ACORN Referral Form

PLEASE NOTE; THIS REFERRAL FORM WILL BE SENT BACK UNLESS FULLY COMPLETED AND ACCOMPANIED BY A SAFELIVES DASH RIC COMPLETED WITHIN THE LAST 28 DAYS

Important Information, please read before completing this form:
When completed this form will contain personal information (data) including special category (sensitive) data. You are required to comply with **General Data Protection Regulations** in the processing (including storage & retention) of this data. Please refer to your organisations Data Protection Policy.
The Data Protection Act 2018. Article 5 of the GDPR sets out seven key principles which lie at the heart of the general data protection regime.
It is the responsibility of the referring agency to comply with GDPR and the seven key principles. Compliance within the spirit of these key principles is a fundamental building block for good data protection practice. It is also key to your compliance with the detailed provisions of the GPDR. Failure to comply with the principles may leave you open to substantial fines.
The purpose of this referral to ManKind is to provide only the **relevant** information required to enable the service to process the personal data and have adequate information that is necessary to enable safe contact with the victim/survivor of domestic abuse.
The form serves to share information that is relevant & proportionate to the risk and may include details of incidences of abuse & sensitive information that informs the risk assessment.

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:
   a. You consent to information being shared OR
   b. You or any children are likely to be seriously injured – this will usually be called 'at high risk of serious harm'
2. 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.
3. 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.
4. 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. You have a right to access your file, please contact the service which will advise you of the process.
5. If you are a serving member of military we may contact your Service Welfare provider if you and/or your children need to be safeguarded.

ACORN Referral Form

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.	**I agree**
The confidentiality and information sharing 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;			
Client name		Date	Click or tap to enter a date.
Case worker name		Date	Click or tap to enter a date.
If agreement explained and consented to over the telephone;			
Client name		Date	Click or tap to enter a date.
Case worker name		Date	Click or tap to enter a date.

ACORN Referral Form

Referral Details

Agency referral	Self-referral	Date of referral
☐ Yes ☐ No	☐ Yes ☐ No	Click or tap to enter a date.
Referred by	**Contact email**	**Contact telephone**

CLIENT DETAILS	Name/AKA	DOB	Gender identity:
		Click or tap to enter a date.	Choose an item.
Marital status	Ethnicity	Religion	Sexuality
	Choose an item.	Choose an item.	Choose an item.
Disability	Caring Status	Landline	Mobile

Have you ever served in the British Armed Forces?	☐ Army ☐ Royal Navy ☐ RAF ☐ Royal Marines ☐ RMP	Safe to; ☐ Call ☐ Text ☐ Leave msg	Safe to; ☐ Call ☐ Text ☐ Leave msg
Are you?	☐ Currently serving ☐ Veteran ☐ Reservist ☐ Family member	Your current job role (including rank);	

Address	Where are you based?
	Do you live in service accommodation? ☐Yes ☐No

☐ Housing Association ☐ Owned ☐ Privately rented ☐ SLA ☐ Other;	Number of people residing at your address;	Your relationship to other occupants;

Name of Welfare Representative	Contact number	Email address	Title / Role

ACORN Referral Form

Describe employment including rank if applicable (eg occupation / unemployed / in training or education / financial status / benefits).		Drug / alcohol / mental health issues / diagnosis / treatment – please describe for each; ☐ Drugs; ☐ Alcohol; ☐ Mental Health; ☐ Other;	
Language(s) spoken		Any convictions, cautions or serious incidents;	
Translator required?			
Immigration status and any concerns			
PERPETRATOR DETAILS	Name/AKA	DOB	Gender identity
		Click or tap to enter a date.	Choose an item.
Marital status	Ethnicity	Religion	Sexuality
	Choose an item.	Choose an item.	Choose an item.
Disability	Is this person pregnant?	Relationship to client	Caring Status
Choose an item.	Yes ☐ No ☐ Due date; Click or tap to enter a date.		
Address		Describe employment (including rank);	
Language(s) spoken		Drug / alcohol / mental health issues / diagnosis / treatment – please describe for each	
SIGNIFICANT CONCERNS FLAG - (eg Any convictions, cautions or serious incidents, staff safety issues / serial or repeat perpetrator /suitable times to call client / HBV / suicide or self-harm concerns / MARAC case)		☐ Drugs; ☐ Alcohol; ☐ Mental Health; ☐ Other	

ACORN Referral Form

CHILDRENS DETAILS						
Name	Date of birth	Any additional needs?	Gender	Living with client?	Does (ex) partner have PR?	School
		☐ Yes ☐ No	☐ M ☐ F	☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ M ☐ F	☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ M ☐ F	☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ M ☐ F	☐ Yes ☐ No	☐ Yes ☐ No	

CYPS involvement	☐ Yes ☐ No Level; ☐ Level 1 - Universal Services ☐ Level 2 - Early Help/Prevention	☐ Level 3 - Intensive Family Support ☐ Level 4 - Child in Need ☐ Level 5 - Child Protection
Describe involvement and concerns for children		

Have you reported any incidents to the Police?	☐ Yes ☐ No	Are there any ongoing investigations?	☐ Yes ☐ No
Do you have any orders against your perpetrator?	☐ Yes ☐ No Details;	SafeLives Dash risk checklist completed	☐ Yes ☐ No Score;
Have they been convicted?	☐ Yes ☐ No Offences;	Referred to MARAC	☐ Yes ☐ No

CHECKLIST	
Service explanation provided and confidentiality and information sharing agreement consented to by client	☐ Yes ☐ No - ☐ Telephone ☐ Written
Monitoring and evaluation of data consented to by client	☐ Yes ☐ No - ☐ Telephone ☐ Written
Is there a conflict of interest in this case?	☐ Yes ☐ No If so what action has been taken;
Has COVID-19 had any impact on your situation?	☐ Yes ☐ No If so how?

ACORN Referral Form

Are you working with any other professionals?	☐ Yes ☐ No

Agency name	Agency contact	Permission to share information	Date	Date of review
		Yes ☐ No ☐	Click or tap to enter a date.	Click or tap to enter a date.
		Yes ☐ No ☐	Click or tap to enter a date.	Click or tap to enter a date.
		Yes ☐ No ☐	Click or tap to enter a date.	Click or tap to enter a date.

Submitting your referral

When completed please send this form **and** the completed DASH RIC via secure email to marilyn.selwood@mankind.cjsm.net

NB: Emails sent to this address from a non-compatible email will bounce back.

Non secure emails MUST be sent password protected to training@mankind.org.uk with the password sent in a separate email.

You will receive notification of your referral being received. If you do not, please contact us at training@mankind.org.uk or by calling us on 01823 334229