** **

**SERVICE USER PACK v1.3**

To be completed by registered volunteers of the charity either face to face or via electronic means (except as noted on each page) Completed forms to be returned to the charity’s office at 61 Cowbridge Rd East.

 **NOTES FOR VOLUNTEERS**Please read the next paragraph to the service user before you start completing the pack

**CONTENTS**About You / How can we help?/ DV risk assessment / How are you doing? OPTIONAL – Patient referral Form **CONFIDENTIALITY & DATA PROTECTION**

The charity takes your confidentiality and protection of your data very seriously. We do our best to ensure that anything you tell us remains confidential. We don’t share your information with any third party except with your consent – for example to help you obtain legal aid or representation in Court or to protect you as a victim of domestic abuse.
We reserve the right to share data without your consent if we believe there is a child protection issue that requires such disclosure or to protect you or others. We agree to notify you of our decision to share data without your consent at the earliest opportunity.
You agree to keep confidential any information about others that is shared with you through accessing any of our services. You further agree to allow us to use your data in a fully anonymised form for academic and other non commercial uses.
 **By signing below, you agree to the charity’s Data Protection & Confidentiality policies and consent to the above notices. The information you have supplied is true to the best of your knowledge & belief.**
Both Parents Matter & Aegis are services of Families Need Fathers Both Parents Matter Cymru
Registered charity number 1134723

**Signature of service user, or tick to confirm the Confidentiality & Data protection statement has been read to the service user (for ‘phone completion) ……………………………**

For ‘phone completion, name of helpline or outbound caller completing: …………………………………………

**How did you hear about our charity? Please TICK all that apply**

|  |  |
| --- | --- |
| Referral from another agency eg CAB, Local Council etc |  |
| Referral from Solicitor |  |
| Internet search / Facebook group etc |  |
| Personal recommendation |  |
| Other – **please specify** |  |

**ABOUT YOU**

|  |  |
| --- | --- |
| **VENUE AND DATE**  |   |
| **NAME**  |   |
| **ADDRESS**  |   |
| **PHONE NUMBER**  |   |
| **EMAIL**  |   |
| **DATE OF BIRTH**  |   | **GENDER**  |   |
| **DISABILITY**  |   | **ETHNICITY**  |   |
| **WORK STATUS**  |   | **IS YOUR INCOME LESS THAN 12K PER YEAR** **?** |   |
| **ABOUT YOUR SITUATION**  | **YES**  | **NO**  | **N/A**  |
| Have you or your ex partners already applied to the Family Court?  |   |   |   |
| Are you being prevented from seeing the child/ren?  |   |   |   |
| Has anyone suggested that the child doesn’t want to see you? |   |   |   |
| Has mediation been refused by the other parent?  |   |   |   |
| Are you named as a parent on the birth certificate?  |   |   |   |
| Have you been the victim of domestic abuse?  |   |   |   |
| Have you been accused of domestic abuse?  |   |   |   |
| Are Social Services currently involved with your children?  |   |   |   |
| Have you been cautioned/charged/convicted of a relevant criminal offence? |  |  |  |
| Do you already have a solicitor/barrister?  |   |   |   |

|  |  |
| --- | --- |
| **ABOUT THE OTHER PARENT** / **PERSON** | **ABOUT THE CHILDREN**  |
| NAME  |   | CHILD NAME & DATE OF BIRTH |  SEX |
| ADDRESS  |   |   |   |
| PHONE  |   |   |   |
| EMAIL  |   |   |   |
| SOLICITOR  |   |   |   |
| **WHAT SUPPORT WOULD YOU LIKE TO RECEIVE?**  | **YES**  | **NO**  | **N/A**  |
| **DO YOU WANT HELP GETTING LEGAL AID?**  |   |   |   |
| **DO YOU WANT TO SEE A SOLICITOR FREE OF CHARGE?**  |   |   |   |
| All registrants will be offered entry to the Buddy Scheme  | - | - | - |
| Email addressed used to make their Facebook account |  |

**HOW CAN WE HELP?**

**Name of volunteer completing: ……………………………………………………. date: ………………………….**

**WHAT IS THE PROBLEM?** – tell us a little about the problem / issues and what has happened already

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| --- |
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**WHAT IS THE SOLUTION / OUTCOME YOU WANT TO ACHIEVE** – try to think about the solution to the problem you’ve already identified. What pattern of care are you seeking for your child? **TICK ONE BELOW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 50/50 SHARED CARE | ALTERNATE WEEKENDS PLUS ONE MID WEEK NIGHT | ALTERNATE WEEKENDS  | DAYTIME CONTACT ONLY | OTHER ARRANGEMENTS |
|  |  |  |  |  |

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**HOW CAN WE HELP YOU?** – what **SPECIFIC** actions can we identify that you could take **AND** what can we do specifically to help you achieve the outcomes / solutions identified above?

