** **

**SERVICE USER PACK v2.0**

To be completed by registered volunteers of the charity either face to face or by phone/internet. Completed forms to be saved/retained only in approved confidential locations as defined by the charity’s workflow arrangements and GDPR policies.

 **CONTENTS**About You / How can we help?/ DV risk assessment / How are you doing?

**NOTES FOR VOLUNTEERS**Please read the Confidentiality Statement, below, to the service user before you start completing the pack **CONFIDENTIALITY & DATA PROTECTION**

What you tell us is confidential. We will not share your information with anyone else without your consent unless we believe there is a child protection issue that legally requires such disclosure or to protect you or others (in which case you will be informed that we have done so immediately). If data is used for academic research or publicity purposes, it will be in fully anonymised form.

 **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 (please state which solicitor & firm of solicitors below) |  |
| Internet search / Facebook group etc |  |
| Personal recommendation |  |
| Other – please specify: |  |

**Emergency Contacts**

|  |  |
| --- | --- |
| “phone a friend” name & phone number |  |
| GP name, surgery & phone number |  |

**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** **?** |   |
| **WELSH SPEAKER?** |  | **WOULD YOU PREFER WELSH?** |  |
| **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?  |   |   |   |
| Is anyone trying to turn the child against you? |   |   |   |
| Has mediation been refused by the other parent?  |   |   |   |
| Are you named as a parent on the birth certificate?  |   |   |   |
| Have you experienced any form of domestic abuse?  |   |   |   |
| Have you been accused of domestic abuse?  |   |   |   |
| Are Social Services currently involved with your children?  |   |   |   |
| Have you been arrested/cautioned/charged/convicted of a relevant criminal offence? Details?: |  |  |  |
| Do you already have a solicitor/barrister?  |   |   |   |

|  |  |
| --- | --- |
| **ABOUT THE OTHER PARENT** / **PERSON** | **ABOUT THE CHILDREN**  |
| NAME  |   | **CHILD NAME** | **D.O.B.** |  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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|  |

**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?

 **TICK IF REQUIRED**

|  |  |
| --- | --- |
| Parenting plan |  |
| Assistance with form completion |  |
| Free initial solicitor consultation |  |
| Refer to mediation |  |
| LASPO evidence letter, para 17 |  |
| LASPO evidence letter, para 12(supply Patient Referral form) |  |
| Buddy Level 2 |  |
| Other (state) |  |

**DOMESTIC VIOLENCE RISK INDICATOR CHECKLIST**

**(For the service user as victim)**

**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 ATTEMPTED 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 \_\_\_\_/24\_\_\_\_

**Notes**

**HOW ARE YOU DOING?**

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

**NOTE TO VOLUNTEERS**- This section is strictly intended to be completed by **SERVICE USERS** in person. For completion by phone, please do your best to convey the options (e.g., by paraphrasing using a 1 to 5 score)

**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 |  |  |  |  |  |