants and agree the Gateway Programme Contract Guidelines

**Session 1 - Attitudes and Beliefs**

Gateway Guidelines are discussed and developed to alleviate participant concerns, establish safe boundaries and confidentiality obligations. Fictional characters are created as a learning tool to safeguard personal privacy. A quiz promotes awareness of the prevalence of controlling, abusive relationships, reduces feelings of isolation, and provides support options. Session 1 explores how beliefs influence individual behaviour and societal attitudes.

**Session 2 - Myths and Facts**

Myths about control and abuse within relationships are explored and discussed. Fictional characters are used to enhance understanding of how individual and societal beliefs can support or inadvertently condone control and abuse within relationships. Session 2 aims to create a shift away from justification, minimisation, or denial of controlling and abusive behaviour in relationships.

**Session 3 - Cycle of Control**

Fictional characters provide a safe learning environment in which to discuss various forms of abuse and relationship controlling behaviour. This session focuses on where the responsibility for abusive behaviour lies and the impact of control and abuse on a person's health, behaviour, emotions, and beliefs. The qualities of a respectful relationship are also explored.

**Session 4 - Parenting and Children**

The basic needs of children are discussed before considering how a controlling and abusive relationship can affect parenting abilities. The impact of abuse and control on children's health, emotions, behaviour, and beliefs is explored using fictional children. Participants consider national/local support services and resources to support children.

**Session 5 - Why is it hard to leave and safety planning?**

This session explores the complex barriers and beliefs that can make it difficult to 'just' leave a controlling, abusive relationship. A case study supports participant creation of individual safety plans to manage risk in a range of contexts, including staying and leaving a relationship, remaining in the same house/town, moving away from an area, and longer-term safety. National/local support services, resources, and current legal remedies are considered.

**Session 6 - Warning Signs - Towards Change**

Early warning signs are discussed with a focus on how easily they can be misinterpreted during the early stages of relationships. Safety planning to end a new relationship safely is revisited. Positive and negative coping strategies used by those who leave abusive relationships are discussed while participants are supported to acknowledge existing individual strengths. National and local support services/resources are provided for next steps progression.

**Session 7 - Moving Forward**

This session serves as a review of all Gateway sessions. Individuals and groups reflect on as well as provide feedback on the impact of Gateway Programme participation. Individual or group feedback artwork is created and presented, and Gateway Programme certificates are issued if participants are safe to take them home.

|  |  |  |
| --- | --- | --- |
| * 1. **Information about the person making the referral** | | |
|  | | |
| Date of referral: |  | |
| **Please enter your name and contact details:** | | |
| Referrer’s name | |  |
| Organisation name | |  |
| Role/ job title | |  |
| Contact number | |  |
| Contact email | |  |

* 1. **Client contact information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | |
| First name | | |  | | |
| Last name | | |  | | |
| Other names | | |  | | |
| What do they like to be called? | | |  | | |
| DOB | | |  | | |
| **Addresses** | | | | | |
| Current address | | |  | | |
| Current Local Authority | | |  | | |
| Local Authority of origin (if different) | | |  | | |
| Does the perpetrator live at this address? | | | Yes ​☐​ No   ​☐​ Don’t know ​☐​ | | |
| Safe contact notes: | | |  | | |
| **Contact info** | | | | | |
| *Details                                          Safe to contact?* | | | | | |
| Phone | |  | | | ​​☐​ |
| Email | |  | | | ​​☐​ |
| Safe contact notes | |  | | | |
| Client Next of Kin details (if known – not alleged perp) | |  | | | |
| Client GP details (if known) | |  | | | |
| Other organisations/workers supporting survivor (and their details) | |  | | | |
| **Accessibility requirements** | | | | | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes ​☐​  No ​☐​  Don’t Know ​☐​ | | | *If yes, please provide details:* | |
| Does this client require an interpreter? | Yes  ​☐  No​☐  Don’t Know  ​☐​ | | | *If yes, please provide details:* | |

