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**PLEASE NOTE – Referral to the programme does not guarantee that a place on the programme will be offered. If case is going through or will be going through the Family Courts/CAFCASS, we will assess the referral and advise if we are able to proceed due to a guideline change. All family court documents i.e., finding of facts, court orders etc must be submitted with the referral form as these submissions will not be looked at until the required documentation has been received.**

**Notes for referrers**

* Men should have acknowledged at least some level of abusive behaviour, some acceptance of responsibility for their actions and should show genuine motivation to change.
* Where criminal proceedings or a police investigation are ongoing at the time of referral, the offer of an assessment of suitability for a place on the programme cannot be made until the outcome is known.
* To inform our assessment, we need to seek information from professionals that clients and their partners may have contact with.
* Assessment in person – where clients are called for assessment, please ensure they are aware that they should attend alone and under no circumstances are they to be accompanied by the victim.
* Online assessment - clients must be alone and in a safe space with earphones/headphones ideally and partners, survivors, family members and children must not be in the same room as the participant.
* Assessment – Following assessment, a decision of acceptance onto the course will not be made immediately but should be decided within 7 days (or longer should further information be required.) During the assessment process, applicants will be given a contract to sign confirming that they will attend all sessions (there is limited opportunity for up to two catch up sessions in EXCEPTIONAL circumstances.) Participants should attend on time and be prepared to participate fully in sessions.
* **Partners and victims will be contacted within 5 days of a referral having been received, and if accepted, feedback will be sought at three points during the programme. Support / signposting will be offered to partners and victims where appropriate. It is important that where possible, we gather details of ALL previous partners as well as any current partner.**
* **The programme is unsuitable for men who have displayed stalking tendencies.**
* Finally, please complete the following form as thoroughly as possible. The most common reason for a delay in assessment is incomplete or poorly completed referral forms**. If in any doubt, call 01254 260465 and ask to speak to a member of the Perpetrator Team. Thank you.**

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**Date of submission**…………………………………..

**Please complete and return to** **info@thewishcentre.org**

**Referrer details**

**Name:**

**Agency:**

**Contact Number:**

**Email address:**

**Person being referred**

|  |  |
| --- | --- |
| **Surname: (including any aliases)** |  |
| **First name & middle names:** |  |
| **Date of birth:** |  |
| **Current address:** (cannot accept referral without postal address) |  |
| **Ethnicity:****Sexuality:****Requires Interpreter -**  |  |
| **Home tel no:** |  |
| **Mobile:** |  |
| **Email:** (***essential*** - for final reports) |  |
| **Housing Status** **Who else lives at this address? Please be specific** | **Tenant ☐****Owner Occupier ☐****Short Term Accommodation ☐****Living With Parents/Family ☐****No Fixed Abode ☐****Supported Housing ☐****Shelter ☐****Other ☐** |
| **Employment Status****Occupation**  | **Unemployed ☐****Working FT ☐** **Working PT ☐** **Self-Employed ☐**  |
| **Open to Family Court/CAFCASS****(If Yes, please see note on the first page in red)** | **YES ☐****NO ☐** |

|  |  |
| --- | --- |
| **Aggravating factors?** | **Alcohol Use ☐****Drug Use ☐****Mental Health ☐****Suicide ☐****Self-Harm ☐****Financial ☐****Other ☐ Please specify -**  |
| **Any other agencies involved?**  | **CSC ☐****CAFCASS ☐****Probation ☐****Mental Health ☐****Drug & Alcohol ☐****Other ☐ Please specify** |
| **What is the reason for referral?** Details of most recent incident including* Who is / are the victim(s)?
* Cautioned/Charged with an offence, if so what?
* Bail/remanded in custody if so please give dates
* Police bail? conditions and dates
* Other outcomes
 |  |

**Partner / Victim details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Contact Number:** |  |
| **Address:** |  |
| **Is victim currently being supported by a Domestic Abuse Service if so, please give details-** |
| **Is victim currently pregnant?** **EDD** |
| **Has victim and client been heard at MARAC, if so where and when?** |
| **Children’s Details** |
| **Name** | **Age** | **D.O.B** | **Address** | **Own/Step** | **Resides with victim?** |
|  |  |  |  |  |  |
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| **Current child contact arrangements –** |
| **Continuum of need & response/level of risk?** |
| **Any protection orders in place? Please give details and dates –** |

**Previous partners / victims – please use additional sheets where necessary**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Contact Number:** |  |
| **Address:** |  |
| **Is victim currently being supported by a Domestic Abuse Service if so, please give details-** |
| **Is victim currently pregnant?** **EDD** |
| **Has victim and client been heard at MARAC, if so where and when?** |
| **Children’s Details** |
| **Name** | **Age** | **D.O.B** | **Address** | **Own/Step** | **Resides with** **victim** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Current child contact arrangements –** |
| **Continuum of need & response/level of risk?** |
| **Any protection orders in place? Please give details and dates –** |

