**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** |
| **Do you have a current partner** |  | **Please tick to give permission we can contact your (ex)partner before your assessment** |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 :** |

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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.**  |  |
| **Venue** | **Colchester**  |

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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 in Colchester. Are there any barriers to attending? |  |
| 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** |

**TO BE COMPLETED AND SUBMITTED WITH REFERRAL**

 **Name of Person Being Assessed: Date:**

| **Please enter in any relevant information you have gathered from the victim, the client, referring agency, any other relevant agency, policy records etc**  | **Y** | **N** | **DK** | **Source** |
| --- | --- | --- | --- | --- |
| 1. Did the current or most recent incident result in an injury to victim?

(Is the client denying this?) |  |  |  |  |
| 1. Is victim frightened of the client? (is the client aware of this and possibly making use of it)
 |  |  |  |  |
| 1. Is violence getting worse or more frequent?
 |  |  |  |  |
| 1. Is victim being kept from seeing friends/family/doctor etc?
 |  |  |  |  |
| 1. Is the client suicidal or depressed?
 |  |  |  |  |
| 1. Is separation imminent? Has victim tried to separate before?
 |  |  |  |  |
| 1. Is there disagreement about child contact?
 |  |  |  |  |
| 1. Is the client constantly checking up on victim (stalking)?
 |  |  |  |  |
| 1. Has victim recently had baby or is she pregnant?
 |  |  |  |  |
| 1. Is abuse getting worse or more controlling in effect?
 |  |  |  |  |
| 1. Is abuse more frequent than it used to be?
 |  |  |  |  |
| 1. Is the client very jealous and controlling about victim’s contact with men?
 |  |  |  |  |
| 1. Has the client ever used weapon against this victim or a previous one?
 |  |  |  |  |
| 1. Has the client ever threatened to kill victim or previous partner or someone else in family in ways which made them believe it?
 |  |  |  |  |
| 1. Has the client ever attempted to choke, strangle, suffocate or drown victim or someone else?
 |  |  |  |  |
| 1. Does the client denigrate their partner (ex-partner) sexually or physically abuse them (or others) sexually or coerce them into sexual behaviour that they are not comfortable with.
 |  |  |  |  |
| 1. Are other people involved in hurting or threatening or policing victim?
 |  |  |  |  |
| 1. Has the client hurt others? Has the client abused past partners?
 |  |  |  |  |
| 1. Has the client ever abused an animal, particularly family pet?
 |  |  |  |  |
| 1. Is the client in financial crisis or making victim dependent on him for money, or facing unemployment?
 |  |  |  |  |
| 1. Is the client using drugs or alcohol in problematic ways?

Is the client currently depressed or have any other problems with mental health or taking any medication for depression or other mental illness? |  |  |  |  |
| 1. Has the client ever thought about or threatened suicide or tried to kill himself?
 |  |  |  |  |
| 1. Has the client ever broken bail order or injunction? Are they denying this?
 |  |  |  |  |
| 1. Does the client have criminal record? Is any of this for domestic violence?
 |  |  |  |  |

**Please note: Risk assessment tools, like the DASH, add to our ability to identify risk and should act as a supplement to clinical judgment and not a replacement for this. This should not be considered to be a full or expert assessment of either quantification of risk, or severity of harm to others.**