* 1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female ​☐​  Male ​☐​  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender different to the sex they were assigned at birth? | Yes ​☐​  No ​☐​  Don’t know ​☐​ |
| Do they consider themselves to have any kind of disability?  (please tick any that apply) | Physical ​☐​  Learning ​☐​  Mental Health ​☐​  Deaf/ hearing impaired ​☐​  Blind/ visually impaired ​☐​  Don’t Know ​☐​  Other disabilities/comments: |
| How would they describe their ethnicity? | |
| White British ​☐  White Irish ​☐​  White Gypsy or Irish Traveller ​☐​  Any other White background ​☐​    Asian British ​☐​  Asian Indian ​☐​  Asian Pakistani ​☐​  Asian Bangladeshi ​☐​  Any other Asian background ​☐​    Chinese ​☐​  Arab ​☐​ | White and Black Caribbean ​☐​  White and Black African ​☐​  White and Asian ​☐​  Any other mixed/ multiple background ​☐​    Black British ​☐​  Black African ​☐​  Black Caribbean ​☐​  Any other Black background ​☐​    Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ​☐​ |
| Do they have a faith/ religion? | |
| Agnostic ​☐​  Atheist ​☐​  Baha’i ​☐​  Buddhist ​☐​  Christian ​☐​  Hindu ​☐​  Humanist ​☐​  Jain ​☐​ | Jewish ​☐​  Muslim ​☐​  None ​☐​  Rastafari ​☐​  Sikh ​☐​  Zoroastrian ​☐​  Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say ​☐​  Don’t Know ​☐​ |
| What is their relationship status?  (tick one option) | Civil partnership ​☐​   Married ​☐​  Divorced ​☐​  Separated ​☐​  Cohabiting but not married/ CP ​☐​  In a relationship (not cohabiting) ​☐​  Widowed ​☐​  Single ​☐​ |
| What is their sexual orientation?  (tick one option) | Heterosexual/ straight ​☐​  Gay ​☐​  Bisexual ​☐​  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ​☐​ |

* 1. **Client support needs/vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have (Equation may not be able to provide support in all these areas but can signpost to specialist organisations or support client to engage):*** | |
| Mental Health/Wellbeing  Children/Child Contact  Physical Health  Housing  Finances  Immigration Status  Work/Education/Training | Alcohol  Substances  Offending  Social/Support Networks  Sexual Health  Criminal/Civil Justice |
| **Additional details:** | |
| What is this client’s nationality? |  |
| *(If not British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes  No  Don’t know |

* 1. **Children**

|  |  |  |
| --- | --- | --- |
| **If the person being referred has children, please provide details** | | |
| Name | DOB | ADDRESS IF DIFFERENT TO THE SURVIVOR |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Are social services involved in this case?  *(Please give details)* |  | |
| Name of social worker *(if relevant)* |  | |

* 1. **Alleged perpetrator(s)**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name |  |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

* 1. **Suitability for the programme**

|  |  |
| --- | --- |
| **Information about current circumstances** | |
| Is the relationship past or current? |  |
| If the relationship is a past relationship, when and why did it end? |  |
| Is the relationship likely to resume or is there ongoing contact? |  |
| If the relationship is current, does the client express a desire or plans to leave? |  |
| Are there any court orders in place? | Domestic Violence Protection Order/Notice  Non-Molestation Order  Restraining Order  Stalking Protection Order  Occupation Order  Prohibited Steps Order |
| Has Gateway Programme content been explored with the client? |  |
| Is the client willing and able to attend the Gateway Programme for the duration of the sessions? |  |
| What is the client’s preference in relation to attending the programme: City, South County or North County. |  |

# How to submit this referral

Please complete and return by email to:

**Non secure email** (please send password protected): [referrals@equation.org.uk](mailto:referrals@equation.org.uk)

**Secure email:** [menservice.referrals@equation.cjsm.net](mailto:menservice.referrals@equation.cjsm.net)

September 2024