**Daisy Programme Referral Form and Initial Assessment**

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| **Referrer’s Contact Name & Number:****NOTE**: If you want to send a paper copy of the referral please post to Daisy Programme, Unit 1 Ventura House, Norwich Road, Watton, IP25 6JU. Email: help@daisyprogramme.org.uk**Name of referrer:****Job title:** **Name and address of agency:****Email address:** **Telephone number:** Based on the information given, we will assess the needs and risks of the Client. We will contact you if there is an issue in accepting the Client into the Daisy Programme.  |
| **Client Consent:****Keeping your data safe and increasing transparency are important to us. Our Privacy Notice explains how we use your personal information and how you can exercise your privacy rights. For more details see https://daisyprogramme.org.uk/** **I have read Daisy Programme’s Privacy Notice and I consent to my personal information being collected and used as described in the Privacy Notice.****Clients Signature: Dated:** |
| **Clients Name** | **DOB** |
| **Age** |
| **Ethnic Origin** |
| **Client’s address:** | **Landline Telephone No:****Mobile Telephone No.**  |
| **Date of Initial One to One Assessment Completed state if Face to Face or Telephone Call** |
| **Please specify Gender Male or Female or Other** |
| **Email Address:** |
| **Employment Status:** please specify |
| **Is it safe to email and call and leave messages?** **Best days and time to call**  |
| **Code Word Agreed:** |
| **Name of Next of Kin/family member who can be contacted in an emergency:** **Tel No** **Relationship to Client:** |
| **Type of Accommodation:**

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| 🞏 Owner  | 🞏 Private Rent  |  | 🞏 Social Housing – name of provider  |

Other……………….**Who’s name is the tenancy is in:**

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| --- | --- | --- | --- |
| 🞏 Client | 🞏 Perpetrator | 🞏 Joint |  |
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| **Is this temporary?**

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| If yes, is it: | 🞏 Bed &Breakfast | 🞏 Friend or Relative | 🞏 Other…………… |
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| **Please advise Client not to give up the tenancy as this could be****classed as making them intentionally homeless** |
| **Names of person(s) responsible for the abuse** | **Relationship(s) to Client:** |
| **Addresses:** | **Date(s) of Birth:****Gender(s):** |
| **Physical description:** Any distinguishing features? |
| **Is Client living with perpetrator? Yes / No** |
| **If no – please specify when separated / moved out** |
| **Who lives at the Client’s address?** |
| **Name of child** | **DOB** | **Age** | **M/F** | **Non resident parents name** | **Contact with child?** |
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| **Does Client need any help to access our services?** Yes / No Disabilities/language etc |
| **Client’s G.P. Details including Address and Phone Number** |
| **Is Client on any medication?** Yes / No If yes, please give details including for what illness |
| **Please specify if the Client is pregnant** Yes / No |
| **Have the family had any contact with Children’s Services or Adult Social Care?**If yes, please give details including name of social worker: |
| **Have children been subject to a Child Protection or Child in Need Plan?**If yes, please give details:**Have they been in the care of the Local Authority?**If yes, please give details:**Has there been a Family Support Process (FSP) for the children?** If yes, please give details: |
| **Has there been or is there currently any police involvement?** Please include any crime numbers and dates of incidents |
| **Are there any pending court hearings?**If so, what are they for? |
| **Any Court Orders in place? (please specify and dates when they expire)** |
| **Does the Client have support from other agencies?** Please specify and include contact details |
| **Does the Client have support from family and friends?** Please specify  |
| **What has prompted this referral?**Give details of domestic abuse history including contact details of other agencies involved.Timeline of events – how was childhood – adolescence - adult life?When and what was the last incident of domestic abuse? Has there been any other types of abuse ie sexual?Has a DASH been completed and what was the result?Immigration issues?What support from Daisy Programme looks like for Client?Are there any issues – such as practical support (see below)?What are Clients needs?  |
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| **We often find that people who have had similar experiences suffer with mental health problems, such as anxiety or depression.** Has that happened?If yes, please give details agencies involved including contact details and medication prescribed. |
| **We also know that people who have had similar experiences may self-harm or use alcohol or drugs to cope.** Does that apply? What does that look like, eg how long for and when was the most recent time? |
| **Has the Client been DASH Risk Assessed previously by referring Agency?**If so, what was their score?High Medium StandardHas the Client ever been part of MARAC? (Multi Agency Risk Assessment Conference)If so, when and are they still involved with MARAC?**Have they received support from any other Domestic Abuse organisations?**If so, whom and when? |
| **Thank you for your referral – we aim to contact referrals within three working days of receipt.** |
| **FOR DAISY PROGRAMME USE ONLY AT INITIAL ASSESSMENT** **complete any missing information above** |
| **National Domestic Abuse Helpline Given** Yes / NoTel:0808 2000 247 |
| **Hollie Guard App Information Given** Yes / No |
| **Bright Sky App Information Given** Yes / No |
| **Clare’s Law Information Given** Yes / No |
| **Safety Planning Guidance/Discussion (ISSP)** Yes / No(Use Daisy Programme Safety & Support Plan) |
| **Risk Factors:** |
| **Clients Support Needs:****1.****2.****3.** |
| **Agreed Support Needs Actions by Daisy Programme** |
| **Agreed Support Needs by Client to be completed by**  |
| **Review of Support Needs by Daisy Programme** |
| **Has Client given any cause for safeguarding concerns?** Yes / NoIf yes, immediate discussion with Project Director |
| **Has the Client been DASH Risk Assessed previously?**If so, what was their score?High Medium Standard**Current DASH**High Medium Standard (**High/Medium must be discussed with Project Director/Project Officer**) |
| **Professional Judgement of Clients Risk Level** – consider hierarchy of needs, pending court cases, mental health (self harm, suicidal thoughts), drug and alcohol issues, perpetrator still with Client, support network**Domestic Abuse Risk** High Medium Standard**Mental Health Risk** High Medium Standard |
| **Has the Client ever been part of MARAC? (Multi Agency Risk Assessment Conference)**If so, when and are they still involved with MARAC?**Have they received support from any other Domestic Abuse organisations?**If so, who and when? |
| **Core 10 completed: Yes / No****Score:** **Warwick Edinburgh Short Scale Completed Yes / No****Score:** |
| **What does the Client feel would support them?:**Telephone Support Frequency: *(this will be fortnightly)*Parenting Support (short intervention)Freedom Programme *(circle all that Client can access)* Thetford Watton DerehamMy Confidence Course *(circle all that Client can access)* Thetford Watton Dereham Well-being support (counselling, mindfulness, supported self-help, etc)Support Groups in Thetford Watton DerehamChoir of Hope WhatsApp Group Art Group Book Group Other  |
| **Practical support: For contact details, please see our list of useful contacts(use drop down boxes on Salesforce Signposting/Referrals to record this data)**Food *(Daisy Programme can issue Foodbank Vouchers and we also have a limited supply of food at Hub)*Harassment/StalkingHousing IssuesBenefits/DebtChildcare Issues Child contact issuesDisabilitiesTransport - referral can be completed for TripstartItems for Property - supporting agenciesSecurity of Property - supporting agenciesOther |