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**Referral Form and Initial Assessment**

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| **We only accept direct referrals for Standard risk. Referrals for High/Medium Risk must be sent to NIDAS. A referral form for professionals and self-referrals is available on their website.** [**www.nidasnorfolk.co.uk**](about:blank)  If you have a query or wish to discuss referring a Client to us, then please contact us on 01953 880903 or email help@daisyprogramme.org.uk  **Has the Client been DASH Risk Assessed previously?**  If so, what was their score? Date completed:  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?  **Is/have they received support from any other Domestic Abuse organisations?**  If so, whom and when?  **Has the Client consented to their data/information being shared with Daisy Programme?** YES / NO  **Please complete the referral form as fully as possible. We aim to contact referrals within three working days of receipt.** We will assess the needs and risks of the Client. We will contact you if there is an issue in accepting the client into Daisy Programme. |

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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:** | | | | | | | | | | |
| **Is client living with the perpetrator?** | | | | | | | **Yes / No** | | | |
| **If no, when did they separate (if applicable)** | | | | | | |  | | | |
| **When was the last incident of abuse?** | | | | | | |  | | | |
| **Clients Name** | | | | | **DOB** | | | | | |
| **Age** | | | | | |
| **Language Spoken** | | | | | |
| **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 advise which gender the client identifies with** | | | | | | | | | | |
| **Please advise on clients sexual orientation** | | | | | | | | | | |
| **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:**  **Name**  **Tel No**  **Relationship to Client:** | | | | | | | | | | |
| **Names of person(s) responsible for the abuse** | | | | | | | | | | **Relationship(s) to Client:** |
| **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 | |
| If yes, please specify (disabilities/language/learning difficulties) | | | | | | | | | | |
| **Client’s G.P. Details including Address and Phone Number** | | | | | | | | | | |
| **Please specify if Client is pregnant** | | | | | | | | | Yes / No | |
| **Have the family had any contact with Children’s Services or Adult Social Care?** | | | | | | | | | Yes / No | |
| If yes, please give details including name of social worker: | | | | | | | | | | |
| **Have children been subject to a Child Protection or Child in Need Plan?** | | | | | | | | | Yes / No | |
| If yes, please give details | | | | | | | | | | |
| **Have they been in the care of the Local Authority?** | | | | | | | | | Yes / No | |
| If yes, please give details | | | | | | | | | | |
| **Has there been a EHAP (formally FSP) for the children?** | | | | | | | | | Yes / No | |
| If yes, please give details | | | | | | | | | | |
| **Has there been or is there currently any police involvement?** | | | | | | | | | Yes / No | |
| If yes, please give details including crime numbers and dates of incidents | | | | | | | | | | |
| **Are there any pending court hearings?** | | | | | | | | | Yes / No | |
| If so, what are they for? Criminal/child arrangements/non-molestation/financial | | | | | | | | | | |
| **Is gambling an issue? (Signpost to Gamcare)** | | | | | | | | | Yes / No | |
| **Does Client have support from any other agencies?** | | | | | | | | | Yes / No | |
| If yes, please specify and include their contact details | | | | | | | | | | |
| **Does Client have support from family and friends?** | | | | | | | | | Yes / No | |
| If yes, please specify | | | | | | | | | | |
| **What has prompted this referral?** | | | | | | | | | | |
| What types of abuse are relevant | | | | | | | Physical  Emotional  Sexual  Financial  Coercive Control  Stalking & Harassment | | | |
| **Are there any immigration issues?** | | | | | | | | | | Yes / No |
| **Are there any practical issues for Client?** | | | | | | | | | | Yes / No |
| If yes, please specify | | | | | | | | | | |
| **Please give details of the domestic abuse**  Give details of domestic abuse history including contact details of other agencies involved. | | | | | | | | | | |
| **Are there any other agencies are working with Client in respect of the abuse?** | | | | | | | | | | Yes / No |
| If so, please specify and include their contact details | | | | | | | | | | |
| **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? | | | | | | | | | | |
| **FOR DAISY PROGRAMME USE ONLY AT INITIAL ASSESSMENT** | | | | | | | | | | |
| Consent to Share Form Completed | | | | | | | | | | Yes / No |
| Client Agreement Completed | | | | | | | | | | Yes / No |
| Core 10 Score | | | | | | | | | |  |
| Warwick Edinburgh Score | | | | | | | | | |  |
| **Has Client given any cause for safeguarding concerns**?  If yes, immediate discussion with Programme Director | | | | | | | | | | Yes / No |
| **What does the Client feel would support them?:**  **Specialist IDVA Role**  (targeted support for Vulnerable Adult)  **Wellbeing Support** (Counselling, mindfulness, supported self-help)  **Freedom Programme**  (looking at Perpetrators behaviours) on Zoom/F2F  **Domestic Abuse Recovery Toolkit** on Zoom/F2F  **Fantastic Families** on Zoom/F2F  **Whatsapp Group**  (Peer Support)  **Support Group** (volunteer led) on Zoom/F2F  **Choir** (including mindfulness and singing) On Zoom/F2F  **Other** | | | | | | | | | | |
| **Practical support: For contact details, please see our list of useful contacts (use drop down boxes on Salesforce Signposting/Referrals/Information to record this data)** | | | | | | | | | | |
| **Signposting** | | **Referring** | | | | **Information** | | | | |
| Benefits/Debt | | GP Referral (Evidence) | | | | Healthy Relationships | | | | |
| Items for Property | |  | | | | Boundaries | | | | |
| Security of Property | |  | | | | Power & Equality Wheels | | | | |
| Legal Advice | |  | | | | Co-dependency | | | | |
| Disabilities | |  | | | | Addictive Relationships | | | | |
| Child Contact Issues | |  | | | | Escalation | | | | |
| Childcare Issues | |  | | | | Evidencing/Journaling | | | | |
| Housing Issues | |  | | | | Safety | | | | |
| Food – food bank voucher | |  | | | |  | | | | |
| 101 Reporting | |  | | | |  | | | | |
| Advocacy | |  | | | |  | | | | |
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| **Other Needs** | | | | | | | | | | |