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*OFFICE USE ONLY* – **FAMILY NUMBER**

**BDASS (Bedford Domestic Abuse Support Service)**

**REFERRAL FORM**

SUPPORTING LOW TO STANDARD RISK VICTIMS OF DOMESTIC ABUSE

*Please complete all sections including the DASH Risk Assessment herein or your referral may be returned.*

All referrals **must** be made with the consent of the family. Please tick to confirm the family have consented to you making this referral □

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| **Information about the parents/carers involved with the child(ren)** | | | | | |
| **Name of Family:** | | | | | |
| **Address (inc post code):** | | **All telephone numbers:** | | | |
| **Relationship to Child(ren)** | **Name**  **DOB**  **Ethnic Origin** | | **Main Carer**  **√** | **Parental**  **Responsibility √** | **Resident in family home √** |
| **Mother/Partner** |  | |  |  |  |
| **Father/Partner** |  | |  |  |  |
| **Other Main Carer** |  | |  |  |  |
| **Alleged Perpetrator**  **\***Please also add address if different from above |  | |  |  |  |

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| **Referrer Information** | |
| **Referrer Name:** | **Address (inc postcode)** |
| **Agency:** | **Email:** |
| **Role:** | **Tel:** |
| **Other Agencies Working with the Family** | |
| **Family Doctor Name:**  **Surgery Address:**  **Tel:** | **Name/Role:**  **School/Nursery**  **Tel:**  **Email:** |
| **Health Visitor:**  **Tel:**  **Email:** | **Name/Role:**  **Agency:**  **Tel:**  **Email:** |
| ***Can you confirm you have spoken to the family about what support FACES may be able to offer?*** | |
| ***Does the family give us permission to contact other agencies with a view to supporting them?*** | |
| ***Why are you referring the family to FACES? Please give a general outline and completed Family and Parental Need table overleaf?*** | |
| ***Are there any Health and Safety issues we need to consider?*** | |

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| **Issues Present in Current Situation (please √ all that apply)** | | | | | | | | |
| Lone Parent | Substance Abuse | Domestic Abuse | Mental Health Issues | Learning Disability | Physical Disability | Post Natal Depression | Interpreter Needed | Teen  Pregnancy |

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| **Information about the Child(ren)** | | | | | | | | |
| **No.** | | **Name** | | | **DOB** | | **Gender**  **(M/F)** | **Ethnic Origin (please state)** |
| **C1** | |  | | |  | |  |  |
| **C2** | |  | | |  | |  |  |
| **C3** | |  | | |  | |  |  |
| **C4** | |  | | |  | |  |  |
| **C5** | |  | | |  | |  |  |
| **C6** | |  | | |  | |  |  |
| **Information about any Plans Family are Subject to** | | | | | | | | |
| **Child**  **No.** | **CAF/EHA (Y/N)** | | **TAF/TAC**  **(Y/N)** | **CIN**  **(Y/N)** | **CP**  **(Y/N)** | **Details of Lead Professional (if applicable)** | | |
| **C1** |  | |  |  |  |  | | |
| **C2** |  | |  |  |  |  | | |
| **C3** |  | |  |  |  |  | | |
| **C4** |  | |  |  |  |  | | |
| **C5** |  | |  |  |  |  | | |
| **C6** |  | |  |  |  |  | | |

***Family needs –*** *So that we can offer the most appropriate support, please complete the following table indicating why a parents need support from FACES in meeting their children’s needs primarily then parent’s own. This information will help to inform support we are able to offer a family.*

|  |  |  |
| --- | --- | --- |
| **FAMILY NEED** | *√* | **If ticked please state why this is a need and how you see FACES supporting with that need** |
| Physical Health |  |  |
| Emotional Wellbeing |  |  |
| Keeping the child(ren) safe |  |  |
| Social Networks |  |  |
| Issues with Education and Learning |  |  |
| Managing Boundaries and Behaviour |  |  |
| Issues with Home and Money |  |  |
| **PARENTAL NEED** |  | **If ticked please state why this is a need and how you see FACES supporting with that need** |
| Confidence |  |  |
| Mental Health/Low mood/Anxiety |  |  |
| Risk of Domestic Abuse |  |  |

* We cannot proceed with support until we have received this completed referral form (*which needs to be completed within one calendar month from date of issue*). We will try to respond to you within two weeks to let you know about progress of this referral.
* **Self referrals** – Our family support practitioner will be in touch to arrange an initial assessment with you at your home where they will discuss with you how best we can support you.
* **For professionals** we will remain in touch as appropriate whilst we support this family and will let you know when support ends.

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| Parent’s Signature: | Date: |
| Referrer’s Signature:  (if applicable) | Date: |

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| **RISK ASSESSMENTS** | |
| **Has the case been heard at MARAC (Multi Agency Risk Assessment Conference) in the last 12 months? If yes, please provide details.** | |
| **SAFELIVES (DASH)** | |
| **Please note that the completion of a Safelives risk assessment is an essential part of the BDASS referral process. For guidance please click here and complete the DASH risk assessment below** [**https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face**](https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face) **.** | |
| **ASSESSED RISK** | |
| **Using the assessment tool below, is this case considered low, medium or high risk?** | |  |  |  | | --- | --- | --- | | **LOW**  **Below 10 ticks** | **MEDUIM**  **10-14 ticks** | **VISIBLY HIGH (14 + ticks)** | |  |  |  | |
| *Please note that we reserve the right to refuse a referral and suggest a referral to MARAC if we believe, in our professional judgement, that a case is high risk even if the ticks are below 14* | |

