| **CASE INTAKE FORM** ***Office use only*** | **Client ID/ Ref no.** |  | **Case worker:**  |  |
| --- | --- | --- | --- | --- |
| **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,* |
|  |
| **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 |  |