****

**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. The programme runs between 16 and 22 weeks, depending on the assessment.
* **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 you are in any doubt, call 01254 260465 and ask to speak to a member of the Perpetrator Team. Thank you.**

**Please complete form and return to** [**info@thewishcentre.org**](mailto:info@thewishcentre.org)

**REFERRAL FORM**

**Date of submission -**

**Referrer details**

**Name:**

**Agency:**

**Contact Number:**

**Email address:**

**Person being referred.**

|  |  |
| --- | --- |
| **Surname: (including any aliases)** |  |
| **First name & middle names:** |  |
| **Date of birth:** |  |
| **Current address:**  **(We cannot accept a referral without a 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 ☐**  **Long Term Sick ☐**  **Volunteer ☐**  **Working FT ☐**  **Working PT ☐**  **Education ☐**  **Self-Employed ☐** |
| **Open to Family Court/CAFCASS**  **(If yes, please see note on the first page in red)** | **YES ☐**  **NO ☐** |

|  |  |
| --- | --- |
| **Additional Factors.**  **Is the male affected by any of the following.** | **Alcohol Use ☐**  **Drug Use ☐ Please specify type - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mental Health ☐**  **Suicide ☐**  **Self-Harm ☐**  **Financial ☐**  **Other ☐ Please specify -** |
| **Any other agencies involved?** | **CSC ☐**  **CAFCASS ☐**  **Probation ☐**  **Mental Health ☐**  **Drug & Alcohol ☐**  **Other ☐ Please specify.** |
| **Is the male affected by any of the following**   * **Disabilities** * **Literacy issues** * **Language barriers** * **Learning difficulties** | **Physical ☐**  **Visual ☐**  **Hearing ☐**  **Mobility ☐**  **Learning Dexterity (i.e. Handwriting) ☐**  **Deaf-Blind Cognitive (i.e. Memory) ☐**  **Speech and Language ☐**  **Other ☐ Please Specify** |
| **Religion?** | **Christian ☐**  **Muslim ☐**  **Jewish ☐**  **Hindu ☐**  **Buddhist ☐**  **Sikh ☐**  **No Religion ☐**  **Other ☐** |
| **What is the reason for referral?**  Details of most recent incident of abuse including –   * **Who is / are the victim(s)?** * **Cautioned/Charged with an offence? If so, what?** * **Police bail/remanded in custody? If so, what are the conditions and the dates.** * **Other outcomes** |  |

**Current Partner / Victim details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | |
| **Date of Birth:** | |  | | | | |
| **Contact Number:** | |  | | | | |
| **Address:** | |  | | | | |
| **Is victim currently being supported by a Domestic Abuse Service?**  **If yes, please give details-** | | | | | | |
| **Is victim currently pregnant?**  **If yes, what is there EDD?** | | | | | | |
| **Has victim and client been heard at MARAC?**  **If yes, 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?**  **If yes, 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 yes, please give details -** | | | | | | |
| **Is victim currently pregnant?**  **If yes, what is there EDD?** | | | | | | |
| **Has victim and client been heard at MARAC?**  **If yes, 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?**  **If yes, 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 agencies involved?**  **If yes, please give full details and contact numbers.** |  |

**Other Matters**

|  |  |
| --- | --- |
| **What is the applicant’s motivation to change?**  **Please use this section to explain why perpetrator wishes to address his offending behaviour.** |  |

**Important Contact Details**

|  |  |
| --- | --- |
| **Other details – please provide name and contact telephone number/email** | |
| GP name & surgery |  |
| Social Worker name |  |
| Probation Officer name |  |
| CAFCASS Officer name |  |
| Health Visitor name |  |
| Mental Health Worker name |  |
| Other Services? |  |

**Risk Assessment**

**It is essential that this risk assessment is completed.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **Yes** | | **No** |
| **1a** | Does perpetrator have a criminal record for violence or drugs? | | | | | | |  | |  |
| **1b** | If **yes,** was it domestic abuse related? | | | | | | |  | |  |
| **2a** | Did latest incident result in physical injury to ex/partner? | | | | | | |  | |  |
| **2b** | If **yes,** did this require medical attention? | | | | | | |  | |  |
| **3** | Have any incidents involved the use of weapons? | | | | | | |  | |  |
| **4** | Does the perpetrator have access to weapons? | | | | | | |  | |  |
| **5** | Does the perpetratorhave mental health problems? | | | | | | |  | |  |
| **6** | Has the perpetrator recently experienced financial problems? | | | | | | |  | |  |
| **7** | Does the perpetrator use alcohol on a regular basis? | | | | | | |  | |  |
| **8** | Does the perpetrator use drugs on a regular basis? | | | | | | |  | |  |
| **9** | Are the couple recently separated or planning to separate? | | | | | | |  | |  |
| **10** | Is ex/current partner pregnant or recently had a baby? | | | | | | |  | |  |
| **11** | Is there any conflict over child contact arrangements? | | | | | | |  | |  |
| **12** | Does perpetrator behave in a controlling way, show jealousy, minimise, or deny the abuse or blame ex/current partner? | | | | | | |  | |  |
| **13a** | Has perpetrator ever made threats to kill their ex/partner? | | | | | | |  | |  |
| **13b** | Has perpetrator ever made threats to kill the children? (Own or ex/partners) | | | | | | |  | |  |
| **13c** | Has perpetrator ever made threats to kill a former partner? | | | | | | |  | |  |
| **13d** | Has perpetrator ever made threats to kill anyone else? | | | | | | |  | |  |
| **14** | Has perpetrator ever threatened or attempted suicide? | | | | | | |  | |  |
| **15** | Has perpetrator ever tried to strangle, choke or smother ex/current partner? | | | | | | |  | |  |
| **16** | Does perpetrator do or say things of a sexual nature that physically or emotionally hurt ex/current partner? | | | | | | |  | |  |
| **17** | Is the abuse getting worse or happening more often? | | | | | | |  | |  |
| **18** | Does perpetrator isolate ex/current partner from friends and family? | | | | | | |  | |  |
| **19** | Does perpetrator stalk ex/current partner? | | | | | | |  | |  |
| **20a** | In the perpetrator's view, is the victim frightened of the perpetrator? | | | | | | |  | |  |
| **20b** | In the perpetrators' view, is the victim frightened of further injury or violence? | | | | | | |  | |  |
| **20c** | In the perpetrators view, is the victim frightened of being killed by the perpetrator? | | | | | | |  | |  |
| **20d** | In the perpetrators view, is the victim frightened that the perpetrator would harm the  children? | | | | | | |  | |  |
| **21** | Has victim ever attempted suicide/self-harm? | | | | | | |  | |  |
| **22** | Other perceived risk factors?  E.g., harm to animals/pets, Give details | | | | | | |  | |  |
| **23** | Witnessed Domestic Violence as A Child? | | | | | | |  | |  |
| **TOTAL 'YES'** | | | | | | | |  | |  |
| **7+ Very High** | |  | **5 – 7 High** |  | **3 – 5 Medium** |  | **1 – 3 Standard** | |  | |

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