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| **COURT/CIVIL ORDERS/BAIL CONDITIONS** |
| **Please use this space to indicate if any court orders or civil orders are currently in place.** |

**STALKING AND HARASSMENT AND HONOUR-BASED VIOLENCE (DASH) RISK ASSESSMENT**

***PLEASE EXPLAIN THAT THE PURPOSE OF ASKING THESE QUESTIONS IS FOR THE SAFETY AND PROTECTION OF THE INDIVIDUAL CONCERNED***

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| **DASH Risk Assessment If this is not completed we cannot proceed with a referral** | |
| **Current situation** | |
| 1. Has the current incident resulted in injury? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Are you frightened?   How frightened are you? | Yes  No  Don’t know  Not asked  Give details:  Somewhat  Very  Extremely |
| 1. Are you afraid of further injury or violence?   Kill Further injury  Other (please clarify) | Yes  No  Don’t know  Not asked  Self  Children  Other (please specify)  Self  Children  Other (please specify)  Self  Children  Other (please specify) |
| 1. Do you feel isolated from family/friends i.e. does (.....) try to stop you from seeing friends/family/Dr or others? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Are you feeling depressed or suicidal? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Have you separated or told (…..) you want to separate from them within the past year? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Is there conflict over child contact? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Does (…..) constantly text, call, contact, follow, stalk or harass you? | Yes  No  Don’t know  Not asked  Give details: |
| **\*Additional stalking questions\*** (only complete if victim answers yes to question 8, otherwise, skip to question 9) | |
| * 1. Are you very frightened? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (…..) engaged in harassment on previous occasions? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (…..) ever destroyed or vandalised your property? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Does (.....) visit you at work/home more than 3 times a week? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) loitered around your work/home? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) made threats of physical or sexual violence within this incident? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) harassed a third party? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) acted violently towards people within this incident? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) persuaded other people to help him/her? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Is (.....) known to be abusing drugs/alcohol? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Is (.....) known to have been violent in the past? | Yes  No  Don’t know  Not asked  Give details: |
| Additional comments relating to harassment |  |
| **Children/dependents (If no children/dependants, please go to the next section)** | |
| 1. Are you currently pregnant or have you recently had a baby? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Are there any children, step-children that aren't (.....) in the household? Or are there other dependants in the household (i.e. older relative)? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever hurt the children/ dependants? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever threatened to hurt or kill the children/dependants? | Yes  No  Don’t know  Not asked  Give details: |
| **Domestic violence history** | |
| 1. Is the abuse happening more often? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Is the abuse getting worse? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Does (.....) try to control everything you do and/or are they excessively jealous? (i.e. relationships, who you see, being 'policed at home', telling you what to wear. Consider honour-based violence and specify behaviour) | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever used weapons or objects to hurt you? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever threatened to kill you or anyone else and you believed them? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever attempted to strangle/choke/suffocate/drown you? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Do they do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Is there any other person that has threatened you or that you are afraid of? (Consider extended family if honour-based violence) | Yes  No  Don’t know  Not asked  Give details (please specify who): |
| **\*Additional HBV Risk Questions\*** (only complete if victim answers yes to question 20, otherwise, skip to question 21) | |
| * 1. Truanting – if under 18 years old is the victim truanting? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Self-harm – is there evidence of self-harm? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. House arrest and being ‘policed at home’ – is the victim being kept at home or their behaviour activity being policed (describe the behaviours)? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Pressure to go abroad – is the victim fearful of being taken abroad? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Isolation – is the victim very isolated? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Attempts to separate or divorce (child contact issues) –is the victim attempting to leave the relationship? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Threats that they will never see the children again – are there threats that the child(ren) will be taken away? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Threats to hurt/kill – are there threats to hurt or kill the victim? | Yes  No  Don’t know  Not asked  Give details: |

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| **Domestic violence history continued** | |
| 1. Do you know if (.....) has hurt anyone else in the family, anyone else they have had a relationship with or anyone else? (Children/siblings/elderly relative/ stranger, for example. Consider HBV) | Yes  No  Don’t know  Not asked  Give details (please specify what and who): |
| 1. Has (.....) ever hurt the family pet/animals? | Yes  No  Don’t know  Not asked  Give details: |
| **Abuser(s)** | |
| 1. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues? | Yes  No  Don’t know  Not asked  Give details: |
| 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?  Please specify what:   Drugs Alcohol Mental health | Yes  No  Don’t know  Not asked  Give details:  Yes  No  Yes  No  Yes  No |
| 1. Has (.....) ever threatened or attempted suicide? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever broken an injunction molestation order, breached bail and/or agreement for when they can see you and/or the children? | Yes  No  Don’t know  Not asked  If yes, please specify i.e. breach of civil/criminal order or bail conditions: |
| 1. Do you know if (.....) is involved in any other criminal activity? If yes, please specify: Domestic violence   Sexual violence  Other violence  Other | Yes  No  Don’t know  Not asked  Give details:  Yes  No  Yes  No  Yes  No  Yes  No |
| Other relevant information (from victim or officer) which may alter risk levels. | *Consider for example victim's vulnerability - impairment, mental health, alcohol/ substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control*    *If referred under* ***professional judgement****, please provide rationale behind this* |
| Is there anything else you would like to add to this? |  |