



SERVICE USER PACK

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 are you doing? / How can we help? / DV risk assessment /
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.

By signing below, you agree to the charity’s Data Protection & Confidentiality policies. 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

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	

SERVICE USER NAME	
VOLUNTEER NAME	
VENUE & DATE OF COMPLETION	

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 the child said they don'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?					
Do you already have a solicitor/barrister?					
ABOUT THE OTHER PARENT / PERSON			ABOUT THE CHILDREN		
NAME			CHILD NAME & AGE	GENDER	
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 AT THE MEETING?					
INTERESTED IN THE BUDDY SCHEME? NOT AVAILABLE IN ALL AREAS *					

SERVICE USER NAME	
VOLUNTEER NAME	
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HOW CAN WE HELP?

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

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

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 VICTIM:

NAME OF ABUSER:

QUESTION	YES	NO	DON'T KNOW	DETAIL / ANALYSIS / COMMENTS
1. HAS THE CURRENT INCIDENT RESULTED IN INJURY?				
2. ARE YOU VERY FRIGHTENED?				
3. WHAT ARE YOU AFRAID OF? IS IT FURTHER INJURY OR VIOLENCE?				
4. DO YOU FEEL ISOLATED FROM FAMILY / FRIENDS?				
5. ARE YOU FEELING DEPRESSED OR HAVING SUICIDAL THOUGHTS?				
6. HAVE YOU SEPARATED OR TRIED TO SEPARATE FROM THE ABUSER IN THE PAST YEAR?				
7. IS THERE CONFLICT OVER CHILD CONTACT?				
8. DOES THE ABUSER CONSTANTLY TEXT, CALL, CONTACT, FOLLOW, STALK OR HARASS YOU?				
9. HAVE YOU RECENTLY HAD A BABY (WITHIN THE LAST 18 MONTHS?)				
10. IS THE ABUSE HAPPENING MORE OFTEN?				
11. IS THE ABUSE GETTING WORSE?				
12. DOES THE ABUSER TRY TO CONTROL EVERYTHING YOU DO AND / OR ARE THEY EXCESSIVELY JEALOUS?				
13. HAS THE ABUSER EVER USED OBJECTS OR WEAPONS TO HURT YOU?				
14. HAS THE ABUSER EVER THREATENED TO KILL YOU OR SOMEONE ELSE & YOU BELIEVED THEM?				You Children Other (please specify)
15. HAS THE ABUSER EVER THREATENED TO STRANGLE/CHOKES/SUFFOCATE/DROWN YOU?				
16. DOES THE ABUSER DO OR SAY THINGS OF A SEXUAL NATURE THAT MAKE YOU FEEL BAD OR PHYSICALLY HURT YOU OR SOMEONE ELSE?				

SERVICE USER NAME	
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17. IS THERE ANY OTHER PERSON WHO HAS THREATENED YOU OR WHO YOU ARE AFRAID OF?				
18. DO YOU KNOW IF THE ABUSER HAS HURT ANYONE ELSE?				Children Other family member Someone from a previous relationship Other (specify)
19. HAS THE ABUSER EVER MISTREATED AN ANIMAL OR THE FAMILY PET?				
20. ARE THERE ANY FINANCIAL ISSUES?				
21. 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
22. HAS THE ABUSER EVER THREATENED OR ATTEMPTED SUICIDE?				
23. 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 Order Child contact arrangements Forced Marriage Protection Order Other
24. HAS THE ABUSER EVER BEEN IN TROUBLE WITH THE POLICE OR HAS A CRIMINAL HISTORY?				Domestic Violence Sexual Violence Other violence Other

Total YES responses

Notes

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VOLUNTEER NAME	
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HOW ARE YOU DOING?

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					

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