**Offending History**

|  |  |
| --- | --- |
| **Impending/Ongoing court proceedings?** * **Dates**
* **Court**
* **What offence(s)?**
 |  |
| **Details of criminal record including** * **spent convictions or history of recorded incidents related to domestic abuse**
* **violence against the person offences**
 |  |
| **Does the client have any convictions for or history of Stalking and/or Harassment?**If yes, please give details |  |

**Social Services involvement**

|  |  |
| --- | --- |
| **Please give details per victim if any current involvement?*** **Worker name**
* **Contact details**
 |  |
| **Any court order(s) in place?** If yes, please give full details per victim. |  |
| **Any other aggravating factors?** (alcohol, drug use, depression, suicide/self-harm, health issues etc.) |  |
| **Any other agencies involved?** If yes plesase give full details and contact numbers. |  |

**Other Matters**

|  |  |
| --- | --- |
| **What is the applicant’s motivation to change?** Please explain why perpetrator wishes to address his offending behavior. |  |
| **Any other matters to be aware of?*** **Disabilities**
* **Literacy issues**
* **Language barriers**
* **Learning difficulties**
* **Shift worker**
 |  |

**Ethnicity / Other Details**

|  |  |
| --- | --- |
| **Nationality** | **Please tick here** |
|  Asian British |  |
|  Indian |  |
|  Pakistani |  |
|  Bangladeshi |  |
|  Any other Asian Background – please specify |  |
|  Black British |  |
|  Black Caribbean |  |
|  Black African |  |
|  Any other Black Background – please specify |  |
|  White and Black Caribbean |  |
|  White and Black African |  |
|  White and Asian |  |
|  Any other mixed background – please specify |  |
|  Not disclosed/provided |  |
|  Chinese |  |
|  White British |  |
|  White Irish |  |
|  Any other white background – please specify |  |
|  Any other ethnic background – please specify |  |
|  **Other details** |
|  GP name & surgery |  |
|  Social Worker name |  |
|  Probation Officer name |  |
|  Health Visitor name |  |
|  Mental Health Worker name |  |
|  Other Services? |  |
|  **Religion** |
|  Christian  |  |
|  Muslim |  |
|  Hindu |  |
|  Buddhist |  |
|  Sikh |  |
|  Jewish |  |
|  No Religion/Any Other Religion – please specify |  |

**Risk Assessment**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **1a****1b** | Does perpetrator have a criminal record for violence or drugs? If **Yes** was it domestic abuse related? **Yes No** |  |  |
| **2** | Did latest incident result in physical injury to ex/partner?If **Yes** did this require medical attention? **Yes No** |  |  |
| **3** | Have any incidents involved the use of weapons? |  |  |
| **4** | Does perpetrator have access to weapons? |  |  |
| **5** | Does perpetratorhave mental health problems? |  |  |
| **6** | Has perpetrator recently experienced financial problems? |  |  |
| **7** | Does perpetrator have an alcohol or drugs problem? |  |  |
| **8** | Are the couple recently separated or planning to separate? |  |  |
| **9** | Is ex/current partner pregnant or recently had a baby? |  |  |
| **10** | Is there any conflict over child contact arrangements? |  |  |
| **11** | Does perpetrator behave in a controlling way, show jealousy, minimise or deny the abuse or blame ex/current partner? |  |  |
| **12** | Has perpetrator ever made threats to kill:* Partner?
* Partner’s/own children?
* Former partner?
* Anyone else?
 |  |  |
| **13** | Has perpetrator ever threatened or attempted suicide? |  |  |
| **14** | Has perpetrator ever tried to strangle, choke or smother ex/current partner? |  |  |
| **15** | Does perpetrator do or say things of a sexual nature that physically or emotionally hurt ex/current partner? |  |  |
| **16** | Is the abuse getting worse or happening more often? |  |  |
| **17** | Does perpetrator isolate ex/current partner from friends and family? |  |  |
| **18** | Does perpetrator stalk ex/current partner? |  |  |
| **19** | In perpetrators view, is victim frightened* Of perpetrator?
* Of further injury or violence?
* Of being killed by perpetrator?
* Perpetrator will harm children?
 |  |  |
| **20** | Has victim ever attempted suicide/self-harm? |  |  |
| **21** | Other perceived risk factors?E.g. harm to animals/pets, Give details |  |  |
| **22** | Witnessed Domestic Violence As A Child? |  |  |
| **TOTAL 'YES'** |  |  |
| **7+ Very High** |  | **5 – 7 High** |  | **3 – 5 Medium** |  | **1 – 3 Standard** |  |