**YOUR POWER TO CHANGE PROGRAMME (Professional) REFERRAL FORM**

**About the Programme**

Your Power to Change is a 10-week online awareness programme for men who want to understand their behaviour in relationships. It is not a behaviour change programme, but a structured space to reflect and build awareness. The programme covers: (*please note we also work with women who harm but this will be one to one)*

* Healthy vs unhealthy behaviours
* The impact of abuse on partners and children
* Reflective thinking and emotional awareness
* Positive parenting and the role of self-care

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| **Who the Programme Is For**  To take part in the programme, participants must meet the following criteria.   * Aged 18 or over * Willing and able to reflect honestly on their behaviour * Assessed as **low to medium risk** * Not currently involved in criminal proceedings related to domestic abuse * No active Private Law Family Court cases, or any concluded within the last 6 months * Able to engage safely in a group or one-to-one setting * Not experiencing active psychosis, unmanaged severe mental illness, or current substance dependency * Able to communicate effectively in English   + If an interpreter is needed, the programme will be delivered one-to-one   **Referral Exclusion Criteria**   * We cannot accept referrals where the person: * Is on bail or under investigation for abuse or violence offences * Is currently in **any** Family Court or criminal proceedings related to domestic abuse or child contact * Has completed a Perpetrator programme in the **last 6 months** * Has previously (in the last 6 months) started a perpetrator programme but not completed (a 6-month gap is required before re-referring) |

**Referral Queries**

Contact us at 03000 120 154 or email [advice@ndas-org.co.uk](mailto:advice@ndas-org.co.uk).

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| **Information about the person making the referral** | |
| Date of referral: |  |
| **Please ensure all information is included.** | |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |  |
| Contact number |  |
| Contact email |  |

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| **Client Contact information** | | | | | |
| First name | |  | | | |
| Last name | |  | | | |
| Other names | |  | | | |
| Date of birth: | |  | | | |
| Current address | |  | | | |
| Accommodation type: Private Sector/ LA housing/Temporary/Other: | |  | | | |
| Local Authority of origin (if different) | |  | | | |
| **Safe contact information** | | | | | |
| Safe Phone |  | | | Safe Email |  |
| Can the client attend the virtual group (Weekday evenings, 7:00–9:00pm)? | Yes ☐ No☐ | | *Please note we do not offer Face to face at present time.* | | |
| Do they have a stable internet connection and ability to use Zoom? | Yes  No | |  | | |
| Does the client require an interpreter? | Yes  No | | *If yes, please provide details (e.g. preferred language):* | | |

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| **Equalities monitoring** | | | |
| How would the client describe their gender? | Male  Female Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Is the client’s current gender different to the sex they were assigned at birth? | Yes  No  Don’t know | | *If yes please provide details* |
| Does the client consider themself to have any kind of disability?  (please tick any that apply) | Physical  Learning  Mental Health  Deaf/ hearing impaired | | Blind/ visually impaired  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ethnicity: [Tick appropriate box]** | | | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani | White and Black Caribbean  Asian Bangladeshi  Any other Asian background  Chinese  Arab  White and Black African  White and Asian  Any other mixed/ multiple | | background  Black British  Black African  Black Caribbean  Any other Black background  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Faith/Religion [Tick appropriate box]** | | | |
| No religion  Bahai  Buddhist  Christian | Hindu  Jewish  Jain  Muslim | Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Relationship Status: [Tick appropriate box]** | Civil partnership  Married  Divorced  Separated | Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single | |
| **Sexual Orientation: [Tick appropriate box]** | Heterosexual/ straight  Gay woman/ Lesbian  Gay man | Bisexual  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **Client support needs/ vulnerabilities** | |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health  Physical Health | Substance misuse  Offending |
| **Additional details:** | |
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| Nationality |  |
| Immigration status (if not British) | Yes ☐ No ☐ Don’t know ☐ |

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| **Relationship current and present partners** | | | | | |
| **Current Partner** | | | | | |
| Name |  | | | | |
| Gender |  | Date of Birth |  | | |
| Relationship to client |  | Ethnicity |  | | |
| Address |  | Primary Language |  | | |
| Safe Phone number |  | Safe Email |  | | |
| ***(We will contact both the current and ex-partner to offer support. Please confirm we have permission granted to contact the victim/ survivor to offer support)*** | | | | | Yes ☐ No ☐ |
| **Ex partner** | | | | | |
| Name |  | | | | |
| Gender |  | Date of birth | |  | |
| Relationship to client |  | Ethnicity | |  | |
| Address |  | Primary language | |  | |
| Safe Phone number |  | Safe Email | |  | |
| ***(We will contact both the current and ex-partner to offer support. Please confirm we have permission granted to contact the vicum.surviour to offer support )*** | | | | | Yes ☐ No ☐ |

