**S.T.A.R. : Supporting Trauma and Awareness**

**GROUPS REFERRAL FORM**

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| **The Mother and Children programme is a 6-week structured group programme for mothers and children during their stay in Refuge.** **Please complete this form with the mother/carer of the family being referred.** Please return this form to: Betul Suleyman (b.suleyman@solacewomensaid.org) - EnfieldSophie Buckle (s.buckle@solacewomensaid.org) - HaringeyNasihad Miah (n.miah@solacewomensaid.org) - Islington |

**Referrer’s details:**

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| **Name and Job Title:**  | **Agency:**  |
| **Address:**  | **Telephone:** **Email:**  |
| **Date of the referral:**  |  |

**Adult/mother’s Details:**

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| **Full name of Mother/Carer** |  |
| **Ethnicity and Religion** |  |
| **Main Language Spoken** |  |
| **Language Interpreter required: (y/n)** |  |
| **Additional access needs: e.g. child-care, disability, work commitments etc.** |  |
| **Mobile number:** |  |
| **Refuge of residence:** |  |
| **Arrival date at refuge:** |  |
| **Estimated length of time left in refuge:** |  |
| **Oasis ref number:**  |  |
| **In need of travel assistance (NRPF or waiting for UC):**  |  |

**Child(ren)’s details:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **D.O.B** | **Sex (f/m)** | **Ethnicity & Religion** | **SEN (Special Educational Needs)** | **Additional needs****(illness, disability, allergies, language etc.)**  | **Oasis ref number:** |
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| **Ple Please highlight/tick current support needs for the child(ren):** *siblings, please include initials of the child the support need relates to.* Emotional wellbeing e.g. anxiety or low mood. Emotion regulation Behavioural difficulties Withdrawn / isolatedNot progressing in school / not attending school Difficulty making friendshipsDifficulty with family relationships / parent relationships / sibling relationships Lack of interest in hobbies / extra-curricular activities Nightmares or disturbed sleepBed-wettingStruggles to separate from parent.Concerns about who the young person is associating withOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **What would the adult/mother like to achieve from the programme? (please highlight/tick):**Access a safe space to reflect on childhood and adulthood experiences.Develop further understanding of self-care and healthy habits/routines. Learn more about parenting styles and child development. Learn new strategies to support my child in their development.Have better understanding of healthy and unhealthy relationships.Learn more about the impact of trauma on adults and children. Gain strategies to develop emotional resilience.Gain a deeper understanding of emotions for adults and children. Build a stronger relationship with my child. [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |