**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.

* Do not take referrals for individuals who are currently in any court proceedings related to children and/or their use of violence/abuse, or on bail pending investigation. 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 to** [**advice@ndas-org.co.uk**](mailto:advice@ndas-org.co.uk)

1. **Client contact info**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | |
| First name | | |  | | |
| Last name | | |  | | |
| Other names | | |  | | |
| What do you 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 you attend Virtual program. | Virtual | | | *If yes, please provide details: Please note we do not offer Face to face at present time.* | |
| Does you require an interpreter? | Yes  No  Don’t Know | | | *If yes, please provide details:* | |
| **Virtual TTC programme** |  | | |  | |
| Do you have access to the internet and Broadband strength to access Zoom? | Yes  No  Don’t Know | | |  | |
| Are you able to attend a group uninterrupted on a weekday evening between 1900 - 2100 | Yes  No  Don’t Know | | |  | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would you describe your gender? | Female  Male  In another way:\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is your current gender different to the sex you were assigned at birth? | Yes  No  Don’t know |
| Do you consider yourself 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 you describe your 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 |
| Do you have a faith/ religion? | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| What is your relationship status?  (tick one option) | Civil partnership  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single |
| What is your sexual orientation?  (tick one option) | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
|  |  |

1. **Support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs you may have:*** | |
| Mental Health  Physical Health | Substance misuse  Offending |
| **Additional details:** | |
|  | |
| What is your nationality? |  |
| *(If not British National)* What is your immigration status? |  |
| *(If not a British National)* Do you have access to Public Funds? | Yes  No  Don’t know |

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

|  |  |
| --- | --- |
| **Information about your ex partner :** | |
| Name |  |
| Relationship to you |  |
| Address |  |
| Telephone |  |
| DOB |  |
| Email |  |
| ***We will be contacting the above victim / survivor to offer support if the relationship was abusive.*** | |
| **Information about your current partner :** | |
| Name |  |
| Relationship to you |  |
| Address |  |
| Telephone |  |
| DOB |  |
| Email |  |
| ***We will be contacting the above victim / survivor to offer support*** | |

1. **Children**

|  |  |  |
| --- | --- | --- |
| **Do you 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 to this enquiry about this group?  What support is needed at this time? |  |  |
| Who has been affected by the abuse?  Is anyone at risk of being harmed now? |  |  |
| Most recent or worst incident with partner/ex-partner  Please give details |  |  |
| Have you ever attended Counselling/therapy? |  | Yes  No  Don’t Know |
| Have you experienced previous mental ill-health? \* |  | Yes  No  Don’t Know |
| Please give details  Have you been involved with the police in any way? \* |  | Yes  No  Don’t Know |
| Do you have any bail or convictions pending? |  | Yes  No  Don’t Know |
| Are you currently involved in a Family Court Case or been involved in the last twelve months? |  | Yes  No  Don’t Know |
| If Yes, date started:  Are you 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?**  You will be contacted to do a consultation and discuss your eligibility | | |

|  |  |
| --- | --- |
| Consent and referral |  |
| I give consent for Northamptonshire domestic abuse service to contact any professionals involved with myself or family to discuss my case. | Yes  No |
| I give consent for my partner and/or ex-partner to be contacted and offered support by Northamptonshire domestic abuse service. I understand this will be strictly confidential unless express permission is given by the individual to discuss their case with you. | Yes  No |
| I understand the information contained in this form and acknowledge the General Data Protection and Confidentiality Clause. | 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.