|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client ref no. | | | Case worker | | | | | | | | | | | DASH score | | | | |
|  | | |  | | | | | | | | | | |  | | | | |
| Intake date | | | Referred by | | | | | | | Repeat referral? | | | | Date DASH completed | | | | |
|  | | |  | | | | | | | Y / N | | | |  | | | | |
| **Client details** | | Name/AKA | | | | | | | | DOB & age | | | | | | | Gender identity: | |
|  | | | | | | | |  | | | | | | |  | |
| Address | | | | | Safe to write? | | | Alternative address | | | | | | | | | | Safe to write? |
|  | | | | |  | | |  | | | | | | | | | |  |
| Housing Association  Owned  Privately rented  Other | | | | |  | | |  | | | | | | | | | |  |
| Telephone | |  | | | | | | Describe relationship and living arrangements  (eg on/off; client lives at mum’s/(ex) partner stays over occasionally, who else lives at the address, etc) | | | | | | | | | | |
| Mobile | |  | | | | | |
|  | | | | | | | | | | |
| Safe telephone / mobile | |  | | | | | |
| Drug / alcohol / mental health issues / diagnosis / treatment – please describe for each | | | | | | | | | | |
| Code word/safe time to call | |  | | | | | |
| Drugs  Alcohol  Mental Health  Other | | | | | | | | | | |
| Other useful tel no. (eg family members / colleague / friend) | |  | | | | | |
| Disability / literacy or numeracy difficulties | | | | | | | | | | |
| Ethnicity | |  | | | | | |  | | | | | | | | | | |
| Religion | |  | | | | | |
| Language(s) spoken | |  | | | | | | Describe employment (eg occupation / unemployed / in training or education / financial status / benefits). | | | | | | | | | | |
| Translator required? | | Y / N | | | | | |
|  | | | | | | | | | | |
| Immigration status and any concerns | |  | | | | | |
| Sexual orientation | |  | | | | | |
| **Partner / ex-partner / family member details** | | Name/AKA | | | | | | | | | DOB & age | | | | | | Gender identity | |
|  | | | | | | | | |  | | | | | |  | |
| Address | | | | | | | | | Drug / alcohol / mental health issues / diagnosis / treatment | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |
| Disability / literacy or numeracy difficulties | | | | | | | | | |
| Ethnicity | |  | | | | | | |  | | | | | | | | | |
| Religion | |  | | | | | | |
| Languages spoken | |  | | | | | | |
| Describe employment (eg unemployed / benefits / occupation / address / work contacts) | | | | | | | | | |
| Translator required? | | Y / N | | | | | | |
|  | | | | | | | | | |
| Immigration issues and any concerns | |  | | | | | | |
| SIGNIFICANT CONCERNS FLAG (eg staff safety issues / serial or repeat perpetrator /suitable times to call client / HBV / suicide or self-harm concerns / MARAC case) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Child’s name** | Gender | | | DOB / age | | Is (ex-)partner parent of child / unborn baby? (if not, state who parent is) | | | | | | Does (ex) partner have PR? | | | | School | | |
|  | M / F | | |  | |  | | | | | | Y / N | | | |  | | |
|  | M / F | | |  | |  | | | | | | Y / N | | | |  | | |
|  | M / F | | |  | |  | | | | | | Y / N | | | |  | | |
|  | M / F | | |  | |  | | | | | | Y / N | | | |  | | |
| Is the client pregnant? | Y / N | | | | | | Due date | | | | | | | |  | | | |
| Living arrangements and address (if different to client details above) |  | | | | | | | | | | | | | | | | | |
| CYPS involvement | Y / N | | | | | | | | | | | | | | | | | |
| Describe involvement |  | | | | | | | | | | | | | | | | | |
| Flag significant concerns regarding children |  | | | | | | | | | | | | | | | | | |
| Have you reported any incidents to the Police? |  | | | | | | | | | | | | | | | | | |
| Is there any ongoing investigations? |  | | | | | | | | | | | | | | | | | |
| Do you have any orders against your perpetrator? |  | | | | | | | | | | | | | | | | | |
| Have they been convicted? |  | | | | | | | | | | | | | | | | | |
| **Checklist** | SafeLives Dash risk checklist completed | | | | | | | | | | | | Y / N Score | | | | | |
| Referred to MARAC | | | | | | | | | | | | Y / N | | | | | |
| ISSP in place | | | | | | | | | | | | Y / N | | | | | |
| Confidentiality and information sharing agreement consented to by client | | | | | | | | | Y / N Telephone ☐ Written ☐ | | | | | | | | | |
| Service explanation provided | | | | | | | | | Y / N Telephone ☐ Written ☐ | | | | | | | | | |
| Monitoring and evaluation of data consented to by client | | | | | | | | | Y / N Telephone ☐ Written ☐ | | | | | | | | | |
| Is there a conflict of interest in this case? | | | | | | | | | Y / N If yes, discuss with your manager | | | | | | | | | |