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| **Children** | | | | | | |
| **Please provide any details of children in the family.** | | | | | | |
| Name | | Gender | DOB | | Support Needs | |
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| Are social services involved in this case?  *(Please give details)* | Yes  No  Don’t know | | | Name of social worker | |  |
| School/Nursery details |  | | | Relationship to client | |  |
| Brief history of children's experiences: |  | | | | | |
| Do the children live with the client | Yes  No  Don’t know | | | Does the client have Parental responsibility | | Yes  No  Don’t know |

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| **Reason for Referral** | | |
| What has led the client to enquire about this service?  What support is needed at this time? |  | |
| Is anyone at risk of being harmed now? |  | Yes  No  Don’t Know |
| **Safeguarding & Risk** | | |
| Is anyone currently at risk of harm? |  | ☐ Yes ☐ No If yes, please explain who is at risk and why: |
| Who has been affected by the client’s behaviour?  (Include partners, ex-partners, children, or others) |  | |
| Most recent incident involving a partner or ex-partner:  (Include approximate date and a short description) |  | |
| **Professional Insight- *If you answer yes, please add additional information in the box.*** | | |
| Has the applicant ever attended Counselling/therapy? |  | Yes ☐ No☐ Don’t Know ☐ |
| Previous mental ill-health? |  | Yes  No Don’t Know |
| Previous/current police involvement? |  | Yes ☐ No☐ Don’t Know ☐ |
| Bail or convictions pending |  | Yes ☐ No☐ Don’t Know ☐ |
| Involvement with Family Court (current or past 6 months)? |  | Yes ☐ No☐ Don’t Know ☐ |
| Is a new Family Court application planned? |  | |
| **Other Supporting Professional** | | |
| Name |  | Yes ☐ No☐ |
| Contact details |  |  |
| Agreement to contact this professional? |  | Yes ☐ No☐ |
| ***Risk Profile, Abuse Details & Needs Information*** | | |
| Please provide:   * Chronology and incident details. * Perpetrator's view of their behaviour (acknowledgement, minimisation, denial). * Motivation for attending. * Any known risks to working with this person. Please give details any known incidents of abusive behaviour by the client in the past 12 months. * Include details of: * The frequency of incidents (e.g. how often behaviours occurred) * The severity of behaviours (e.g. physical harm, threats, coercion, emotional abuse) * The impact or harm caused to the victim(s), including any known emotional, physical, or psychological effects * Any escalation in behaviour or patterns of concern * Whether children were present or affected | | |
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| **Consent** | | |
| Before this referral has been submitted, please ensure you have you have competed the following.  The reason for the referral has been explained to the primary perpetrator by the referrer and they agree to the referral being made to Northamptonshire Domestic Abuse Service.  The reason for referral has been explained to the primary victim/s by the referrer and they agree to the referral being made.  The referrer has explained the information contained in this form and they have acknowledged the General Data Protection and Confidentiality Clause (please see below).  The referrer has informed the client that their partner/ex-partner will be contacted and offered support by NDAS. | | |

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| **Please confirm the following before submitting the referral:** |
| ☐ The client has given informed consent for this referral to be made to NDAS  ☐ The client understands their current and/or ex-partner may be contacted to offer support  ☐ You have explained how information will be stored and shared under GDPR  ☐ The client has agreed to participate in an assessment and understands this is not a guarantee of a place on the programme  ☐ The victim/survivor has also been informed (if safe and appropriate) and consents to being contacted by NDAS |
| **Data Protection & Confidentiality.**  *Information provided will be handled in accordance with GDPR and confidentiality legislation according to NDAS policies and procedures. Information may be shared with appropriate agencies where required to provide support or safeguard individuals.* |
| **What happens next?**  NDAS will review the referral and contact the client to arrange an initial assessment  If the client meets the eligibility criteria, they will be offered a place on the next available course  If not eligible, alternative signposting or support may be discussed |
| **Submit Your Referral**  📧 Email your completed form to: advice@ndas-org.co.uk  📞 For queries, call us on 03000 120 154  Thank you for completing this referral. |