

**PAUSE Referral Form and Birth Mothers Support Group**

**Pause West Sussex can provide a compassionate program of support to women between the ages of 18 -40yrs old who have had, or are at risk of having, more than one child removed from their care. Pause provides an intensive long-term supportive and trusting relationship over a period of 18 months.**

* The woman must reside in West Sussex (regrettably we cannot offer support at this time to women in the North of the county)
* One or more children have been removed from their care and they are at risk of further pregnancies OR care leaving women under 25 with 1 child removed.
* The woman must have no children in their care.
* **We do not work with women while they are pregnant or have been sterilised.**

**We also offer support via our West Sussex’s** **Birth Mothers Support Group which provides group support for women who have had children removed from their care and who do not meet the criteria for the more intensive support programme. The groups are not available to women who are pregnant or have children in their care.**

**Pause West Sussex Birth Mothers Support Group will:**

* offer group meetings once a month in two locations, Bognor and Worthing.
* help with accessing other support services, including contraception and sexual health advice.
* help to improve direct or indirect contact with children and offer support with Life Story work.
* give women the opportunity to meet other women who understand their experiences.
* enjoy a cup of tea, crafts or card games and have fun.

**When completed please return to:** **Pause@westsussex.gov.uk**

**UNFORTUNATELY THE NUMBER OF WOMEN WHO WOULD POTENTIALLY BENEFIT FROM PAUSE IS GREATER THAN THE NUMBER OF SPACES THAT WE HAVE AVAILABLE. BECAUSE OF THIS WE EXERCISE A PRIORITISATION CRITERIA. WHILE WE ALWAYS DO OUR BEST, WE CANNOT GUARANTEE THAT WE CAN PICK UP REFERRALS AT THE POINT THAT THEY ARE MADE. SOME REFERRALS WILL GO ON A WAITING LIST.**

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| **Consent**  | **Yes** | **No** |
| Has the woman expressed explicit consent to this referral? |  |  |
| Is the woman currently working with your service? |  |  |
| Has the woman consented to Pause contacting partner agencies in order to make contact with her?  |  |  |

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| **REFERRER’S DETAILS** |
| **Date of referral**  |  |
| **Name** |  |
| **Job Title/Organisation** |  |
| **Telephone** |  |
| **Email** |  |
| **WOMAN’S DETAILS** |
| **Name** |  |
| **Mosaic number ( if known)** |  |
| **Date of birth** |  |
| **Address** |  |
| **Telephone** |  |
| **Ethnicity** |  |
| **Currently pregnant?** |  |
| **What is the best/safest way to contact her?** |  |
| **Number of children removed** |  |
| **Partner details (If applicable)** |  |
| **Name**  |  |
| **Date of birth** |  |
| **Address** |  |
| **Telephone**  |  |
| **CHILDREN’S DETAILS – (please list all children)**  |
| **Name** | **Date of birth** | **Date of removal** | **Placement type** |
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| **You can refer a woman to us while she is pregnant – we will not work with her during her pregnancy, but we will keep in touch with you, to find the right time to meet her should the child be removed from her care** |

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| **Are family court proceedings ongoing?**  | **Yes / No**  |

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| **OTHER PROFESSIONAL INVOLVEMENT**  |
| **Role / Agency** | **Name** | **Contact details** |
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| **PRESENTING NEEDS CHECKLIST** |
|  | **Historical**Yes / No | **Current**Yes / No | **Additional information** (circle or delete as appropriate) |
| ***Contraception – are you aware of any ? If so please identify***  |  |  |  |
| **Mental health** |  |  | **Recent suicide attempts** | **Current use of self harm?** |
| *Yes* | *No* | *Yes* | *No* |
| **Domestic abuse/MARAC if so date of referral**  |  |  |  |
| **Homelessness** |  |  | **Currently sleeping rough?** |
| *Yes* | *No* |
| **Sex work (sell / exchange)** |  |  |  |
| **Criminal justice issues****( if unsure please provide any additional information )** |  |  | **Offences of violence?** | **Offences against professionals?** |
| *Yes* | *No/unsure*  | *Yes* | *No/unsure*  |
| **Substance misuse****( if unsure please provide any additional information )** |  |  | **Use of stimulants (eg MDMA, Crack, Cocaine)?** | **Use of depressants (eg heroin, Valium)?** | **Use of alcohol?** | **Mixing substances?** |
| *Yes* | *No* | *Yes* | *No* | *Yes* | *No* | *Yes* | *No* |
| **Learning difficulty** |  |  |  |
| **Physical health problems** |  |  |  |
| **Other** |  |  |  |

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| **ADDITIONAL INFORMATION** |
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| **Please provide any further details you have, including any relevant risk information:** |

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| **Scoring questions** (these questions help us ensure we are working with the women most in need of our service) |
| Have the children been adopted or are they in foster or kinship care? |  |
| How many sets of proceedings were there? |  |
| Has there been a removal in the last 18 months? |  |
| How many pregnancies has she had? (please consider miscarriage or terminations) |  |
| What years were the pregnancies in? |  |
| How old was she when the first child was born? |  |
| Is the woman a care leaver? |  |