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| **PLEASE SEND COMPLETED REFERRALS TO:** [**C2C@relatecoventry.org**](mailto:C2C@relatecoventry.org) | | | | | | |
| **REFERRER INFORMATION:** | | | | | | |
| Date of referral: |  | | | | | |
| Referrer’s name: |  | | | | | |
| Role / job title: |  | | | | | |
| Organisation name and team: |  | | | | | |
| Contact number – office & mob: |  | | | | | |
| Contact email: |  | | | | | |
| Referrer’s Line Manager name: |  | | | | | |
| Line Manager Contact number(s): |  | | | | | |
| Line Manager 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 (current) | |  | | | | |
| Employment Details, include occupation and working hours | |  | | | | |
| Sexual Orientation | |  | Gender: | | |  |
| Ethnicity: | |  | Religion: | | |  |
| Language needs: | | Y / N  Please delete as appropriate | Detail **(language and interpreter needs):** | | |  |
| Accessibility requirements:  (disabilities, literacy needs) | | Y / N  Please 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 / N  Please 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 / N  Please delete as appropriate |
| Contact email: **(no joint emails with partner /victim to be offered):** | |  | | | | Y / N  Please delete as appropriate |
| Can we leave a voicemail? | | Y / N Please delete as appropriate | | Can we text client? | | Y / N Please delete as appropriate |
| Can we write to client at the above EMAIL address? | | Y / N Please delete as appropriate | | Can we write to client at the above POSTAL address? | | Y / N Please delete as appropriate |

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| **Legal Proceedings Information including barriers see in red, if you wish to discuss before referring lease contact a C2C team member on 02476 225863** | |
| **Are Public Law proceeding in place?** Provide dates, type of proceedings and progress |  |
| **Are you aware of any Private Family Law proceedings either currently, or within the last 12 months? If so, the referral cannot be accepted until after this has been concluded and 12 months has passed. Unless Social Care undertake to keep the CYP plan open for the duration of the programme – please phone C2C** |  |
| **Is there a Police investigation or criminal 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 the investigation closed with no further action** |  |

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| **Reason for referral: detail 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 FOR VICTIM, PLEASE 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 FOR PROFESSIONALS, PLEASE FLAG:** Substance misuse,risk of violence or other 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** | | | | | | | | |
| **Police Bail/Probation post sentence 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 Abuse 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. Safety Plan/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 Misuse  *Please give further details including progress:* | | | | Any other DA services or support being accessed *eg: current or previous DVPP Courses or WM Mentoring Service*  Please state detail below: | |
| Offending  Police  Probation | | Family Court (CafCass)/Solicitors | | | |
| **If there are other services supporting/working with the individual, 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 if different from above:** | | | | |  | | |
| **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 / N  Please delete as appropriate | Detail (language and interpreter needs): | |  |
| Accessibility requirements:  (disabilities, literacy needs) | Y / N  Please delete as appropriate | Details: | | |
| **Contact Details:** | | **Consent to contact victim via this medium?** | |
| Contact number: | Home:  Mobile | | Y / N  Please delete as appropriate | |
| Contact email: **(no shared family email can be utilised**): |  | | Y / N  Please 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 Misuse  Please give further details: | | | Other, detail: | |
| Offending  Police  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, Coventry Mind Spacve to Thrive etc | Name of  Worker: | | Company: | | Contact details: |
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| **Additional risk factors for Victim:** | **YES** | **NO** | **Details:** | | |
| Honor Based Violence |  |  |  | | |
| Forced Marriage |  |  |  | | |
| Stalking & or Harrassment |  |  |  | | |
| Pregnant, (due date if known): |  |  |  | | |
| Has this been referred to MARAC |  |  |  | | |
| * Has a MARAC been held, if so provide full details with copy of referral and or any actions * If appropriate please provide a copy of the Safety Plan/Family Agreement | | | | | |

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| **PLEASE SEND COMPLETED REFERRALS TO:** [**C2C@relatecoventry.**](mailto:C2C@relatecoventry.)**org**    ***Please note any incomplete referrals that have missing information***  ***for the perpetrator or victim, including consent,***  ***will not be processed*** |