**REFERRAL FORM**

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| **CONTACT DETAILS (Client/Perpetrator)** | **CONTACT DETAILS (Partner/Victim)** |
| **Full Name** |  | **Full Name** |  |
| **Current Address** |  | **Current Address** |  |
| **Home Tel** |  | **Home Tel** |  |
| **Mobile** |  | **Mobile** |  |
| **Email** |  | **Email** |  |
| **DOB** |  | **DOB** |  |
| **Occupation** |  | **Occupation** |  |
| **Ethnicity\*** |  | **Ethnicity\*** |  |
| **Religion\*** |  | **Religion\*** |  |
| **Disability\*** |  | **Disability\*** |  |
| **First Language\*** |  | **First Language\*** |  |
| **Sexual Orientation\*** |  | **Sexual Orientation\*** |  |
| **Dependants****Name/DOB** |  | **Dependants****Name/DOB** |  |
| **Parental Responsibility** | **YES/NO** | **Parental Responsibility** | **YES/NO** |

**\*using the attached diversity monitor sheet, please insert corresponding number**

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| **Who does the child(ren) live with?** |  | **Is there a dispute over child contact?** |  |
| **Is the child(ren) involved with Children’s social care? If so why?** |  | **Is there a solicitor representing the client? Please provide contact details?** | **Name:****Telephone/Mobile:****Email :** |
| **Is the child(ren) subject to a CIN or CP plan. Please attach a copy of the plan to the referral.** |  | **Is there a current court order requesting attendance on a DVPP?** | **YES/NO** |
| **Date child(ren) were registered with Children’s social care?** |  | **Is there a section 7 report?** |  |
| **Name and contact details of child(ren)’s social worker** | **Name:****Telephone/Mobile:****Email :** | **Are CAFCASS involved\*?** | **YES/NO** |
| **Are there any protections orders on the family? i.e. non molestation order, occupation order etc** |  | **Name and contact details of the CAFCASS officer** | **Name:****Telephone/Mobile:****Email :** |

\*if CAFCASS are involved, we could look at obtaining funding for the place on programme

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| **Please give details why a referral is being made to the service?****Please provide as much information as possible****Nature of abuse, extent, recent incidents, how long it’s been occurring.****Please note any criminal convictions/cautions for domestic violence offences. Has the client attended an Integrated Domestic Abuse Programme through the Probation Service?** |  |
| **Please indicate which venue your client will prefer to attend?** | **Chelmsford / Colchester / Southend****Luton / Stevenage / Norwich** |

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| **EXTERNAL AGENCIES** |
| **Please indicate whether the client is involved with any other service** | CAFCASS(name of support worker and contact number) |  | Mental Health Support(name of support worker and contact number) |  |
| Vulnerable Adult Services(name of support worker and contact number) |  | Probation Services(name of support worker and contact number) |  |
| Drug and Alcohol Agency(name of support worker and contact number) |  | Counselling(name of support worker and contact number) |  |
| Health Services (name of support worker and contact number) |  | Other (please list)(name of support worker and contact number) |  |
| **Any other issues we need to be aware of?** |  |

|  |  |
| --- | --- |
| **REFERRER** **PRINT NAME**  |  |
| **SIGNATURE** |  |
| **Telephone Number****Email Address** |  |
| **DATE OF REFERRAL** |  |  |  |

|  |  |
| --- | --- |
| **CLIENT****SIGNATURE** |  |
| **Preferred Method of Contact****Please tick** | Home Phone | Mobile Phone (Text) | Email |

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| The assessment will be carried out face to face or virtually on MS Teams.  |  |
| If the client is suitable for programme work a place on programme will be offered and the client will be required to attend 27 sessions. Have you discussed this with the client and have any issues with this been identified? If so, what are they? |  |
| What does the client hope to gain from attending the programme? What is the motivation? What does he want to change? |  |
| Social Care only: Is the referral included in the children’s support plans? |  |
| Has the client been aggressive towards professionals? |  |
| Have you discussed the referral with your client? |  |
| Have you discussed the service with the client’s partner? **We are unable to progress the referral if we are unable to contact the partner/ex-partner. The Integrated Support Team will request occasional contact and offer support. It is recommended that this is accepted.** |  |
| **We would be grateful if every effort is made to ensure your client attends his appointments with us. Due to a high number of DNA’s, we will offer only one appointment. If the client fails to attend (without providing 24 hours notice) we will offer a second appointment at a cost of £25.00 made payable before booking is confirmed. Please tick the box to indicate your acknowledgement:**Thank you |

