**WISH REFERRAL** **FORM: WITH GUIDANCE** updated 23-3-24

Send the referral fully completed and ‘password protected’ to [wish@relatecoventry.org](mailto:wish@relatecoventry.org) together with the CP/CIN/**L**AC or EH plan (latter if approved at MARAC only) withchronology and family working agreement/safety plan. Each sibling should have their own referral. Section 1 refers to individual children and young people (CYP) information. Subsequent sections may apply to all siblings so can be copied, unless there are any exceptions such as different fathers or foster placements.

**IMPORTANT NOTE:** REFERRALS WILL NOT BE ACCEPTED IF CONSENT IS NOT OBTAINED FROM CYP & PARENT, OR IF THE REFERRAL IS INCOMPLETE, OR DOCUMENTS REQUESTED ABOVE ARE NOT SUBMITTED. THIS WILL DELAYRELATE PROCESSING THE REFERRAL AND IT MAY BE REJECTED

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| Has the young person consented to the service? Yes/No | | | | | | | | | | | | | | | | | |
| 1. **Referring Agency** | | | | | | | | | | | | | | | | | |
| Name of referrer | | | | |  | | | | | | | | | | | | |
| Job Role | | | | |  | | | | | | | | | | | | |
| Organisation | | | | |  | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | |
| Telephone number(s) include mobile number | | | | |  | | | | | | | | | | | | |
| Email address | | | | |  | | | | | | | | | | | | |
| Line Manager Name | | | | |  | | | | | | | | | | | | |
| Contact Number | | | | |  | | | | | | | | | | | | |
| Email Address | | | | |  | | | | | | | | | | | | |
| 1. **Details of CYP** | | | | | | | | | | | | | | | | | |
| Name of CYP being referred:  Other surnames used by CYP (e.g. former stepparent’s name, gendered name preferences: | | | | | | | | | | | | | | | | | |
| Address:  Post Code:  Mobile phone number: | | | | | | | | DOB: Age:  Gender identity:  Ethnicity: Religion:  Preferred Language:  Interpreter Yes/No Language | | | | | | | | | |
| Does the CYP have a disability. medical condition and/or statement of special educational needs, detail. If yes, please provide details below: | | | | | | | | | | | | | | | | | |
| **Need** | | | | | **YES** | | | **NO** | **DETAILS of need – attach plans, risk assessments, other** | | | | | | | | |
| Mental ill health | | | | |  | | |  |  | | | | | | | | |
| Learning Disability | | | | |  | | |  |  | | | | | | | | |
| Learning need | | | | |  | | |  |  | | | | | | | | |
| Physical Disability | | | | |  | | |  |  | | | | | | | | |
| Sensory Disability | | | | |  | | |  |  | | | | | | | | |
| Substance misuse | | | | |  | | |  |  | | | | | | | | |
| Is CYP awaiting any other assessment or receiving support from another agency/person YES/NO  If Yes, provide details eg**:** agency, intervention, and date of assessments:  Details of school/college:  Name of school: School year:    Address:  Post Code: Phone number:  Individual school contact name/DSL: name, email and contact number: | | | | | | | | | | | | | | | | | |
| Concerns regarding CYP - *include impact of Domestic Abuse on CYP eg: emotional or behavioural concerns at home, education/school, friendships, sibling issues, substance misuse, missing from home, CSE or other exploitation:* | | | | | | | | | | | | | | | | | |
| 1. **Details of Primary Carer/Domestic Abuse victim/Survivor CONSENT MUST BE OBTAINED** *This is the victim/survivor parent/carer who is able to complete the needs assessment for the CYP* | | | | | | | | | | | | | | | | | |
| Name of victim/survivor parent:  Other surnames used e.g. maiden name/former married name/alias | | | | | | | | | | | | | | | | | |
| Address:  Post Code:  Phone Number(s)  Email address: | | | | | | | | | | DOB: Age:  Gender Identity Ethnicity  Religion  Preferred Language  Interpreter Yes/No Language: | | | | | | | |
| If CYP) is ‘Looked After’ LAC eg foster care/ special guardianship/family arrangement - provide details of foster carer/guardian/family carer name with contact details and address if different to details above: | | | | | | | | | | | | | | | | | |
| **Victim/survivor contact protocol and risk management:**  Safe time of day to contact  Is it safe to send: | | | | | | | | | | | | | | | | | |
| Text | Yes/No | | Leave voicemail | | | | Yes/No | | | Email | | Yes/No | | | Letter | | **Yes/No** |
| Is the abusive person aware Relate will be making contact: Yes/No  If Relate call the victim/survivor parent about the CYP or about our services, is it safe to ask for them by name Yes/No  Would the victim/survivor parent prefer Relate to use a pseudonym? Yes/No  Preferred method of contact for parent assessment online/face to face or by phone ***(note that Relate staff do not work in the family home):***  Are there any risks Relate staff should be aware of when meeting the victim/survivor parent *e.g.**mental ill health, suicidal, substance misuse, medical conditions, threats to professionals, history of aggression:* | | | | | | | | | | | | | | | | | |
