**YOUR POWER TO CHANGE PROGRAMME REFERRAL**

Your power to change is a 10-week programme that aims to educate participants in the areas of healthy/unhealthy behaviours and the impact on relationships.

The programme aims to provide a clear understanding of what domestic abuse is and consider how these behaviours are experienced through the eyes of both victim and children.

The programme provides an opportunity to self- reflect in a safe environment and allow participants to identify unhealthy behaviours and explore strategies to work towards positive change.

The programme also examines how positive parenting can implement change and how children and young people are affected when living in a home where domestic abuse is present.

The programme also promotes the importance of self -care to become positive role models to children and young people.

* 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 those criteria, please still include details of this when completing the referral.
* Perpetrators who have completed a different perpetrator programme in the past, 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 03000 120 154

**To submit this referral please email** [**advice@ndas-org.co.uk**](mailto:advice@ndas-org.co.uk)

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

1. **Client contact info**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | |
| First name | | |  | | |
| Last name | | |  | | |
| Other names | | |  | | |
| What do they like to be called? | | |  | | |
| DOB | | |  | | |
| **Addresses** | | | | | |
| Current address | | |  | | |
| Accommodation type: Private Sector/ LA housing/Temporary/Other: | | |  | | |
| Local Authority of origin (if different) | | |  | | |
|  | | | | | |
| **Contact info** | | | | | |
| *Details Safe to contact?* | | | | | |
| Phone | |  | | |  |
| Is it safe to leave message Y/N | |  | | |  |
| Email | |  | | |  |
| **Your time to change** | | | | | |
| Can the client attend a Virtual program. | Virtual | | | *If yes, please provide details: Please note we do not offer Face to face at present time.* | |
| Does the client require an interpreter? | Yes  No  Don’t Know | | | *If yes, please provide details:* | |
| **Virtual TTC programme** |  | | |  | |
| Does the client have access to the internet and Broadband strength to access Zoom? | Yes  No  Don’t Know | | |  | |
| Is the client able to attend a group uninterrupted on a weekday evening between 1900 - 2100 | Yes  No  Don’t Know | | |  | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would the client describe their gender? | Female  Male  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the clients current gender different to the sex they were assigned at birth? | Yes  No  Don’t know |
| 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  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| How would the client describe their ethnicity? | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Any other Asian background  Chinese  Arab | White and Black Caribbean  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):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Does the client have a faith/ religion? | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| What is the client relationship status?  (tick one option) | Civil partnership  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single |
| What is the client sexual orientation?  (tick one option) | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
|  |  |

1. **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:** | |
|  | |
| What is the clients nationality? |  |
| *(If not British National)* What is the clients immigration status? |  |
| *(If not a British National)* Does the client have access to Public Funds? | Yes  No  Don’t know |

1. **Relationship current and present partners.**

|  |  |
| --- | --- |
| **Information about the clients ex partner :** | |
| Name |  |
| Relationship to client |  |
| Address |  |
| DOB |  |
| Phone number |  |
| Email |  |
| ***We will be contacting the above victim / survivor to offer support*** | |
| **Information about the clients current partner :** | |
| Name |  |
| Relationship to you |  |
| Address |  |
| DOB |  |
| Phone number |  |
| Email |  |
| ***We will be contacting the above victim / survivor to offer support we will*** | |

1. **Children**

|  |  |  |
| --- | --- | --- |
| **Does the client have children? please provide their names and DOBs, Support needs below:** | | |
| Name | | DOB |
|  | |  |
|  | |  |
|  | |  |
| Are social services involved in this case?  *(Please give details)* |  | |
| Name of social worker *(if relevant)* |  | |
| School/Nursery attending |  | |
| Please provide a brief history of child experiences. |  | |
| Relationship to client |  | |
| Do the children live with the client |  | |
| Does the client have PR |  | |

**Further Details**

|  |  |  |
| --- | --- | --- |
| What has led the client to enquire about this service?  What support is needed at this time? |  | Yes  No  Don’t Know |
| Who has been affected by the abuse?  Is anyone at risk of being harmed now? |  | Yes  No  Don’t Know |
| Most recent or worst incident with partner/ex-partner  Please give details |  | Yes  No  Don’t Know |
| Has the applicant ever attended Counselling/therapy? |  | Yes  No  Don’t Know |
| Has the applicant experienced previous mental ill-health? \* |  | Yes  No  Don’t Know |
| Please give details  Has the applicant been involved with the police in any way? \* |  | Yes  No  Don’t Know |
| Does the applicant have any bail or convictions pending? |  | Yes  No  Don’t Know |
| Is the applicant currently involved in or been involved in a Family Court Case in the last twelve months? |  | Yes  No  Don’t Know |
| If Yes, date started:  Is the applicant planning to apply to Family Court? |  | |
| Supporting Professional  Name  Contact details |  | Yes  No  Don’t Know |
| Agreement to contact this professional? |  | Yes  No  Don’t Know |
|  |  | |
| **What happens next?**  The applicant will be contacted to do a consultation and discuss their eligibility | | |
| **Are there any known risks to working with this person?** | | |
| Risk Profile, Abuse Details & Needs Information:  · 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? | | |
|  | | |

|  |  |
| --- | --- |
| Consent and referral |  |
| 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 | 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 ☐ |
| The referrer has informed the client that their partner/ex partner will be contacted and offered support by NDAS. | Yes ☐  No ☐ |
| Data Protection & Confidentiality  *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.* | |

Thanks for taking the time to complete this referral.

To submit your completed document, please email advice@ndas-org.co.uk

If you have any queries, please contact [advice@ndas.-org.co](mailto:advice@ndas.-org.co).uk or call 0300 0120154.