**Diversity Monitor Sheet**

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| **Ethnicity****1 – Asian or Asian British – Bangladeshi****2 – Asian or Asian British – Chinese****3 – Asian or Asian British – Indian****4 – Asian or Asian British – Pakistani****5 – Asian or Asian British – Other****6 – Black or Black British – African****7 – Black or Black British – Caribbean****8 – Black or Black British – Other****9 – Mixed – White and Asian****10 – Mixed – White and Black African****11 – Mixed – White and Black African****12 – Mixed Other****13 – White – British****14 – White – Irish****15 – White – Other****16 – Other****17 – Prefer not to say****Religion****1 – Buddist****2 – Christian (all denominations)****3 – Hindu****4 – Jewish****5 – Muslim** **6 – Sikh****7 – Other****8 – None****9 – Prefer not to say****Disability****1 – Blind/Partially Sighted****2 – Dead/Hearing Impaired****3 – Dyslexia****4 – Mental Health Difficulties****5 – Personal Care Support Requirements****6 – Unseen disabilities****7 – Wheelchair/mobility issues****8- Other****9 – None****10 – Prefer not to say** | **First Language****1 – Albanian/Kosovan****2 – Arabic****3 – Bengali****4 – British sign language****5 – Chinese (Cantonese)****6 – Chinese (Madarin)****7 – Croatian****8 – English****9 – Farsi/Persian****10 – French****11 – German****12 – Greek****13 – Gujarati****14 – Hindi****15 – Italian****16 – Japanese****17 – Polish****18 – Portuguese****19 – Punjabi****20 – Romanian****21 – Russian****22 – Serbian** **23 – Somali****24 – Spanish****25 – Swahili****26 – Turkish****27 – Urdu****28 – Other****29 – Prefer not to say****Sexual Orientation****1 – Asexual****2 – Bisexual****3 – Gay****4 – Heterosexual****5 – Lesbian****6 – Transgender****7 – Other****8 – Prefer not say** |

Domestic Abuse Stalking and Harassment Risk Identification Checklist

Name of Perpetrator:

Name of Victim question relate to:

Note: Perpetrator Questions **IN BOLD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please use the comment box at the end of the form to expand on any answer.****It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**(e.g. police officer) |
| 1. In the last 6 months of your relationship, did any incident result in injury?

Please state what and whether this is the first injury. | ☐ | ☐ | ☐ |  |
| 1. Are you frightened of your partner?

**Is your partner frightened of you?**Comment: | ☐ | ☐ | ☐ |  |
| 1. What are you afraid of? Is it further injury or violence?

Comment**Is your partner afraid of you? Is it from further injury or violence?**Comment: | ☐ | ☐ | ☐ |  |
| 1. Do you feel isolated from family/friends?

**Do/Did you stop your partner from seeing friends of family?**Comment: | ☐ | ☐ | ☐ |  |
| 1. Do you think your partner is depressed or having suicidal thoughts?

**Are you feeling depressed or having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| 1. Have you separated (or tried to separate) from your partner (abuser) within the past year?

**Have you separated within the past year?** | ☐ | ☐ | ☐ |  |
| 1. Is there conflict over child contact?
 | ☐ | ☐ | ☐ |  |
| 1. Does abuser(s) constantly text, call, contact, follow, stalk or harass you?

Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.**Do you constantly text, call, contact, follow, stalk or harass your partner?** | ☐ | ☐ | ☐ |  |
| 1. Are you pregnant or have you recently had a baby (within the last 18 months)?

**Is your partner pregnant or have they recently had a baby (within the last 18 months)?** | ☐ | ☐ | ☐ |  |
| 1. Is the abuse happening more often?
 | ☐ | ☐ | ☐ |  |
| 1. Is the abuse getting worse?
 | ☐ | ☐ | ☐ |  |
| 1. Does abuser(s) try to control everything you and/or are they excessively jealous?

**Do you try to control everything your partner does and/or are you excessively jealous?** | ☐ | ☐ | ☐ |  |
| 1. Has abuser(s) ever used weapons or objects to hurt you?

