

The Jenkins Centre



Jenkins Centre Referral Form

This referral form relates to those who use or have used Intimate Partner Violence in their relationship(s)
All Sections are mandatory – Forms will be returned if not fully completed which may delay support

Risk of domestic violence/abuse is identified by either a self referrer or supporting agency.

Complete referral form and send to info@Jenkinscentre.org. Please complete all fields. If you are not able to, please indicate why. Blank fields will result in form being returned.

Where clients self-refer, and there is CYPS involvement the self-referral will be declined and a professional referral from CYPS will be required.

Ensure the DASH RIC assessment is completed OR ensure reasons are stated if this cannot be completed.
This relates to the likelihood of a life-threatening or traumatic incident occurring imminently.

Always follow relevant safeguarding children and adult at risk policy guidelines. Support for victims should be continued/explored throughout this process.

Please use the DASH RIC and your professional judgement with this decision.

If there are 14 ticks on the risk indicator checklist please refer to MARAC.
For cases involving forced marriage please contact the police.

Referral will be processed and contact made and an assessment booked within 4 weeks of referral being made.

1st assessment will be conducted.
Any immediate needs addressed.

Partner support will contact identified victim/s

2nd assessment will be conducted.

Outcome of assessment and signposting where appropriate.

Please Note: We are a free service to residents of Leicester City, Leicestershire and Rutland or those whose partner or ex-partner is a resident of Leicester City, Leicestershire and Rutland. If you are referring from a client from out of these areas please contact us to discuss/confirm funding for a place on the programme.

Eligibility:

- We do not take referrals for individuals who are currently in criminal legal proceedings related to children and/or their use of violence/abuse. If the individual you're referring is in criminal legal proceedings for something that does not fit that criteria, please still include details of this when completing the referral.
- Additionally, we do not take referrals for individuals in public or private law proceedings related to child contact or custody.
- Perpetrators who have completed a different perpetrator programme in the past (for example: Building Better Relationships), need to wait at least six months until they can be referred. If you are re-referring someone who previously disengaged from our service, again we would ask for at least six months to have passed from when they disengaged before re-referring.
- If you have any questions or would like further information before completing the referral, please call 0116 254 0101.

Please make sure the referral you are about to complete meets the eligibility criteria laid out above.

Section 1: Referral Details:

| Section 1 | Referrer | | |
|--------------|----------|-------------|--|
| Name | | Date | |
| Position | | Mobile No | |
| Organisation | | Landline No | |
| Email | | | |

Agencies Involved - Please indicate which Agencies have been involved with the perpetrator, victim and children within the last 2 years if known:

| Agency | Contact Name | Role | Contact Number | Email | Open Case |
|--------|--------------|------|----------------|-------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

NOTE:

Should there be more than one perpetrator (mutual violence) please copy and complete the following section for both/all, and when completing the rest of the referral make clear which partner is being referred to.

Section 1: Personal Details:

| Personal Details | | | |
|------------------|--|---------------------|--|
| Full Name | | Date of Birth | |
| Known As | | Age | |
| Address | | | |
| Postcode | | Mobile No | |
| Email | | Liquid Logic number | |

Equalities Data:

| | | | | | |
|---------------------|--|---------------------|--|-----------------------|--|
| Relationship Status | | Employment Status | | Gender | |
| Ethnicity | | Nationality | | Sexual Orientation | |
| Religion: | | Preferred Language: | | Interpreter Required: | |

Is this client known to have perpetrated abuse in previous relationships? If yes, please give details.

Perpetrator Needs & Vulnerabilities

Please outline any details for the following in the space beneath:

- Any Disabilities
- Mental Health or Well-Being Concerns:
- Current or Historic Substance/Alcohol misuse

| | | | | | |
|--|--------|-----------------------|--------|--------------------|--------|
| Schedule 1 Offender | Yes/No | Sex Offender Register | Yes/No | Current DVPO/DVFN? | Yes/No |
| Any known risk posed to professionals? | | | | | |

NOTE:

Should there be more than one partner/ex-partner please copy and complete the following section for both/all, and when completing the rest of the referral make clear which partner is being referred to.

