

Bromley TRYangle Pilot Project **Referral Form**

This pilot will run from April to July 2012 and referrals will be accepted from mid-February to mid-April.

Please ensure ALL details are entered fully to avoid delays in processing.

Once completed please email to lyla@tryangle.org.uk

TRYangle provides two parallel services designed to reduce the occurrence of domestic abuse and its devastating effects on survivors and children by provides a service which works with both perpetrators of domestic abuse and supports their partners or ex-partners.

Services for men:

- Assessment: to ensure that the programme is suitable, that the perpetrator has the commitment necessary and to ensure he gives informed consent.
- Group work: 12 group sessions exploring the nature of violence and abuse and widening the focus to understand other forms of abuse.
- Individual work: all men will be offered up to 20 sessions of one-to-one counselling.
- It is mandatory for all men to give the contact details of their current or most recent partner in order to be accepted onto the programme.

Services for women:

- Pro-active contact: all current or recent partners of men accepted onto the programme are contacted and offered support, including promoting realistic expectations of our work with their (ex)partner.
- Group work: women are offered 12 group sessions to support them in their understanding of domestic abuse
- Individual work: all women will be offered up to 20 sessions of one-to-one counselling.
- Telephone support: support workers will be available for support, advice and safety planning throughout the programme.
- Ongoing focus on safety: throughout the programme professionals working with the men and women will be in contact to manage any emerging risks.

Please note that this pilot will be subject to external evaluation and all participants, including referrers, may be asked to take part in an ongoing study. This is not fundamental to being accepted onto the programme and participants can withdraw from the study at any point should they wish.

IN ORDER to refer a case for the pilot programme the following criteria needs to be considered:-

- a) The pilot programme is currently only able to accept referrals where the perpetrator (client) is male. It is hoped if the project is able to be extended that female perpetrators may also be offered support.
- b) Either the client or his (ex)partner should normally reside in Bromley.
- c) Client is able to acknowledge his use of violence (physical or psychological), and is therefore not in total denial of his abusive behaviour;
- d) Client is able to see that his abusive behaviour is a problem in and of itself;
- e) Client is able to accept responsibility for ending his abusive behaviour and shows a willingness to engage with the programme;
- f) His attendance is not likely to increase significantly risk of further violence/abuse towards his (ex)partner, his children or others;

- g) The client does not have anger management difficulties i.e. he does not have a history of violence towards people other than his wife.
- h) Where there is no history of the client using high risk, potentially lethal behaviours (e.g. use of weapons, strangulation, sexual violence, violence during pregnancy);
- i) There is some understanding from the client about the impact on the child(ren) (if any) of the domestic violence;
- j) The child(ren) (if any) want contact;
- k) There are no complicating factors such as the client having mental health issues or substance misuse issues which may impact on him benefiting from the programme.
- l) The client is aware of and consents to the referral to TRYangle being made.
- m) **It is not appropriate for men to be mandated to attend the programme, and places cannot be guaranteed as all men must be assessed for suitability.**

PLEASE NOTE:

TRYangle will advise the referrer when:

- a. clients have completed their suitability assessment; and
- b. if clients have been accepted onto group programme (also, if not, why not).

Brief updates on your client can be emailed to you on request. Updates will provide information on:

- c. the number of sessions attended,
- d. sessions missed and reasons why,
- e. general engagement, and
- f. if client terminates early or successfully completes the programme.

TRYangle is unable to attend child protection conferences.

TRYANGLE PROJECT
AGENCY REFERRAL FORM

Date copied to Support Services	
Support Services Client Code	
Perpetrator Services Client Code	
Family Number	F

Date of referral:	BROMLEY Organisation:		
<u>Referrer Details</u>			
Address:			
Post code:			
Contact name:			
Tel:	Ext:	Email:	

Woman's name:	Man's name:
Date of birth:	Date of birth:
Ethnicity:	Ethnicity:
Address:	Address (if different):
Home phone:	Home phone:
Mobile/work phone:	Mobile/work phone:
GP details:	GP details (if different):
Current Partner (If different from above)	
Date of birth:	Address:
Ethnicity:	
Phone/Mobile:	

Contact instructions and availability:

Current living arrangements (e.g. co-habiting, married, separated, divorced, live alone):

Children – names, ages:

Children – custody and contact arrangements:

Court dates, charges, child protection/contact dates etc.:

Please give an outline of any violent or abusive behaviour and concerns for his partner/ex-partner and children:

Where courts are involved - please provide court bundle or findings. Provided?

YES

NO

Please give details of any other agencies involved:

Has client been diagnosed with a mental health illness? YES / NO
Please give details of any concerns:

Any additional notes:

For TRYangle office use			
Woman's pack sent?		Yes	No
Type and frequency of contact with man			
Date of assessment:		Accepted	Yes No
Date of first group:		If rejected, why:	
Date(s) referrer has been updated on man's engagement – (Name of Worker)?		1. 2. 3.	
Number of group sessions attended:		Date of completion or reason for drop out:	
Counselling requested	Yes	No	Counsellor's name:
Date of counselling assessment:			
Type and frequency of contact with woman			
Phone contact:		One-to-one contact:	
Support groups:		Workshops:	
Counselling requested	Yes	No	Counsellor's name:
Date of counselling assessment:			
Notes:			