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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**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 | PhysicalEmotionalSexualFinancialCoercive ControlStalking & 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** |