**Is there an admission from the perpetrator that the abuse has happened Y / N Only complete a Referral if this is a Yes**

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| **PLEASE SEND COMPLETED REFERRALS TO:** **C2C@relatecoventry.org** |
| **REFERRER INFORMATION:**  |
| Date of referral:  |  |
| Referrer’s name:  |  |
| Role / job title: |  |
| Organisation name and team: |  |
| Contact number – office & mob: |  |
| Contact email:  |  |
| **PERPETRATOR INFORMATION (Perpetrator of DA):**  |
| Title:  |   |
| First name:  |  |
| Surname:  |  |
| Known by any other name/AKA: |  |
| DOB: |  |
| Current Address, include Postcode (**Coventry residents only are eligible)** |  |
| Relationship status (currently): |  |
| Employment Details (Occupation and Working Hours) |  |
| Sexual Orientation |  | Gender: |  |
| Ethnicity:  |  | Religion: |  |
| Language needs:  | Y / NPlease delete as appropriate | Detail **(language and interpreter needs):** |  |
| Accessibility requirements: (disabilities, literacy needs) | Y / NPlease delete as appropriate | Details: |
| Current or Ex Forces: | Y / N Please delete as appropriate | Details: |
| Has the perpetrator been in an occupation which has had access to means of harm to the victim? (E.g. position of power, poisons, weaponry, magistrates etc) | Y / N Please delete as appropriate | Please state: |
| Contact Details: | Perpetrator Consent to referral & contact via this medium?  |
| Contact number:  | Home:Mobile: | Y / NPlease delete as appropriate |
| Alternative EMERGENCY contact number/name contact person/next of kin, relationship to perpetrator (**Must not be the victim if the parties are separated):** |  | Y / NPlease delete as appropriate |
| Contact email: **(no joint emails with partner /victim to be offered):**  |  | Y / NPlease delete as appropriate |
| Can we leave a voicemail? | Y / NPlease delete as appropriate | Can we text client? | Y / NPlease delete as appropriate |
| Can we write to client at the above EMAIL address? | Y / NPlease delete as appropriate | Can we write to client at the above POSTAL address? | Y / NPlease delete as appropriate |

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| **Legal Proceedings Information:**  |
| **Are there pre-proceedings in place?** If so, provide dates and progress for us to consider: |  |
| **Are Public Law proceeding in place?** Provide dates and progress for us to consider: |  |
| **Are CAFCASS involved?** **If so, perpetrator should be referred to their DVPP programme**  |  |
| **Are you aware of any Private Family Law proceedings? If so, referral cannot be accepted until after this has been concluded. If mandated by the court CAFCASS to provide service** |  |
| **Is there a Police investigation or court proceedings relating to Domestic Abuse or other offences in relation to violence**? **If so, referral cannot be accepted until after proceedings are ended or investigation closed** |  |

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| **Reason for referral including recent concerns of abusive behaviour and any pending court cases. Please consider nature of DA and provide details of triggers/patterns (complete all that apply):** |
| **Verbal** |  |
| **Physical** |  |
| **Threats** |  |
| **Financial** |  |
| **Psychological** |  |
| **Coercive Control** |  |
| **Has this case been referred to ODOC, MARAC or MAPPA, if so detail, including name of Offender Manager**  |  |
| **Other – please specify** |  |
| **Summary of abuse/history of incidents:** |
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| **SIGNIFICANT CONCERNS TO VICTIM FLAG:**  serial or repeat perpetrator / HBV or Forced marriage /risk of deteriorating mental health, including suicide or self-harm risk, substance misuse |
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| **SIGNIFICANT CONCERNS TO PROFESSIONALS FLAG:** Substance misuse,risk of violence or abuse to professionals, risk of suicide or self-harm arising from receiving support |
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| **Are there any Court Cases/Orders/conditions in place? Detail the date obtained, expiry date and any special conditions** |
| **Bail/Licence Conditions** | Y / N Please delete as appropriate |  |
| **Court Proceedings (Current and/or Closed)** (please note here if Public or Private Law and nature of proceedings/court case) | Y / N Please delete as appropriate | **Most recent Court Date:** **Reason is/was in Court:** 🞏 Child contact / Child Arrangements 🞏 Divorce/Separation 🞏 Children’s Services taking court action 🞏 Safety Orders 🞏 Other**If other, please state:** |
| **Child Contact Arrangements Orders** | Y / N Please delete as appropriate |  |
| **Domestic Violence Protection Order (Police or Court)** | Y / N Please delete as appropriate |  |
| **Restraining order (criminal court)** | Y / N Please delete as appropriate |  |
| **Non-Molestation/Occupation Order (civil Court)** | Y / N Please delete as appropriate |  |
| **Forced Marriage Protection Order** | Y / N Please delete as appropriate |  |
| **Other: (eg. Working agreements under CP/CIN/LAC Plans)** | Y / N Please delete as appropriate |  |
| **Highlight any specific risks Relate, Haven or Panahghar should be aware of in relation to the victim and any children**: |
| **Client additional needs / risks:**  |
| Mental Health Please give further details including progress: | Substance/Alcohol MisusePlease give further details including progress: | Other e.g:Previous DVPP CoursesWest Midlands Mentoring Service |
| OffendingPolice Probation | Family Court (CafCass)/Solicitors |
| **If there are additional needs please include details of any professionals already involved with client:** **E.g CGL, IAPT, GP, Probation Team, Police or any other** | **Name of Worker:**  | **Organisation:** | **Contact details:** |
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| **CHILDREN/STEP-CHILDREN with current or most recent partner (victim):** *Please provide all details of child/ren below; use a separate sheet if required* |
| **Name, address and contact details of current PARTNER (if different to noted Victim):** |
| **Child’s Name (\*Please include any unborn and due date)** | **D.O.B** | **Gender** | **Resides with (M,F,N,C?)** | **If not parent, provide address & carer details:** | **Does client have contact with them, if so detail:** | **Detail any CP,CIN,EH, LAC Plans**  |
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| **M = Mother, F = Father, N = Neither, C = Couple** |
| **Social Worker Name:** |  |
| **Organisation name and team:** |  |
| **Contact number – office & mob:** |  |
| **Contact email:** |  |

