| **CASE INTAKE FORM**  ***Office use only*** | **Client ID/ Ref no.** |  | **Case worker:** | | |  | | | |
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| **Perceived Risk Level:** | **High** | | **Medium** | | | **Low** | | **Unknown** |
| **IDVA Service Required:** | **Wandsworth IDVA** | **Richmond IDVA** | | | **Housing IDVA** | | | **Health IDVA** | |

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| **REFERRER DETAILS** | | | | | |
| Date |  | | | | |
| Agency Name |  | | | | |
| Name |  | | | | |
| Phone no./ email |  | | | | |
| Victim’s consent to be referred? | | Yes | | | No |
| Has Safe Spaces been used? | Yes | No | Location |  | |
| Comments from referrer: |  | | | | |

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| **CLIENT DETAILS** | | | | | | | |
| Client name |  | DOB |  | | | | |
| Address |  | Safe to write? | Yes | | No | | |
| Telephone number |  | Code word/safe time to call?  Safe to leave voicemail? | Details: | | | | |
| Other useful telephone no. |  | Safe to leave voicemail? |  | | | | |
| Email Address |  | Safe to email? | Yes | | | No | |
| Gender |  | Sexual Orientation |  | | |  | |
| Language(s) spoken |  | Interpreter required? |  | | | | |
| Ethnicity |  | Religion |  | | | | |
| Immigration Status |  | Recourse to public funds |  | | | | |
| Disability |  | Health Factors (tick all that apply) | Mental Health | Alcohol | | | Drugs |
| GP details if known |  | | | | | | |

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| **CHILDREN DETAILS** | | | | | | |
| Children(s) names | Gender | DOB/Age | Relationship to child | Does Perp. have Parental Responsibility? | School | Is child on CP plan? |
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| Pregnant | Yes | No | Due date: | |  | |
| Are there any child contact issues? | | Yes/No/Unknown (please provide details) | | | | |

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| **REASON FOR REFERRAL**  *i.e. details of incident prompting referral/ history of violence experienced / including police call outs/ A&E attendances/ injuries/ children witnessing,* | | | | | |
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| Is case known to MARAC? | Yes | | No | | |
| Is this a high risk with RIC 14+ referral? | Yes | | No | | |
| **Types of abuse experienced by client. Please tick all that apply and provide details** | | | | | |
| Physical |  | | | | |
| Psychological/ Emotional |  | | | | |
| Sexual – please describe:  *E.g. rape, sexual exploitation, sexual harassment, online sexual exploitation* |  | | | | |
| Economic |  | | | | |
| Sex Work |  | | | | |
| Verbal |  | | | | |
| Coercive/ Controlling Behaviour |  | | | | |
| Harmful Practices (Honour Based Violence, FGM, Forced Marriage, Faith based abuse) |  | | | | |
| Other - Please provide details |  | | | | |
| **Significant/Known Risk Factors:** *i.e. staff safety issues, serial or repeat perpetrator, suitable times to call client/ HBV/ suicide self-harm/ MARAC case, risk from family members or strangers,* | | | | | |
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| **Please clearly indicate client’s support required in the following areas** | | | | | |
| **Mental health and well being** |  | **Substance misuse/ alcohol use** | |  | |
| Mental health issues |  | Drugs | |  | |
| Diagnosis |  | Alcohol | |  | |
| Treatment |  | Treatment | |  | |
| **Employment needs** | | **Housing Needs** | | | |
| Unemployed |  | Homeless | |  | |
| Employed |  | Perp remains in property | |  | |
| In training/ education |  | Insecure housing | |  | |
| **Physical Health** | | **Other** | | | |
| Physical Health issues |  | Literacy or numeracy needs | |  | |
| Diagnosis |  | Criminal justice/court proceedings | |  | |
| Treatment |  |  | |  | |
| Continuing Care |  |  | |  | |
| **Please provide further details of support required in the highlighted areas** | | | | | |
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| **Describe relationship and living arrangements.**  E.g. *on/off relationship, client lives with parents, family members, perp stays over occasionally.* | | | | |
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| **PERPETRATOR(S) DETAILS** | | | | | | | | |
| Single perpetrator |  | | | | | | | |
| Multiple perpetrators |  | | | | | | | |
| Relationship to client: | Partner | | Ex-partner | Family member(s )- please state | Pimp(s) | Drug dealer(s) | Stranger | Other |
| Name |  | | | Language(s) spoken |  | | | |
| DOB/ Age |  | | | Translator required |  | | | |
| Address |  | | | Immigration issues |  | | | |
| Ethnicity |  | | | Disability |  | | | |
| Gender |  | | | Sexual Orientation |  | | | |
| **Mental health and well being** | |  | | **Substance misuse/ alcohol use** |  | | | |
| Mental health issues |  | | | Drugs |  | | | |
| Diagnosis |  | | | Alcohol |  | | | |
| Treatment |  | | | Treatment |  | | | |
| **Describe Employment** | |  | | **Caring responsibilities/ Disability/ literacy or numeracy difficulties** | | | | |
| Unemployed |  | | | Caring responsibilities |  | | | |
| Employed |  | | | Disability |  | | | |
| In training/ education |  | | | Learning Difficulties |  | | | |
| **Is perp known to Probation?** | Yes | | No | **Is perp on a licence or community order?** | Yes | | No | |
| Any known details of offending history and relevant sanctions? |  | | | | | | | |
| **Other** | *Please describe* | | | | | | | |

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| **PLEASE PROVIDE DETAILS OF OTHER AGENCIES ALSO SUPPORTING CLIENT OR PERPETRATOR** | | | |
| Agency name | Case worker | Contact details | Supporting client or perp |
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| **CHECKLIST *Office use only*** | | | | |
| SafeLives DASH RIC completed | Yes | | No | |
| Case referred to MARAC | Yes | | No | |
| Support Plan in place | Yes | | No | |
| Confidentiality and information sharing agreement consented by client | Yes | No | Tel | Written |
| Service explanation provided | Yes | No | Tel | Written |
| Monitoring and evaluation of data consented to by client | Yes | No | Tel | Written |
| Are there any conflicts of interest in this case | Yes | | No | |
| Male victim – RESPECT toolkit used | Yes | | No | |
| Case accepted onto service: | Yes | | No | |
| If ‘no’ has the referrer been informed | Yes | | No | |
| Has victim been referred to another service | Yes | | No | |
| Please state where victim has been referred to? |  | | | |
| Reason for refusal |  | | | |