Home-Start East Sussex DA Programme Professionals’ Referral Form

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| Have you assessed your client for risk of domestic abuse? | | |
| **Assessed as high risk (14+ on DASH) and not appropriate for DA programme** | 1. **Assessed at medium risk (7-13 on DASH).** 2. **If you answer yes to the following questions :**  * Could the perpetrator be a risk to victim, the other vulnerable participants or the facilitators? * Is the victim dealing with any current crises? | 1. **Assessed at standard risk (0-6) on DASH or professional judgement) or possibly the lower end of medium risk (7-9).** 2. **If you answer “yes” to the following comments:**  * Do you believe the perpetrator is not/no longer a risk to victim or other members of the programme? * Is the client in ‘the right place’ for a programme that helps her to understand her experience and recognise the early warning signs so she can keep herself (and her children) safe in future relationships? * Is the victim’s life is stable enough so she is likely to commit to each session, benefit from a learning environment and whose behaviour is not likely to upset vulnerable peers? |

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| Referral to domestic services is required | | |
| refer to MARAC  If you used DASH or professional judgement and assessed your client as;   * high risk please refer directly to MARAC via [www.safeinthecity.info/marac](http://www.safeinthecity.info/marac)   for Brighton & Hove or [www.safeineastsussex.org.uk/MARAC](http://www.safeineastsussex.org.uk/MARAC) for East Sussex   * If you assessed your client as medium risk but not appropriate for our domestic abuse programme, please refer to The Portal <http://theportal.org.uk/>   This form is designed to refer all clients who have experienced domestic abuse and have been assessed as standard risk - or possibly medium risk, and appropriate for our programme.  **Please ensure you complete all relevant parts of the form. Referrals are only accepted if forms are complete. Forms with incomplete key information will be returned.**  Please encrypt the completed form and send to [vicki.thomson@hses.org.uk](mailto:vicki.thomson@hses.org.uk) with a password as per the guidance notes. | Refer to The Portal | Refer to Home-Start East Sussex |

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| Client Ref No: | | Community IDVA: | | | | | | |
| Intake date:  Repeat referral? Y/N | | **Referred By**  Name: Agency:  Email: Tel:  Does the client have children/stepchildren under 18? Yes/No  If yes, how many:  Does the client have children/stepchildren under 18? Yes/No  If yes how many: (please complete children section below)  Has the client attended our programme before?: Yes/No  Has she had more than one intimate partner who was a perpetrator? Yes/No | | | | | | |
| **Other agency involvement with client/family:**  If none, type none | |
| **Risk Level:**  Risk Assessment tool used: DASH/Professional Judgement (please complete DASH if there has been any type of abuse within the last three months)  Please outline some indicators that illustrate that the victim is in the right place to benefit from the programme:  1.  2.  3. | | | | | | | | |
| Client Information | Name/AKA: | | | | | | | |
| Age: | | Gender Identity: | | | | |  | |
| Address: | | | | | | | Safe to write? Y/N | |
| Alternative address: | | | | | | | Safe to write: Y/N | |
| Tel: | | Safe to call/safe time? | | | | | | |
| Email: | | Preferred method of contact? | | | | | | |
| Ethnicity: | | Religion: | | | | | Languages: | |
| Translator required? Y/N | | Immigration status/concerns: | | | | | Sexual orientation: | |
| Historical and current relationship with perpetrator including the extent to which the client feels safe: | | | | | | | | |
| Current living arrangements: | | | | | | | | |
| SM/MH Issues including diagnosis, treatment and current stability: | | | | | | | | |
| Disability, literacy or numeracy difficulties:  If so, any comments on the best way to engage with the client in a group setting? | | | | | | | | |
| Employment status and detail: | | | | | | | | |
| **Primary support needs from the Programme** (mark as many as relevant)  Client would benefit from:   * developing a support network with other participants, as she feels isolated * learning more about different types of DA as she is currently in a relationship where   there is non-physical DA which could escalate   * support to help her process a historic experience * Support to help her recognise healthy and unhealthy relationships * learning about rights and options * understanding the effect that DA has on children * developing skills to identify the early warning signs of DA so she can feel confident when entering new relationships   Anything else? | | | | | | | | |
| Perpetrator Information | | Is the client still in contact with the perpetrator? Y/N  Is the victim experiencing post-separation abuse? Y/N  Any info below you have re perpetrator is only necessary if client has had contact within the last **three months**: | | | | | | |
| Name/AKA: | | | | | | | Age: | |
| Address: | | | | | | | | |
| Gender Identity: | | Ethnicity: | | | | | Religion: | |
| Languages: | | Immigration issues: | | | | |  | |
| SM/MH Issues including diagnosis and treatment: | | | | | | | | |
| Disability, literacy or numeracy difficulties: | | | | | | | | |
| Employment Status and Detail: | | | | | | | | |
| FLAG CONCERNS REGARDING CONTACT AND PROGRAMME ATTENDANCE  (e.g. staff safety issues, repeat perpetrator, suitable times to call client, honour-based violence, suicide/self-harm) | | | | | | | | |
| Children’s Information | | Gender | Age | Is perp father? | Does perp have PR? | | | School |
| Name | |  |  |  |  | | |  |
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| Is the client pregnant? Y/N | | Due date and any other relevant info: | | | | | | |
| Living arrangements of children if different from client: | | | | | | | | |
| CS Involvement Y/N | | Describe involvement: | | | | | | |
| Flag concerns regarding children: | | | | | | | | |
| Community IDVA Checklist | | | | | | | | |
| Safelives DASH risk checklist completed: Y/N  Date: | | Individualised Support Plan in place? Y/N  Date: | | | | Confidentiality and info sharing agreement consented to by client  Telephone Y/N Written Y/N  Date: | | |
| SOAG completed?  Y/N/NA  Date: | |
| Service explanation provided:  Telephone Y/N  Written Y/N  Date: | | Is there a conflict of interested with this client? E.g. are we already supporting the alleged perpetrator? Y/N | | | | Monitoring and evaluation of data consented to by client Y/N  Date: | | |

**Please password protect form (see guidance) and send to vicki.thomson@hses.org.uk**