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Referral Form – Warwickshire’s Domestic Abuse Perpetrator Projects

Please fill in all sections, including page 4 as referrals cannot be accepted without victim’s/survivor’s details (including phone numbers).

Referrer’s Details

| | |
|---|--|
| Date: | Organisation: |
| | |
| Contact Name: | Email: |
| | |
| Tel: | Role: |
| | |
| Is this referral part of a Child Protection Plan? | Is the client involved in Private Court Proceedings? |
| | |
| <p align="center"><u>Domestic Abuse Perpetrator Service</u></p> <p>We have multiple programmes available, allocation to a programme follows our agency completing a risk assessment. The risk assessment will determine the programme which is most suitable. We use a structured professional judgement tool and will feedback the outcome of that assessment. Services are free to access.</p> | |

Alleged Perpetrator’s Information

| | |
|-----------------|----------------|
| Name: | Tel No: |
| | |
| Address: | Email address: |
| | |
| Gender: | Nationality: |
| | |
| Marital Status: | Religion: |
| | |
| Date of Birth: | Age: |

| | |
|---|--|
| | |
| Does the client (AP) have any long-standing illness, disability, or infirmity? | |
| | |
| Does the AP require any additional accessibility support? E.g., disability access to building, communication difficulties, primary spoken language other than English? | |
| | |
| Does the AP require referrals for any additional needs (for example, services for homelessness, parenting issues, drug misuse, social and community support, finance and benefit): | |
| | |
| If the AP has children, please provide the children's details (Please give names, ages, DoB of each child and if they are sons or daughters and include any children not currently living with client). | |
| | |
| Has the AP's case been referred to MARAC: if yes please state date(s) | |
| | |
| Please list any depression, anxiety, self-harm or other mental health issues that the AP is experiencing | |
| | |
| If the AP is currently using prescribed drugs, please provide details | |
| | |
| If the AP is currently using or has previously been dependent on illegal drugs or alcohol, please provide details | |
| | |
| If the AP has ever thought or taken suicidal action, please provide details | |
| | |
| Does the AP have any convictions/cautions/warnings against them? If so, please provide details | |
| | |
| Has the AP ever had problems with being violent or aggressive towards others? If so, please provide details | |

| | |
|---|-------|
| | |
| Is the AP accessing any other counselling or mental health services? If so, please provide details | |
| | |
| Is the AP required to attend any other services or courses? If so, please provide details | |
| | |
| Please state what you hope therapy will achieve for the AP: | |
| | |
| Please give any recommendations for the work: | |
| | |
| If a risk assessment has already been complete, please summarise the findings: | |
| | |
| Please attach any relevant information regarding the client's case, including: Minutes of meetings Chronology Case Conference Notes Psychological Reports Parenting Assessments | |
| Please initial / sign to state that the information given is correct and that you have obtained the client's permission for the referral | |
| Initial / Signature: | Date: |
| Additional Notes | |

Please continue to next page

Victim/Survivor's Information

| | |
|--|----------------|
| Name: | Tel No: |
| | |
| Address: | Email address: |
| | |
| Gender: | Nationality: |
| | |
| Marital Status: | Religion: |
| | |
| Sexual Orientation: | |
| Date of Birth: | Age: |
| | |
| Does the victim/survivor have any long-standing illness, disability, or infirmity? | |
| | |
| Does the victim/survivor require any additional accessibility support? E.g., disability access to building, communication difficulties, primary spoken language other than English? | |
| | |
| Does the victim/survivor require referrals for any additional needs (for example, services for homelessness, parenting issues, drug misuse, social and community support, finance and benefit): | |
| | |
| If the victim/survivor has children, please provide the children's details (Please give names, ages, DoB of each child and if they are sons or daughters and include any children not currently living with client). | |
| | |
| Has the victim/survivor's case been referred to MARAC: if yes please state date(s) | |
| | |
| Please list any depression, anxiety, self-harm or other mental health issues that the victim/survivor is experiencing | |
| | |

| | |
|--|----------------|
| If the victim/survivor is currently using prescribed drugs, please provide details | |
| | |
| If the victim/survivor is currently using or has previously been dependent on illegal drugs or alcohol, please provide details | |
| | |
| If the victim/survivor has ever thought or taken suicidal action, please provide details | |
| | |
| Does the victim/survivor have any convictions/cautions/warnings against them? If so, please provide details | |
| | |
| Has the victim/survivor ever had problems with being violent or aggressive towards others? If so, please provide details | |
| | |
| Is the victim/survivor accessing any other counselling or mental health services? If so, please provide details | |
| | |
| Is the victim/survivor required to attend any other services or courses? If so, please provide details | |
| | |
| Please state what you hope therapy will achieve for the victim/survivor: | |
| | |
| Please give any recommendations for the work: | |
| | |
| If a risk assessment has already been complete, please summarise the findings: | |
| | |
| Please attach any relevant information regarding the client's case, including: | |
| Minutes of meetings | |
| Chronology | |
| Case Conference Notes | |
| Psychological Reports | |
| Parenting Assessments | |
| Please initial / sign to state that the information given is correct and that you have obtained the client's permission for the referral | |
| Initial / Signature: | Date: 18/11/22 |

| | |
|------------------|--|
| | |
| Additional Notes | |

Alleged Perpetrator:

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last 2 weeks.

| | None of the time | Rarely | Sometimes | Often | All of the time |
|--|------------------|--------|-----------|-------|-----------------|
| I've been feeling optimistic about the future | 1 | 2 | 3 | 4 | 5 |
| I've been feeling useful | 1 | 2 | 3 | 4 | 5 |
| I've been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| I've been feeling interested in other people | 1 | 2 | 3 | 4 | 5 |
| I've had energy to spare | 1 | 2 | 3 | 4 | 5 |
| I've been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| I've been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| I've been feeling good about myself | 1 | 2 | 3 | 4 | 5 |
| I've been feeling close to other people | 1 | 2 | 3 | 4 | 5 |
| I've been feeling confident | 1 | 2 | 3 | 4 | 5 |
| I've been able to make my own mind up about things | 1 | 2 | 3 | 4 | 5 |
| I've been feeling loved | 1 | 2 | 3 | 4 | 5 |
| I've been interested in new things | 1 | 2 | 3 | 4 | 5 |
| I've been feeling cheerful | 1 | 2 | 3 | 4 | 5 |

Score (total number added up) -

Victim:

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last 2 weeks.

| | None of the time | Rarely | Sometimes | Often | All of the time |
|--|------------------|--------|-----------|-------|-----------------|
| I've been feeling optimistic about the future | 1 | 2 | 3 | 4 | 5 |
| I've been feeling useful | 1 | 2 | 3 | 4 | 5 |
| I've been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| I've been feeling interested in other people | 1 | 2 | 3 | 4 | 5 |
| I've had energy to spare | 1 | 2 | 3 | 4 | 5 |
| I've been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| I've been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| I've been feeling good about myself | 1 | 2 | 3 | 4 | 5 |
| I've been feeling close to other people | 1 | 2 | 3 | 4 | 5 |
| I've been feeling confident | 1 | 2 | 3 | 4 | 5 |
| I've been able to make my own mind up about things | 1 | 2 | 3 | 4 | 5 |
| I've been feeling loved | 1 | 2 | 3 | 4 | 5 |
| I've been interested in new things | 1 | 2 | 3 | 4 | 5 |
| I've been feeling cheerful | 1 | 2 | 3 | 4 | 5 |

Score (total number added up) –

When complete, please send this form to admin@interventionservice.co.uk

If you have any questions, please contact us –

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