| 1. **Details of DA Perpetrator** | | | | | | | | | | | | | | | | | |
| Full name, including alias’s: | | | | | | | | | | | | | | | | | |
| Current Address:  Post Code:  Telephone contact if known: | | | | | | | | | | DOB: Age:  Gender Identity:  Ethnicity Religion: | | | | | | | |
| What is the DA perpetrators relationship to the CYP?  Is the DA perpetrator residing with the CYP?  Is the DA perpetrator having regular contact with CYP Yes/No  If yes, detail eg frequency, supervised at centre, third party arrangements, Letterbox contact, other:  Is there current private family law proceedings eg separation or child arrangement orders or non-molestation and occupation orders? Yes/No  Are there any Criminal Justic Orders in place eg DAPN Notice, Police bail, Licence conditions, Restraining Orders: Yes/No  If yes, detail in full:  Are there any other known DA perpetrators presenting current risk the CYP of the parent, if so, provide details:  Is the abusive person engaging with Childrens services: Yes/No | | | | | | | | | | | | | | | | | |
| **5. Details of significant others in the CYPs life** *including siblings, step/half siblings, other CYP residing in the family home, victim parent ‘s partner or extended family if residing with young person* | | | | | | | | | | | | | | | | | |
| Name | | | | DOB | | | | | | | | | Relationships to CYP | | | | |
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| **6. Safeguarding status & eligibility criteria:** *CYP must by CIN/CP/LAC or EH only if referred by MARAC Identify CYP status below* | | | | | | | | | | | | | | | | | |
| CP |  | | CIN | | | |  | | | LAC | |  | | | MARAC (EH) | |  |
| If status is Child Protection, identify category below | | | | | | | | | | | | | | | | | |
| Physical  Abuse |  | | Emotional  Abuse | | | |  | | | Sexual  Abuse | |  | | | Neglect | |  |
| Are there any Court Orders in place in respect of the young person’s care | | | | | | | | | | | | | | | | | |
| Care Order |  | | Interim Care Order | | | |  | | | Special Guardianship Order | |  | | | YP Arrangement Order | |  |
| Are there any parallel legal planning processes in place regarding care proceedings, or any criminal cases for which the young person is classed as a victim or witness. If so, please provide details: | | | | | | | | | | | | | | | | | |
| **7. Reason for Referral** | | | | | | | | | | | | | | | | | |
| **Detail of Domestic Abuse experienced by the victim and children:** *include history of events, current DA if ongoing, specify high risk incidents such as no- fatal strangulation, use of and access to weapons, stalking or harassment, recent separation, and impact on children:* | | | | | | | | | | | | | | | | | |
| Was the CYP present during incidents? Yes/No If so, provide details below: | | | | | | | | | | | | | | | | | |
| Detail any police involvement such as call outs, investigations, previous DA convictions? Yes/No  If so, provide details below: | | | | | | | | | | | | | | | | | |
| Have any of the following risk assessments been competed, if so, provide a copy with the referral | | | | | | | | | | | | | | | | | |
| DASH | |  | | | | DVRIM/DARIM | | | | |  | | | DARA | |  | |
| **8. Any other Risk Factors** | | | | | | | | | | | | | | | | | |
| *Eg:**risks to professionals, concerns about parental substance misuse, high risk criminality etc* | | | | | | | | | | | | | | | | | |
| **9. Protective Factors in place for the victim and CYP** | | | | | | | | | | | | | | | | | |
| *Eg: current Safety Plan, Family Agreement, victim already accessing Haven or Panahghar, residing in refuge accommodations, police or other legal interventions not mentioned, other support* | | | | | | | | | | | | | | | | | |
| **10. Any other additional needs or complications or risk factors** | | | | | | | | | | | | | | | | | |
| *Eg: Honour based violence, forced marriage, FGM, asylum applications, parallel sharia agreements etc...* | | | | | | | | | | | | | | | | | |

**Services that may be available for CYP and the victim/survivor parent will be identified/considered by the WISH worker following assessments, or upon completion**

* CYP tailored one to one DA support programme
* Counselling
* Pre intervention group work
* Teen Group Work
* Joint sessions with parent and child (including safety planning)
* ‘WISE Parent’ Webinar DA awareness, impact of DA on children, impact on parenting, parents supporting their children (2.5 hrs). The parent must have access to a confidential and safe space away from abusive partner
* ‘You and Me, Mum’ DA Parenting programme (10-week x 3 hours) parent must be separated and living apart from the abusive partner
* Family Drop-in at Frank Walsh House for FWH residents only

**CYP IDVA service**:

* Risk Assessment & Safety Planning
* Support to access the Justice System
* Teen DA work