HOUNSLOW DOMESTIC AND SEXUAL VIOLENCE OUTREACH SERVICE.

PCDAW Referral (Parent and Children Domestic Abuse worker)

CADA (CHILDREN AFFECTED BY DOMESTIC ABUSE)

Return referral to charlotte.roffey@hounslow.gov.uk

REFERRER'S DETAILS	
Referrer's Name	
Email	
Phone	Date of referral
Name of Referring Agency	
CLIENT DETAILS	
Has the client consented to the referral? □Yes	□No
Non abusive parents' full name	
□Male	
□ Female □ Transgender	
Phone number	
Is it safe to call on this number? ☐Yes ☐No	
Date of Birth Eth	nicity

Address
Any language needs?
\square Yes, if yes what are they/ \square No
Is the client living with the perpetrator?
□Yes □No
<u>PERPETRATOR</u>
TEM ETHATON
Perpetrator's full name
Date of Birth
Relationship - Married/ Partner/ Ex Partner/ Family
Perpetrator's Address
□Male
□Female
□Transgender

<u>CHILDREN</u> □Yes □	No		
Are the children known to ☐ CIN ☐ CP Plan	?		
Are the children residing o ☐ Residing ☐ Havin	or having contact wit g contact	h the alleged perpetra	ator?
Has the client given conse ☐ Yes ☐ No	nt for children to be	supported by CADA?	
Children's Names, Date of	Birth and school (pl	ease ensure you provi	de the school details)
Names	DOB	School	
☐ Pregnant – Due date BACKGROUND			
What type of VAWG is rais □ Domestic □ Sexual □ Other (please state)	sing concerns? □CSE □FGM		
Have you made a MARAC	Referral? □Yes	□No	
Has a Safelives Risk Assess (If yes, please send a copy	•	ed? □Yes □No	Score

<u>Incident Summary and full details of significant concerns.</u> Please include key support needs and background of abuse including any other vulnerabilities.

(Relationship history, current living arrangements, professional opinion of risk, support required, client vulnerability.	•
Please indicate and provide details of risks if any of the following are believed to be of concern the client: Drug/Alcohol misuse:	<u>for</u>
CSE:	
Gang activity/behaviours:	
Self Harm/Suicidal Ideation/attempts:	
MH issues:	