



Safe2Speak Domestic Abuse Outreach Referral - Referral Form for Professionals

Eligibility

Standard & medium risk victims of domestic abuse can access specialist support from Safe2Speak Outreach service. To determine if your client is at risk due to domestic abuse, as the professional, you must complete a MERIT form with the individual to determine the level of risk.

If the outcome score is standard or medium (silver or bronze) & the victim is consenting to support, a referral can be made by submitting this completed form via email with a copy of MERIT form attached.

Referrals will be prioritised according to the level of **present** risk. Referrals based upon historical incidents only may not meet the criteria for support, therefore please consider other support services that may be more appropriate for your client's need. Alternatively, you may wish to refer the client to our Safe2Speak Programme only.

If you have completed the MERIT risk assessment & the score is GOLD/High risk or you have professional judgement that the case is high risk – you must follow local MARAC referral pathway & complete a St Helens MARAC referral form.

Referring Agency & Role	
Contact Name	
Contact Number	
Email Address	
Date of referral	

Client Information

Full Name			
Date of Birth			
Address		Safe address for mail?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Temporary address due to risk/fleeing DA?		Safe address for mail?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Contact No		Safe Number?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Safest/preferred means of contact - e.g. Method of contact/ times to call etc.			
Gender			
Ethnicity			
Sexual Orientation			
Religion			
Disability			
Language		Is an interpreter required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Additional support or accessibility needs? E.g., unable to read, hearing loop etc.			

Known Issues with?	Yes	No
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse (alcohol and/or drug misuse)	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please detail)	<input type="checkbox"/>	<input type="checkbox"/>

Details of Children

Name	Gender (M/F)	Address (if different to above)	DOB/Age	School

Perpetrator Details

Name	
Address	
DOB	
Gender	
Relationship to Victim e.g. Relative/Intimate Partner/Ex-Partner	
Known risks/offending behaviours	

Reason for Referral

Please include form of abuse experienced (physical, emotional, psychological, financial, coercive control)

Merit Score

Date and Details of the most recent domestic abuse incident

Does the client need support with the following? Please tick all that apply & provide any additional information

	Yes	No	Additional Information
Safety Planning	<input type="checkbox"/>	<input type="checkbox"/>	
Staying safe at their current address	<input type="checkbox"/>	<input type="checkbox"/>	
Access emergency Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	
Accessing support agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Police/Court Support	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Support	<input type="checkbox"/>	<input type="checkbox"/>	
Target Hardening	<input type="checkbox"/>	<input type="checkbox"/>	
Civil Legal remedies	<input type="checkbox"/>	<input type="checkbox"/>	

Is the client or anyone listed on the referral open to the following services?

Service Type	Yes	No	Name of professional	Contact Details
Social Services	<input type="checkbox"/>	<input type="checkbox"/>		
Probation	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>		
Drugs & Alcohol Support Services	<input type="checkbox"/>	<input type="checkbox"/>		
Merseyside Police	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Has the client given consent to this referral? YES NO

Please note – clients should be aware and have given consent to the referral.

Referrals can be sent:

a) via email to dvreferral@torus.co.uk

b) via CJSM secure email on dvreferral@torus.cjsm.net (you will require access to CJSM account)

For any additional information or support with the referral process, please contact the Safe2Speak team by calling 01744 743200.



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