Date received \_\_\_\_\_\_\_\_\_\_\_\_ Case ID \_\_\_\_\_\_\_\_\_\_\_\_\_

Worker Allocated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIA Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**WISH PROJECT REFERRAL FORM**

**Send referrals to:** wish@relatecoventry.org or referrals@coventryhaven.co.uk

***Please read below information before completing referral***

Please ensure documents are password protected and include a copy of the child’s CIN/CP/LAC Plan, safety plan and chronology of incidents. ***Please note that referrals will not be accepted without these relevant documents.***

**Please note:** each child you are referring within a family unit requires an **individual** referral form. Section one contains the child’s details, subsequent sections may be copied for each child, providing the information is the same. Please do check this in respect of other circumstances, e.g. foster placements or different fathers for siblings.

Has the Young Person consented to the Service? Yes/No

***If consent has not been obtained please note that referrals will not be accepted.***

1. **DETAILS OF REFERRER**

|  |  |
| --- | --- |
| Name of referrer: |  |
| Position: |  |
| Organisation: |  |
| Address: |  |
| Telephone Number (s): |  |
| Email address: |  |

|  |  |
| --- | --- |
| LINE MANAGER: |  |
| CONTACT NUMBER: |  |
| EMAIL ADDRESS: |  |

|  |
| --- |
| 1. **DETAILS OF THE CHILD**

Name of the child (being referred): Any other surnames used (e.g. former step parent’s names): |
| Address:Post Code:Phone Number (s): | D.O.B: Age:Gender:Ethnicity:Religion:Preferred Language: |
| Does the CYP have a disability, medical condition and/or statement of special educational needs (attach any risk assessments)? Yes/NoIf yes, please give details:

|  |  |  |
| --- | --- | --- |
| **Does the CYP have:** | **Yes** | **No** |
| Mental Health Issues |  |  |
| Learning Disability |  |  |
| Physical Disability |  |  |
| Sensory Disability |  |  |
| Substance Issues |  |  |

Is the CYP awaiting any assessment or receiving support from anyone else? Yes/No If Yes, please give details and any expected date of assessments with other services: |
| **Details of school/college attended:**Name: School Year:Address: Post Code: Phone number:School individual contact name, email and telephone number if known: |
| **Concerns regarding the child:**Including the individual impact of the domestic abuse on the child, any emotional and behavioural concerns being observed, issues regarding substance misuse, CSE risk or other risks |
| 1. **DETAILS OF THE PARENT- NOTED TO BE THE PRIMARY DOMESTIC ABUSE VICTIM**

This is the person we will contact to complete the Parent and child assessment forms.***Please ensure the parent has been informed and has consented to the referral and is aware we will contact them.*** Name of victim Parent:Other surnames used (e.g. maiden name, former married name): |
| Address:Post Code:Phone Number (s):Email (if known): | D.O.B: Age:Gender:Ethnicity:Religion:Preferred Language:Is an interpreter required? Yes/No |
| If the child is LAC and resides with a foster carer/other family member please provide the names and contact information for their carer(s):  |
| **Contact protocol and risk assessment i.e. above parent:** Safe time/day to call: Is it safe to send: Text messages? Yes/No Leave a voice mail? Yes/No  Send an email? Yes/No Letters? Yes/NoIs the perpetrator aware Relate may be calling? Yes/NoIf Relate needs to call the parent/carer or CYP about this service, is it safe for us to ask for them? Yes/NoWould the parent/carer prefer us to use a pseudo name? Preferred venue/method and time to meet with safe parent/carer, Parent Assessment can be completed over the telephone and via Teams (*work with parents and children cannot take place in the family home*): Are there any risks we should be aware in respect of staff and/or others when meeting with the parent? (mental ill health/ substance misuse/ suicidal thoughts or attempts/ medical conditions/ history of aggressive behaviour/other/threats to professional or other risks, please detail) |
| 1. **DETAILS OF THE PERPETRATOR**

Name of the perpetrator (include any other alias): |
| Address:Post Code: | D.O.B: Gender:Ethnicity:Religion: |
| What is the perpetrator’s relationship to the child (biological, stepchild, partner`s child)?Is the perpetrator residing with the child or young person? Yes/NoIs the perpetrator currently having contact with the child or young person? Yes/NoDetails(include any supervised /third party arrangements if applicable):Does the perpetrator know where the family are residing? Yes/NoAre there any current court/civil proceedings? Yes/NoIs the perpetrator currently subject to any Domestic Abuse Police Notice/Court Orders/Bail or Licence Conditions? Yes/No If yes, detail: (e.g. DVPN, non-molestation order, occupation order, police bail):Are there any other known perpetrators (where there is recent or current risk), if so provide details as above: |
| 1. **DETAILS OF SIGNIFICANT OTHERS IN CHILD’S LIFE:** :Include siblings (step and half siblings), other children in the family home or elsewhere, parent’s partners, extended family if residing with child

|  |  |  |
| --- | --- | --- |
| Name | Age/D.O.B. | Relationship to the Child |
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| 1. **SAFEGUARDING – eligibility to this service is CIN, CP or LAC involvement**

What’s the level and nature of your involvement with the family? CIN/CP/LAC/Early Help case that has been recommended via MARAC, identify which: If CP, under what category:Physical abuse  Emotional abuse  Sexual abuse  Neglect Are there any court orders in place in respect of the child’s care?Care Order  Interim Care Order  SGO  Child Arrangement Order Are there any legal parallel planning processes ongoing, such as young person being relied upon as a witness or party to criminal proceedings? If so, please give details: |
| 1. **REASONS FOR REFERRAL (Adult victim & family experience)**

Please provide details of the domestic abuse, including history of incidents (specify any high risk incidents, e.g. those of strangulation, with use of weapons and where threats to kill have been made), dates of the most recent incident(s), parent’s level of openness about the abuse and what support you feel the child(ren) will benefit from:Was/were the child(ren) present during any incident(s)? Yes/No (If so, please provide details): Has there been Police involvement? Yes/NoDetails:Have any of the following been completed (if so, please send a copy with the referral form):DASH 🞎 DVRIM/DARIM 🞎 DARA 🞎 |
| 1. **ANY OTHER RISK FACTORS?**

e.g. Is the child likely to be called as a witness in court? Concerns of significant parental mental ill health or substance misuse:  |
| 1. **PROTECTIVE FACTORS IN PLACE FOR THE VICTIM AND THEIR CHILD(REN)**

e.g. Coventry Haven, Panahghar, legal support, refuge accommodation, police interventions, other services |
| 1. **ANY OTHER ADDITIONAL NEEDS OR COMPLICATING FACTORS**

e.g. risk of honour-based violence, forced marriage, FGM, asylum applications, issues around recourse to public funds, requirement for interpreters, parallel Sharia agreement |