**Confidentiality and Information Sharing**

**Our aim**

* To support you in whatever choices you make
* Inform you of choices that are available to you
* To create a safe environment for you to disclose sensitive and personal information
* To respect your decisions

The information below outlines how we will treat the information that you give us about yourself, your family and others and your circumstances.

***It is important for you to read this information sheet and for it to be explained to you by your case worker. When you have read and understood the agreement sign and date it on the next page.***

**In an emergency**

**The basic principles of confidentiality and information sharing are;**

1. **The information you provide is confidential unless:**
2. **You consent to information being shared OR**
3. **You or any children are likely to be seriously injured – this will usually be called ‘at high risk of serious harm’**
4. **We will always try and tell you when information is being shared unless it is not safe for you or your children or if we can’t contact you.**
5. **If we have to share information in this situation, we will only share relevant information that will improve you and / or your child[ren’s] safety.**
6. **If we do not have your consent to share information, we will talk this situation through with a senior member of the team (where they are not available prior to the decision, the decision taken by the IDVA will be reviewed within 48 hours) and will write on your case file what we have shared, why and who with.**
7. **You have a right to access your file, please contact the service which will advise you of the process.**

**How will we treat any information that you give us?**

We will use information you give us to help keep you and any children safe. We will also use this information to improve the service we offer you and others.

* Generally, the information that you share with us about yourself, your family and others and your situation will be treated as confidential by The ManKind Initiative. This means that only authorised people at our service will have access to this information unless you say otherwise.
* There may be times when it is useful for someone from The ManKind Initiative to share information about you with other agencies. Unless your situation is ‘high risk’ your case worker must ask for your permission to share this information and you will be able to say yes or no.

**Improving the service we offer you**

* So that we can try to improve the service we offer, we might need to make your details and information you give us anonymous so that we can share it with agencies and researchers outside of our service. This helps us to monitor our performance, understand more about domestic abuse and the best ways to improve the lives of people who experience it.
* When we share information in this way the identities of our clients and their children will never be revealed.

You can choose if you are happy for your information to be made available for these reasons. If you decide to say no, this will in no way affect the service that you receive.

***So that we know you have read and understood this agreement please answer yes or no to each statement by placing a cross in the box. It is important that you answer yes or no to each statement.***

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| The confidentiality and information agreement has been explained to me. | ☐ | ☐ |
| I give permission for anonymised information about me to be used by other agencies and researchers for the purpose of monitoring and research. | ☐ | ☐ |
| I understand that information about me will be held confidentially unless I give my permission for it to be shared with others. | ☐ | ☐ |
| I understand that there are exceptions to this and in the event that I or my children are assessed to be at high risk of harm, information about me can be shared without my permission. | ☐ | ☐ |

**Please sign and date the agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print name |  |  |  |
| Case worker’s signature |  |  |  |

**If agreement explained and consented to over the telephone:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has COVID-19 had any impact on your situation?** | |  | | |
| **Agency name** | **Agency contact** | **Permission to share information** | **Date** | **Date of review** |
|  |  | Y / N |  |  |
|  |  | Y / N |  |  |
|  |  | Y / N |  |  |
|  |  | Y / N |  |  |
|  |  | Y / N |  |  |