**Have you ever used weapons or objects to hurt your partner?** | ☐ | ☐ | ☐ |  |
| 1. Has abuser(s) ever threatened to kill you or someone else and you believed them? If yes, tick who:

**Have you ever threatened to kill your partner or someone else and they believed you? If yes, tick who:**You/**Your Partner**  ☐Children ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. Has abuser(s) ever attempted to strangle / choke / suffocate / drown you?

**Have you ever attempted to strangle / choke / suffocate / drown your partner?** | ☐ | ☐ | ☐ |  |
| 1. Does abuser(s) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?

If someone else, specify who.**Do you do or say things of a sexual nature that make your partner feel bad or that physically hurts them or someone else?** | ☐ | ☐ | ☐ |  |
| 1. Is there any other person who has threatened you or who you are afraid of?

**Have you ever involved someone else in threatening your partner or other family member?** If yes, please specify whom and why. Consider extended family if HBV. | ☐ | ☐ | ☐ |  |
| 1. Do you know if abuser(s) has hurt someone else?

Consider HBV. Please specify whom, including the children, siblings or elderly relatives:**Have you hurt anyone else?** **Consider HBV. Please specify whom, including the children, siblings or elderly relatives:**Children ☐ Another family member ☐Someone from a previous relationship ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. Has abuser(s) ever mistreated an animal or the family pet?

**Have you ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| 1. Are there any financial issues?

For example, are you dependent on abuser(s) for money/have you/they recently lost their job/other financial issues?**Are there any financial issues?** **For example, is your partner dependent on you for money/have you/they recently lost their job/other financial issues?** | ☐ | ☐ | ☐ |  |
| 1. Has abuser(s) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?

If yes, please specify which and give relevant details if known.**Have you had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known.**Drugs ☐Alcohol ☐Mental health ☐ | ☐ | ☐ | ☐ |  |
| 1. Has abuser(s) ever threatened or attempted suicide?

**Have you ever threatened or attempted suicide?** | ☐ | ☐ | ☐ |  |
| 1. Has abuser(s) ever broken bail/an injunction and/or formal agreement for when they can see your children?

**Have you ever broken bail/an injunction and/or formal agreement for when you can see your children?**Bail conditions ☐Non Molestation/Occupation Order ☐Child contact arrangements ☐Forced Marriage Protection Order ☐Other ☐ | ☐ | ☐ | ☐ |  |
| 1. Do you know if abuser(s) has ever been in trouble with the police or has a criminal history?

If yes, please specify:**Have you ever been in trouble with the police or have a criminal history?****If yes, please specify:**Domestic abuse ☐Sexual violence ☐Other violence ☐Other ☐ | ☐ | ☐ | ☐ |  |
| **Total ‘yes’ responses** |  |

**Additional Information – Specific to perpetrators**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please enter in any relevant information you have gathered from the****perpetrator from his assessment, group work, individual sessions etc.** | **Yes** | **No** | **DK** | **Source** |
| 1. Are you in a new relationship since ending the one with the primary victim?
 |  |  |  |  |
| *If you have answered yes to the above please complete anew RIC specifically forthis relationship, ensure that relevant information is collected about additional children where they exist.* |  |  |  |  |
| 1. Is yourex-partner in a new relationship and are upset or angry about this?
 |  |  |  |  |
| 1. Have youthreatened your ex-partner’s new partner?
 |  |  |  |  |
| 1. Are there other women in your life who have felt threaten by his behaviour
 |  |  |  |  |
| *If you have answered yes to the above please assess the risk to this person and their needs for safety, if necessary complete a separate RIC.* |  |  |  |  |
| 1. Has your/*has his* partner ever used any force against you/*him*?
 |  |  |  |  |
| *If you answered yes to the above please note that if the victim is using violence to* *protect themselves this can heighten the risk of serious violence as the abuser will usually increase levels of violence in return. This should be considered when thing about the overall level of risk* |  |  |  |  |
| 1. Do you keep a knife or gun at home or other sort of weapon, even if it is just for show? DO you have any hobbies which allow you contact with weapons? Does your job put you in contact with weapons? Have you been trained in combat techniques – such as in TA, martial arts etc.?
 |  |  |  |  |
| *If you answered yes to the above**On its own, having a hobby like these would not necessarily mean a risk of violence; however, coupled with history of violence and other indicators of future risk, it increases the likelihood that any future violence will be dangerous* |  |  |  |  |

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| **Question** | **Notes** |
|  |  |