| Section 2 | | Primary Victim Details | | | |
|--|--|--------------------------------|--|--------------------|--|
| Full Name | | Date of Birth | | | |
| Known As | | Age | | | |
| Address | | | | | |
| Postcode | | Mobile No | | | |
| Equalities Data: | | | | | |
| Relationship Status | | Employment Status & Profession | | Gender | |
| Ethnicity | | Nationality | | Sexual Orientation | |
| Preferred Language | | Interpreter Required? | | Religion | |
| Victim Risk Profile | | | | | |
| Is it safe to contact the victim? (we may do this via mobile, email and mail to their address) | | | | | |
| Please outline any details for the following in the space beneath: | | | | | |
| <ul style="list-style-type: none"> Any Disabilities Mental Health or wellbeing Concerns: Current or Historic Substance/Alcohol misuse Any other vulnerabilities that increase risk | | | | | |
| | | | | | |

| Section 3 | | Children's & Family Details | | | | | | |
|---|---------------|-----------------------------|--|------------------------|-----------------------------|------------|-----------|---------------------------------|
| Child's/ other Family Member Name: | Date of Birth | Gender | CYP/ Social Services Level (e.g Early Help, CIN, CP, Pre-Proceedings, LAC) | Relationship to Victim | Relationship to Perpetrator | Disability | Ethnicity | Living and Contact Arrangements |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| If Case open to Early Help, Troubled Families or CYPS – Please indicate next meeting date, time & venue : | | | | | | | | |
| Client(s) Liquid Logic Number (if you are referring from Leicester City CYPS) | | | | | | | | |

Section 4: Risk Profile, Abuse Details & Needs Information:

| Outline of Current & Historic Domestic Abuse |
|--|
| <p>Please outline your concerns & reasons for referring to our service.</p> <ul style="list-style-type: none"> This should include a chronology and details of incidents you're aware of, including all incidents reported to the police/social care. Please also describe the perpetrator's views towards their use of violence. Do they acknowledge they have used violent/abusive behaviours, do they try and minimise or deny it? What is their motivation for attending? |
| |
| <p>State any barriers affecting the perpetrator (adult) attending the 24 week group or individual programme in the evening? (Such as work, travelling or childcare commitments)</p> |
| |

| Section 5 | Consent & Referral | |
|--|--|----------|
| Consent | The reason for the referral has been explained to the primary perpetrator by the referrer and they agree to the referral being made to the Jenkins Centre | Yes / No |
| | The reason for referral has been explained to the primary victim by the referrer and they agree to the referral being made | Yes / No |
| | The referrer has explained the information contained in this form and they have acknowledged the General Data Protection and Confidentiality Clause. | Yes / No |
| | Please confirm that your organisation has consent to share sensitive information? | Yes / No |
| | <p>High risks as identified through DASH should be immediately referred to MARAC (MARAC@leicestershire.pnn.police.uk) and the IDVA service at UAVA: 08088 020 028 by the referring professional. If referral is high risk a DASH must be completed to identify risk and referral to MARAC is the responsibility of the professional completing, DO NOT delay a MARAC referral. Following a MARAC referral, a referral to UAVA can also be made informing them of action taken. Please attach the completed copy of the DASH & any relevant documentation.</p> | |
| Data Protection & Confidentiality | | |
| <p>Information provided within this referral will be handled in accordance General Data Protection and confidentiality guidance and legislation. Details may be disclosed to other appropriate services and partner agencies for the purpose of providing support. It will not be shared with other third parties, unless required to do so by law or consent of client as appropriate. To ensure the safety and wellbeing of the individuals referred, information in this referral will be shared with them if they wish to see it. Though may be restricted or withheld in line with good practice, guidance and legislation relating to domestic abuse and safeguarding. Jenkins Centre is a partner in UAVA. UAVA have a shared data management system, consent includes agreement for data to be recorded our database system.</p> | | |

| | |
|--|-----------------------------------|
| Section 6 | DASH & Risk Assessment |
| <p>Please complete this risk assessment with the potential client, or the partner/ex partner, or based on information you already know, stating source of info i.e. victim, Social Care report etc. The purpose of asking these questions is for the safety and protection of the partner/ex-partner concerned, indicate the source of information in the right-hand column. Mark 'X' in the box if the factor is present. Please comment to expand on any answer. You can also include any additional information or concerns you think we may need to know. DASH SCORE:</p> | |
| <p>If the score is 14 or above this should be IMMEDIATELY referred to MARAC and the IDVA service at UAVA: 08088 020 028</p> | |
| <p>IF YOU ARE UNABLE TO COMPLETE THE RISK ASSESSMENT PLEASE STATE YOUR REASONS HERE:</p> | |

