### 

### Voluntary Behaviour Change Programme for men

**PLEASE NOTE – Referral to the programme does not guarantee that a place on the programme will be offered. If case is going through or will be going through the Family Courts/CAFCASS, we will assess the referral and advise if we are able to proceed due to a guideline change. All family court documents i.e., finding of facts, Section 7, court orders etc must be submitted with the referral form as these submissions will not be looked at until the required documentation has been received.**

**Important Notes**

* Make the Change is a voluntary behaviour change programme for men who commit domestic abuse. The programme is between 16 and 22 weeks in duration (depending on the assessment) and during the assessment process you will be given a contract to sign confirming that you will endeavor to attend all sessions (there is limited opportunity for up to two catch up sessions in EXCEPTIONAL circumstances.) Following assessment, a decision of acceptance onto the course will not be made immediately but should be decided within 7 days (or longer should further information be required.)
* To inform our assessment, we may need to seek information from professionals that you or your ex/partner may have contact with.
* Online assessment - clients must be alone and in a safe space with earphones/headphones ideally, and partners, survivors, family members and children must not be in the same room as the participant.
* Attendance for assessment – if called for a face-to-face assessment please ensure that you attend alone and under no circumstances come to the centre with the victim or your current /previous partner.
* **Partners and victims will be contacted within 5 days of a referral having been received, and if accepted, feedback will be sought at three points during the programme. Support / signposting will be offered to partners and victims where appropriate. It is important that where possible, we gather details of ALL previous partners as well as any current partner. Failure to disclose details may result in the offer of a place on the programme being withdrawn.**
* **Finally, please complete the following form as thoroughly as possible.** The most common reason for a delay in assessment is incomplete or poorly completed referral forms**. If in any doubt, call 01254 260465 and ask to speak to a member of the team. Thank you.**

**Details of person self-referring:**

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Surname** |  |
| **First names** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Home Tel no:** |  |
| **Mobile:** |  |
| **Email address** (essential to send final report to you) |  |
| **Ethnicity:**  **Sexuality:**  **Requires Interpreter:** |  |
| **Housing Status**  **Who else lives at this address?**  **Please be specific.** | **Tenant**  **Owner Occupier**  **Short Term Accommodation**  **Living With Parents/Family**  **No Fixed Abode**  **Supported Housing**  **Shelter**  **Other** |
| **Employment Status**  **‘**  **Occupation** | **Unemployed**  **Long Term Sick**  **Volunteer**  **Working FT**  **Working PT**  **Education**  **Self-Employed** |
| **Religion?** | **Christian**  **Muslim**  **Jewish**  **Hindu**  **Buddhist**  **Sikh**  **No Religion**  **Other** |
| **Any other aggravating factors?**  **Please let us know if you are affected by any of the following.** | **Alcohol Use**  **Drug Use  Please specify -**  **Mental Health**  **Suicide**  **Self-Harm**  **Financial**  **Bail conditions  When does this end? -**  **Other  Please specify.** |
| **Any other matters we need to be aware of?**   * **Disabilities** * **Literacy issues** * **Language barriers** * **Learning difficulties** | **Physical**  **Visual**  **Hearing**  **Mobility**  **Learning Dexterity (i.e. Handwriting)**  **Deaf-Blind Cognitive (i.e. Memory)**  **Speech and Language**  **Other  Please Specify** |
| **Any other agencies involved?** | **CSC**  **CAFCASS**  **Probation**  **Mental Health**  **Drug & Alcohol**  **Other  Please specify.** |
| **Open to Family Court/CAFCASS**  **(If yes, we will need copies of relevant court documents alongside the referral form such as Section 7 report, Finding of Facts, Court bundles etc)** | **YES**  **NO** |
| **Reason for referral**  **Please use this space to tell us –**   * What has happened? ***It is important that you specify the types of abuse perpetrated and the incidents of domestic abuse.*** * Your relationship   to victim   * How recent is abuse?   **What is your motivation to change?**  **Please explain why you wish to address your abusive behaviour.** |  |
| Partner / Victim Details | |
| |  | | --- | | Name | | **Address** | | Date of Birth | | **Contact numbers** | | **Is the victim receiving support?** **Yes  No**  **If yes, please give full details and contact numbers.** | | **Is mother/carer pregnant?** **Yes  No**  **If so, what is estimated date of delivery?** | | **Is mother living with children? Yes  No** | | **Family Court involvement? Yes  No**  **If case is going through or will be going through the Family Courts/CAFCASS, we will assess the referral and advise if we are able to proceed due to a guideline change. All family court documents i.e., finding of facts, Section 7, court orders etc must be submitted with the referral form as these submissions will not be looked at until the required documentation has been received.**  **If yes, please give details**. | | **Current drug/alcohol dependency? Yes  No**  **If yes, please give details.** | | |
| **Children details**  **(Please add rows where needed)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Age** | Date ofBirth | **Address** | **Own or**  **Stepchild** | **Resides**  **with current victim / ex-partner?** | |  |  |  |  | Choose an item. | Choose an item. | |  |  |  |  | Choose an item. | Choose an item. | |  |  |  |  | Choose an item. | Choose an item. | |  |  |  |  | Choose an item. | Choose an item. | |  |  |  |  | Choose an item. | Choose an item. | |  |  |  |  | Choose an item. | Choose an item. | |  |  |  |  | Choose an item. | Choose an item. | | |