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| **CHILDREN/STEP-CHILDREN with ex-partners (victim) with whom perpetrator has current contact (if different to above):** *Please provide all details of child/ren below; use a separate sheet if required* |
| **Name, address and contact details of ex-partners (if different to above):** |
| **Child’s Name (\*Please include any unborn and due date)** | **D.O.B** | **Gender** | **Resides with (M,F,N,C?)** | **If not parent, provide address & carer details:** | **Does client have contact with them, if so detail:** | **Detail any CP,CIN,EH, LAC Plans**  |
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| **CONSENT FROM PERPETRATOR TO STORE & SHARE YOUR INFORMATION - *PLEASE BE AWARE THAT WITHOUT YOUR CONSENT WE WILL BE UNABLE TO PROCESS THIS REFERRAL AND YOU WILL BE INELIGIBLE FOR OUR SERVICE:*** To understand your needs and to support you in the best way possible we ask for you to consent for your information to be stored and shared with appropriate services, detailed below. This will also enable us to stay in contact with you and the other people that support you.Relate are a Counselling and Support Service organisation currently delivering a Domestic Abuse Perpetrator Programme in Coventry called Choose 2 Change. We work with individuals who recognise that they have been abusive within their intimate relationships and who want to change their behaviour.As part of this referral, you are consenting for your information to be shared with Choose 2 Change programme and across HPR Partnership (Haven, Panahghar & Relate), our local Domestic Abuse service with whom we work with to provide services for the victim whilst Relate work with you.Your information will be processed with the referring agency, Relate, HRP Partnership and sometimes with the Local Authority AND Respect UK or other agencies where necessary, e.g., for providing services, audit purposes, dealing with complaints and safeguarding reasons. This will enable us to provide comprehensive support to you for us and to manage the safety of victims and children.I *(insert name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand the information detailed above and consent for my referral to be discussed with the referring agency, Relate and HRP and others as identified above. As part of my referral, I understand that parallel support services will be provided for my partner or ex-partner and discussions will take place with those involved. I agree not to interfere with this contact and understanding that my progress will be discussed with partner services if this is requested. * **What information will we keep?**

Basic information including D.O.B, contact details, emergency contacts, professionals working with you, some information about your background, needs and strengths. Case notes and reports in relation to the service you have received.* **Where will this information be kept?**

