**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**

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| --- |
| **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**

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| --- |
| **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 [x]  |
| 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**

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| ***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.**

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| --- |
| **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**

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| --- |
| **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 detailsHas 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 ProfessionalName 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? |
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| 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.uk or call 0300 0120154.