

Paragon Somerset

SIDAS

Phone – 0800 69 49 999

Email – paragonsidas@theyoutrust.org.uk



Referring Agency:-

Name of Referrer:-

Telephone Number:-

Email address:-

Self-referral - how did you hear about the service?

**Service Required:**

**REFUGE  OUTREACH - DVA  GROUP WORK**

**PERPETRATOR SUPPORT  IDVA (INDEPENDENT DOMESTIC VIOLENCE ADVOCATE) **

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| **Client Details**  |
| **Name**: (if child please complete the rest of the form with the parent/carer details) |
| I give consent for my details to be forwarded to Paragon:Client Signature or verbal consent given Yes No |
| Address: Post Code: **May we send letters to this address?**Phone: Home : Mobile: **Are all phones safe to call? Yes/No** **Will anyone else answer? Yes/No****May we leave a text message? Yes/No****Is it safe to email? Yes/No**Email:  |
| DOB.  | Age  | Gender  |
| Ethnic Origin:  | Sexual Orientation: |
| Child 1 Name: DOB/Age: Gender Living with Client YesSchool: St Benedict's Junior School | Child 2 Name: DOB/Age: Gender Living with Client YesSchool:  | Child 3 Name: DOB/Age: Gender Living with Client YesSchool:  |
| Please add any additional children here: |

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| **REFERRAL INFORMATION (must be completed for all referrals)** |
| **Have any incidents been reported to the police? Incident Number / Name of Officer** |

|  |  |
| --- | --- |
| **Please state any other issues**:Drugs Yes/NoAlcohol Yes/NoMental Health Yes/NoSelf-harm Yes/No  | **Additional vulnerabilities and/or risk factors for person referred**: |
| **Other agencies involved:**  |
| **GP and Surgery Name:** **GP Phone number:** |
| **Details of person causing harm**  |
| Name of Person Causing Harm: Date of Birth of Person Causing Harm: Do they reside at the same address:- Yes/No Relationship to person causing harm: Partner Ex-partner Son Daughter Family Member (please state relationship)  |
| **Other information** |
| Links to Hinckley C:  |
| Links to military:  |
| Has either the victim or the person causing harm ever been subject to previous MARAC or MAPPA Yes/NoIf yes please give details: |

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| **Referrer:**Signature Date  |

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| **Data Protection Statement (please read to the client)**By submitting this referral form to Paragon, you agree to our processing your personal information in order to assess your housing needs and manage and develop any services we provide for you or negotiate on your behalf.If you are offered a place at one of our refuges or safe houses we may need to pass your information to the landlord, although we only do this on the understanding they keep the information confidential. We may also disclose your information if we have a duty to do so, or if the law allows us to.As data controller, we will not keep your information longer than necessary and will strive to keep it up to date. You have the right, under the Data Protection Act 1998, to see and if necessary, correct personal data we hold about you. |

Whilst Paragon SIDAS would prefer to receive a completed risk assessment, as this supports the person you are referring and enables us to make sure we offer the right service, we understand that this is not always possible. If you are able please complete the below risk assessment.

Dash risk checklist for use by IDVA's and other non-police agencies for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

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| --- | --- | --- | --- |
| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.****Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.****It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** |
| 1. **Has the current incident resulted in injury?**

Please state what and whether this is the first injury.  |  |  |  |
| 1. **Are you very frightened?**

Comment:  |  |  |  |
| 1. **What are you afraid of? Is it further injury or violence?**

Please give an indication of what you think [name of abuser(s)] might do and to whom, including children.Comment:  |  |  |  |
| 1. **Do you feel isolated from family/friends?**

Ie, does […..] try to stop you from seeing friends/family/doctor or others?Comment**:**  |  |  |  |
| 1. **Are you feeling depressed or having suicidal thoughts?**
 |  |  |  |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?**
 |  |  |  |
| 1. **Is there conflict over child contact?**
 |  |  |  |
| 1. **Does […………] constantly text, call, contact, follow, stalk or harass you?**

Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.  |  |  |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?**
 |  |  |  |
| 1. **Are there any children, step children that aren’t in the household? Are there other dependants in the household (i.e. older relative)?**
 |  |  |  |
| 1. **Has (……) ever hurt the children/dependants?**
 |  |  |  |
| 1. **Has (……) ever threatened to hurt or kill the children/dependants?**
 |  |  |  |
| 1. **Is the abuse happening more often?**
 |  |  |  |
| 1. **Is the abuse getting worse?**
 |  |  |  |
| 1. **Does [……….] try to control everything you do and/or are they excessively jealous?**
 |  |  |  |
| 1. **Has [……..] ever used weapons or objects to hurt you?**
 |  |  |  |
| 1. **Has [……..] ever threatened to kill you or someone else and you believed them?**
 |  |  |  |
| 1. **Has [……..] ever attempted to strangle / choke / suffocate / drown you?**
 |  |  |  |
| 1. **Does [……..] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?**

If someone else, specify who. |  |  |  |
| 1. **Is there any other person who has threatened you or who you are afraid of?**

If yes, please specify whom and why. Consider extended family if HBV – complete HBV DASH. |  |  |  |
| 1. **Do you know if [name of abuser(s)] has hurt anyone else?**

Consider HBV. Please specify whom, including the children, siblings or elderly relatives:Children☐ Another family member ☐Someone from a previous relationship Other (please specify) ☐  |  |  |  |
| 1. **Has [………] ever mistreated an animal or the family pet?**
 |  |  |  |
| 1. **Are there any financial issues?**

For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues? |  |  |  |
| 1. **Has [………..] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?**

If yes, please specify which and give relevant details if known.Drugs ☐ Alcohol ☐ Mental health  |  |  |  |
| 1. **Has [………] ever threatened or attempted suicide?**
 |  |  |  |
| 1. **Has [……….] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children?**

You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.Bail conditions ☐ Non Molestation/Occupation Order ☐ Child contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ |  |  |  |
| 1. **Do you know if [……….] has ever been in trouble with the police or has a criminal history?**

If yes, please specify:Domestic abuse ☐ Sexual violence ☐Other violence ☐ Other ☐ |  |  |  |
| **Score** |  |  |  |

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| **Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim’s situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, ‘honour’- based systems, geographic isolation and minimisation.** **Are they willing to engage with your service? Describe.** |  |
| **Consider abuser’s occupation / interests. Could this give them unique access to weapons? Describe.** |  |
| **RISK TO VICTIM** | **Standard** ☐**Medium** ☐**High** ☐ |
| **Do you believe that there are reasonable grounds for referring this case to Marac?** |  Yes No  |
| **If yes, have you made a referral?** | Yes **[ ]** No **[ ]**  |
| **Signed** |  | **Date** |  |
| Do you believe that there are risks facing the children in the family? | Yes **[ ]**  No **[ ]**   |
| **If yes, please confirm if you have made a referral to safeguard the children?** | Yes **[ ]** No **[ ]**  | **Date referral made** |  |
| **Signed** |  | **Date** |  |
| **Name** |  |

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| **Practitioner’s notes** |
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This document reflects work undertaken by SafeLives in partnership with Laura Richards,

For information on Somerset’s domestic abuse training programme please email PublicHealthTraining@somerset.gov.uk or visit [www.somersetsurvivors.org.uk](http://www.somersetsurvivors.org.uk).