| | Yes | No | Don't Know | Source of Info If not victim |
|--|-----|----|------------|---------------------------------|
| Current Situation | | | | |
| 1. Did the most recent incident result in injury? (Please state what and whether this is the first injury.) | | | | |
| Comment:- | | | | |
| 2. Is/was the partner/ex-partner very frightened of the client? | | | | |
| Comment:- | | | | |
| 3. Is the partner/ex-partner afraid of further injury or violence? (Please give an indication of what you think the client may do and to whom, including children) | | | | |
| Comment:- | | | | |
| 4. Does/has the partner/ex-partner feel/felt isolated from family/friends i.e. does client try to stop them from seeing friends/family/doctor or others? | | | | |
| Comment:- | | | | |
| 5. Is the partner/ex-partner feeling depressed or having suicidal thoughts? | | | | |
| Comment:- | | | | |
| 6. Has the partner/ex-partner separated or tried to separate from the client within the past year? | | | | |
| Comment:- | | | | |
| 7. Is there conflict over child contact? | | | | |
| Comment:- | | | | |
| 8. Does the client constantly text, call, contact, follow, stalk or harass the partner/ex partner? (Please expand to identify what and whether you believe that this is done deliberately to intimidate? Consider the context and behaviour of what is being done.) | | | | |
| Comment:- | | | | |
| Children/Dependants | | | | |
| 9. Is the partner/ex-partner pregnant or recently had a baby (within the last 18 months)? | | | | |
| Comment:- | | | | |
| 10. Is the abuse happening more often? | | | | |
| Comment:- | | | | |
| Domestic Violence History | | | | |
| 11. Is the abuse getting worse? | | | | |
| Comment:- | | | | |
| 12. Does the client try to control everything the partner/ex partner does, or are they excessively jealous? (E.g. In terms of relationships, being policed at home, being told what to wear and who to see. Consider 'honour' based violence and specify behaviour.) | | | | |
| Comment:- | | | | |
| 13. Has the client ever used weapons or objects to hurt the partner/ex partner? | | | | |
| Comment:- | | | | |

| | Yes | No | Don't Know | Source of Info If not victim |
|---|-----|----|------------|------------------------------|
| 14. Has the client ever threatened to kill the partner/ex partner or someone else in ways that they believed them? Please specify i.e. Partner/ex partner, children, other family member etc. | | | | |
| Comment:- | | | | |
| 15. Has the client ever attempted to strangle/choke /suffocate/drown the partner/ex-partner? | | | | |
| Comment:- | | | | |
| 16. Does the client do or say things of a sexual nature that make the partner/ex partner feel bad or that physically hurt them or someone else? (If someone else, specify who.) | | | | |
| Comment:- | | | | |
| 17. Is there any other person who has threatened the partner/ex partner or who they are afraid of? (If yes, please specify whom and why. Consider extended family if honour based violence) | | | | |
| Comment:- | | | | |
| 18. Do you know if client has hurt anyone else (please specify whom e.g. previous partner, children, family member etc.)? | | | | |
| Comment:- | | | | |
| 19. Has client ever mistreated the family pet or other animal? | | | | |
| Comment:- | | | | |
| Perpetrator | | | | |
| 20. Are there any financial issues? For example, is the partner/ex partner dependent on client for money/has the client recently lost their job/other financial issues? | | | | |
| Comment:- | | | | |
| 21. Has the client had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) | | | | |
| Comment:- | | | | |
| 22. Has the client ever threatened or attempted suicide? | | | | |
| Comment:- | | | | |
| 23. Has the client ever broken bail/an injunction and/or formal agreement for when they can see the partner/ex partner and/or the children? E.g. bail conditions, non-molestation orders, occupation order, child contact arrangements etc. | | | | |
| Comment:- | | | | |
| 24. Has the client ever been in trouble with the police or has a criminal history? E.g. Domestic violence, sexual violence, other violence etc. | | | | |
| Comment:- | | | | |
| 25. Is there any other relevant information that may increase risk levels? E.g. Disability / Language barriers / Willingness to engage with services Occupation/interests that may give access to weapons | | | | |
| Comment:- | | | | |

| Section 8: | | Submitting Referral | |
|---|--|--|--|
| The form must be submitted electronically through agency email. Advice to complete a referral can be accessed via the Jenkins Centre or UAVA Professional Helpline. Documents can be password protected. Passwords should be sent separately. Faxed referrals are not accepted. | | | |
| Standard Email* | | Secure Email | |
| info@jenkinscentre.org | | Jenkins.centre@freeva.cjsm.net | |
| UAVA Helpline | | UAVA Professionals Advice Line | |
| 08088 020 028 | | 0116 255 004 | |

* Secure email can only be sent to /from a secure email, these are different to standard organisational addresses.

We will contact you to confirm receipt of this referral.

If you have not had confirmation within 48 hours please contact us to ensure the referral has been received.