

ADDITIONAL DISABILITY RELATED QUESTIONS

1. General information

This page is not part of the scoring risk assessment but is used to find out if the victim is a disabled person and has access or support needs, which are essential to keep them safe.

	Yes	No	Not sure
Do any of the following apply to you? Please tick the relevant box(es).			
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggle to communicate (verbally or otherwise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited/no vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited/no hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability (You might have a learning disability if you've always found a lot of things you're told confusing, or if you've always needed help to complete certain daily tasks e.g. managing money or paying bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism or other neurodiverse condition e.g. Dyslexia, Dyspraxia, ADHD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other long term health condition (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of the children in the household have any of the conditions described above? Is yes, please give details:			
Are any other adults in the household affected by domestic abuse elderly or disabled people? If yes, please give details:			
<p>Access, support and communication needs</p> <p>Please use this box to include any information about the victim's needs — for example if she/he needs personal care or other daily assistance, transport, information in large print, or a British Sign Language Interpreter. This is especially important if the victim has communication needs (e.g. does not use the phone) which impacts on the ability of professionals to contact them</p>			
If the victim says yes to any of the above questions, please go to the next page and ask the disability risk assessment questions.			

2. DISABILITY RISK ASSESSMENT				
Please expand on any Yes answers. Please note the examples in brackets are not to be read out but can be used as prompts.	Yes	No	Not sure	Source if not the victim
D1. Do you rely on [perpetrator] for practical help or communication (e.g. washing, dressing, help with eating or taking medication, help with getting out of the home or with travelling, managing money, reading, speaking etc)? If yes, please give details:				
D2. Does he or she use your care needs to control you (e.g. refusing you medication or help, or doing things deliberately to make your condition worse etc)? If yes, please give details:				
D3. Is refusing to let you access support relating to your needs? (e.g. refusing to let carers, personal assistants, GP or social workers into the home, or controlling your access to support services). If yes, please give details:				
D4. Is abusive to you/your child directly because of your/your child's disability (e.g. calling you names, mocking your disability, blaming you)? If yes, please give details:				
D5. Are there any concerns around the victim's capacity to make her/his own decisions? NB If the victim is deemed not to have full capacity, or if there is any doubt, a referral <u>must</u> be made to Adult Safeguarding.				
D6. Any other factors relating to the victim's disability or their situation which might put them at risk? If yes, please give details:				
Total 'yes' responses out of 6 disability risk assessment questions Note: Please do not add this score to the standard CAADA risk assessment. Please note the score under our reasons for referral to MARAC.				
If you have any questions about this Risk Assessment, please contact Faye Blunstone Email: faye.blunstone@buckinghamshire.gov.uk or Tel: 01296 382179 DO NOT SEND ANY CONFIDENTIAL INFORMATION				