This information will be stored on secure electronic case management system as well as some secure paper records which we will use to provide a service to you and to record our work with you. We require your consent to store this information:**Do you give your consent to store this information:** **YES / NO** Please delete as appropriate? **Consent in person:** Perpetrator Signature Date: Time:**Verbal/written consent:** Professional receiving consent Date: Time:**Details of eligibility requirements, nature and duration of the programme should be discussed with the perpetrator to enable full consent to be obtained prior to a referral being made. If consent is obtained verbally please detail date obtained.**  |
| **HIGHLY CONFIDENTIAL - VICTIM INFORMATION - PLEASE NOTE THE FOLLOWING INFORMATION MUST BE COMPLETED SEPERATELY FROM PERPETRATOR SECTION OF REFERRAL DUE TO CONFIDENTIALITY OF VICTIM** |
| **CONSENT TO STORE & SHARE VICTIM INFORMATION WITH RELATE & VICTIM SERVICES**To understand your needs and to support you in the best way possible we ask for you to consent for your information to be stored and shared with appropriate services, detailed below. This will also enable us to stay in contact with you and the other people that support you.Relate are a Counselling and Support Service organisation currently delivering a Domestic Abuse Perpetrator Programme in Coventry called Choose 2 Change. We work with individuals who recognise that they have been abusive within their intimate relationships and who want to change their behaviour.As part of this referral, you are consenting for your information to be shared with Choose 2 Change and across Coventry HPR Partnership (Haven, Panahghar & Relate) to provide you with Parallel Support whilst your partner or ex-partner is receiving the Choose to Change support. This can include support as a Domestic Abuse victim, enabling us to manage any risks or concerns, provide updates on your partners attendance on the programme and an opportunity for you to share any progress or concerns. Your information will never be shared with the perpetrator.Your referral will be processed with the referring agency, HPR Partnership (Haven, Panahghar & Relate) and the Local Authority and Respect UK where necessary, e.g., for audit purposes, dealing with complaints, relevant information sharing or safeguarding reasons. This support intervention is provided directly to you by Haven and/or Panahghar and your children might also be able to access other support services at Relate This will enable us to provide comprehensive support to you and your family, whilst to helping you manage yours and your children’s safety. I *(insert name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that information stored is confidentially, however it will be necessary to discuss my details with other partners / agencies involved for the benefit of auditing, information sharing or safeguarding. If you or Relate have any concerns about your current/ex partner’s behaviour, we shall contact services involved to help keep yourself and your children safe. This information is kept separate and strictly confidential from current/ex partners accessing the programme.* **What information will we keep?**

Basic information including D.O.B, contact details, emergency contacts, professionals working with you, some information about your background, needs and strengths. Case notes and reports in relation to the service you have received.* **Where will this information be kept?**

This information will be stored on secure electronic case management system as well as some secure paper records which we will use to provide a service to you and to record our work with you. We require your consent to store this information:**Do you give your consent to store this information:** **YES / NO** Please delete as appropriate.  **Consent in person:** Victim Signature: Date: Time: **Verbal/written consent**: Professional receiving consent: Date: Time:**Details of the nature and duration of the programme and parallel support should be discussed with the victim to enable full consent to be obtained prior to a referral being made. If consent is obtained verbally please detail date obtained.** |
| **PARTNER/EX PARTNER INFORMATION (Victim of DA):**  |
| Title:  |   |
| First name:  |  |
| Surname:  |  |
| Known by any other name/AKA: |  |
| DOB: |  |
| Current Address:Including Postcode  |  |
| Relationship status (currently): |  |
| Sexual Orientation |  | Gender  |  |
| Ethnicity:  |  | Religion: |  |
| Language needs:  | Y / NPlease delete as appropriate | Detail (language and interpreter needs): |  |
| Accessibility requirements: (disabilities, literacy needs) | Y / NPlease delete as appropriate | Details: |
| **Contact Details:** | **Consent to contact victim via this medium?**  |
| Contact number:  | Home:Mobile | Y / NPlease delete as appropriate |
| Contact email: **(no shared family email can be utilised**):  |  | Y / NPlease delete as appropriate |
| Is there an appropriate Safe word to be used with the client or preferred method of contact?(ONLY TO BE DISCUSSED IN CONFIDENCE) |  |

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| **Client additional needs / risks:**  |
| Mental Health Please give further details: | Substance and/or Alcohol MisusePlease give further details: | Other (eg West Midlands Mentoring Service) |
| OffendingPolice Probation | Family Court (CafCass)Solicitors |
| If there are additional needs please include details of any professionals involved with client: E.g CGL, IAPT, GP, Probation Team, Police, CRASAC,Haven etc | Name ofWorker:  | Company: | Contact details: |
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| **Additional risk factors for Victim:** | **YES** | **NO** | **Details:** |
| Honor Based Violence |  |  |  |
| Forced Marriage |  |  |  |
| Stalking |  |  |  |
| Pregnant, (due date if known): |  |  |  |
| Has this been referred to MARAC |  |  |  |
| * Has a DASH been completed with the victim if so, please provide as part of referral, ensuring that this information is not shared with the perpetrator.
* If appropriate please send a copy of the CP/CIN or LAC Plan and latest review notes if available, please provide as part of the referral
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| **PLEASE SEND COMPLETED REFERRALS TO:** **C2C@relatecoventry.****org**  ***Please note any incomplete referrals that have missing information*** ***for the perpetrator or victim, including consent,*** ***will not be processed*** |