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**DOMESTIC VIOLENCE RISK INDICATOR CHECKLIST**

**Name of volunteer completing: ……………………………………………………. date: ………………………….**

NAME OF VICTIM: NAME OF ABUSER:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUESTION** | **YES** | **NO** | **DON’T KNOW** | **DETAIL / ANALYSIS / COMMENTS** |
| 1. HAS THE CURRENT INCIDENT RESULTED IN INJURY?
 |  |  |  |  |
| 1. ARE YOU VERY FRIGHTENED?
 |  |  |  |  |
| 1. WHAT ARE YOU AFRAID OF? IS IT FURTHER INJURY OR VIOLENCE?
 |  |  |  |  |
| 1. DO YOU FEEL ISOLATED FROM FAMILY / FRIENDS?
 |  |  |  |  |
| 1. ARE YOU FEELING DEPRESSED OR HAVING SUICIDAL THOUGHTS?
 |  |  |  |  |
| 1. HAVE YOU SEPARATED OR TRIED TO SEPARATE FROM THE ABUSER IN THE PAST YEAR?
 |  |  |  |  |
| 1. IS THERE CONFLICT OVER CHILD CONTACT?
 |  |  |  |  |
| 1. DOES THE ABUSER CONSTANTLY TEXT, CALL, CONTACT, FOLLOW, STALK OR HARASS YOU?
 |  |  |  |  |
| 1. HAVE YOU RECENTLY HAD A BABY (WITHIN THE LAST 18 MONTHS?)
 |  |  |  |  |
| 1. IS THE ABUSE HAPPENING MORE OFTEN?
 |  |  |  |  |
| 1. IS THE ABUSE GETTING WORSE?
 |  |  |  |  |
| 1. DOES THE ABUSER TRY TO CONTROL EVERYTHING YOU DO AND / OR ARE THEY EXCESSIVELY JEALOUS?
 |  |  |  |  |
| 1. HAS THE ABUSER EVER USED OBJECTS OR WEAPONS TO HURT YOU?
 |  |  |  |  |
| 1. HAS THE ABUSER EVER THREATENED TO KILL YOU OR SOMEONE ELSE & YOU BELIEVED THEM?
 |  |  |  | You Children Other (please specify) |
| 1. HAS THE ABUSER EVER THREATENED TO STRANGLE/CHOKE/SUFFOCATE/DROWN YOU?
 |  |  |  |  |
| 1. DOES THE ABUSER DO OR SAY THINGS OF A SEXUAL NATURE THAT MAKE YOU FEEL BAD OR PHYSICALLY HURT YOU OR SOMEONE ELSE?
 |  |  |  |  |
| 1. IS THERE ANY OTHER PERSON WHO HAS THREATENED YOU OR WHO YOU ARE AFRAID OF?
 |  |  |  |  |
| 1. DO YOU KNOW IF THE ABUSER HAS HURT ANYONE ELSE?
 |  |  |  | Children Other family member Someone from a previous relationshipOther (specify)  |
| 1. HAS THE ABUSER EVER MISTREATED AN ANIMAL OR THE FAMILY PET?
 |  |  |  |  |
| 1. ARE THERE ANY FINANCIAL ISSUES?
 |  |  |  |  |
| 1. HAS THE ABUSER HAD PROBLEMS IN THE PAST YEAR WITH DRUGS (PRESCRIPTION OR OTHER), ALCOHOL OR MENTAL HEALTH CAUSING PROBLEMS IN LEADING A NORMAL LIFE?
 |  |  |  | Drugs Alcohol Mental Health |
| 1. HAS THE ABUSER EVER THREATENED OR ATTEMPTED SUICIDE?
 |  |  |  |  |
| 1. HAS THE ABUSER EVER BROKEN BAIL/ AN INJUNCTION AND/OR FORMAL AGREEMENT FOR WHEN THEY CAN SEE YOU AND/OR THE CHILDREN?
 |  |  |  | Bail conditions Non Molestation / Occupation OrderChild contact arrangementsForced Marriage Protection OrderOther |
| 1. HAS THE ABUSER EVER BEEN IN TROUBLE WITH THE POLICE OR HAS A CRIMINAL HISTORY?
 |  |  |  | Domestic ViolenceSexual ViolenceOther violenceOther |

Total YES responses

**Notes**

**HOW ARE YOU DOING?**

**Name of volunteer completing: ……………………………………………………. date: ………………………….**

**NOTE TO VOLUNTEERS**- This section is intended to be completed by **SERVICE USERS**. Please hand the Service User pack to the person you’re helping for them to make their choices.

**Please put a X in the box that best describes YOUR experience over the past TWO WEEKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STATEMENTS | Never | Rarely | Sometimes | Often | Always |
| I’ve been feeling optimistic about the future |  |  |  |  |  |
| I’ve been feeling useful |  |  |  |  |  |
| I’ve been feeling relaxed |  |  |  |  |  |
| I’ve been dealing with problems well |  |  |  |  |  |
| I’ve been thinking clearly |  |  |  |  |  |
| I’ve been feeling close to other people |  |  |  |  |  |
| I’ve been able to make up my own mind about things |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STATEMENTS | Strongly yes | Yes | Neither yes nor no | No | Strongly no |
| There is always someone I can talk to about my day-to-day problems |  |  |  |  |  |
| I miss having a really close friend |  |  |  |  |  |
| I experience a general sense of emptiness |  |  |  |  |  |
| There are plenty of people I can lean on when I have problems |  |  |  |  |  |
| I miss the pleasure of the company of others |  |  |  |  |  |
| I find my circle of friends and acquaintances too limited |  |  |  |  |  |
| There are many people I can trust completely |  |  |  |  |  |
| There are enough people I feel close to |  |  |  |  |  |
| I miss having people around me |  |  |  |  |  |
| I often feel rejected |  |  |  |  |  |
| I can call on my friends whenever I need them |  |  |  |  |  |