**Previous partner / victim details**

**(please continue using a separate sheet where necessary)**

|  |
| --- |
| Name |
| **Address** |
| Date of Birth |
| **Contact numbers** |
| **Is the victim receiving support? Yes  No**  **If yes, please give full details and contact numbers.** |
| **Is mother/carer pregnant? Yes  No**  **If so, what is estimated date of delivery?** |
| **Do you have children with your ex? Yes  No**  **If yes, please add to Childrens Table above.**  **If yes, is mother living with children?** |
| **Family Court involvement? Yes  No**  **If case is going through or will be going through the Family Courts/CAFCASS, we will assess the referral and advise if we are able to proceed due to a guideline change. All family court documents i.e., finding of facts, Section 7, court orders etc must be submitted with the referral form as these submissions will not be looked at until the required documentation has been received.**  **If yes, please give details.** |
| **Current drug/alcohol dependency?**  **If yes, please give details.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFENDING HISTORY** | | | |
| **Previous Convictions?** | Tick | **Yes** | **No** |
| **Details of criminal record including**   * **spent convictions or history of recorded incidents related to domestic abuse.** * **violence against the person offences** * **Stalking and Harassment** |  | | |
| **Impending / ongoing court proceedings?**  **If Yes, please give full details - courts / dates / offences with which charged etc.** | **Yes  No** | | |

**Social Services Involvement**

|  |  |
| --- | --- |
| Any current involvement? **If yes, please give details including allocated worker and contact numbers.** | **Yes  No** |
| **Any court order(s) in place? If yes, please give full details.** | **Yes  No** |

**Important Relevant Contact Details**

|  |  |
| --- | --- |
| **Other details** | |
| GP name & surgery |  |
| Social Worker name |  |
| Probation Officer name |  |
| CAFCASS Officer name |  |
| Health Visitor name |  |
| Mental Health Worker name |  |
| Other Services? |  |

**Abuse Risk Assessment Risk Assessment**

**(It is essential that this be completed)**

| **Risk Assessment** | | | | | | | | **Yes** | **No** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1a** | Do you have a criminal record for violence or drugs? | | | | | | |  |  | |
| **1b** | If yes, was it domestic abuse related? | | | | | | |  |  | |
| **2a** | Did the latest incident result in physical injury to your ex/partner? | | | | | | |  |  | |
| **2b** | If yes, did this require medical attention? | | | | | | |  |  | |
| **3** | Have any incidents involved the use of any weapons? | | | | | | |  |  | |
| **4** | Do you currently have access to weapons? | | | | | | |  |  | |
| **5** | Is your ex/partner pregnant, or recently had a baby? | | | | | | |  |  | |
| **6** | Have you recently experienced financial problems? | | | | | | |  |  | |
| **7** | Do you currently use alcohol on a regular basis? | | | | | | |  |  | |
| **8** | Do you currently use drugs on a regular basis? | | | | | | |  |  | |
| **9** | Are you recently separated or planning to separate? | | | | | | |  |  | |
| **10** | Is there any conflict over child contact arrangements? | | | | | | |  |  | |
| **11** | Do you have any mental health concerns or conditions? | | | | | | |  |  | |
| **12** | Do you find yourself behaving in a controlling way? Do you show jealousy, minimize, or deny the abuse or blame your ex/partner? | | | | | | |  |  | |
| **13a** | Have you ever made threats to kill your partner/ex-partner? | | | | | | |  |  | |
| **13b** | Have you ever made threats to kill your own children? | | | | | | |  |  | |
| **13c** | Have you ever made threats to kill anyone else? | | | | | | |  |  | |
| **14** | Have you ever had suicidal thoughts or attempted to end your own life? | | | | | | |  |  | |
| **15** | Have you ever tried to strangle, choke, or smother your ex/partner? | | | | | | |  |  | |
| **16** | Do you do or say things of a sexual nature that physically or emotionally hurt your  ex/partner? | | | | | | |  |  | |
| **17** | Is the abuse getting worse or happening more often? | | | | | | |  |  | |
| **18** | Do you isolate your ex/partner from friends and family? | | | | | | |  |  | |
| **19** | Do you follow or stalk your ex/partner? | | | | | | |  |  | |
| **20a** | In your view, is your ex/partner frightened of you? | | | | | | |  |  | |
| **20b** | In your view, is your ex/partner frightened of further injury or violence? | | | | | | |  |  | |
| **20c** | In your view, is your ex/partner frightened of being killed by you? | | | | | | |  |  | |
| **20d** | In your view, is your ex/partner frightened that you would harm children? | | | | | | |  |  | |
| **21** | Has your ex/partner ever attempted suicide/self-harm? | | | | | | |  |  | |
| **22** | Other perceived risk factors? (E.g., harm to animals/pets) (**Please give details below**) | | | | | | |  |  | |
| **23** | Witnessed Domestic Violence as a Child? | | | | | | |  |  | |
|  | TOTAL 'YES' | | | | | | |  |  | |
|  | | | | | | | | | | |
| Risk | 7+ Very High |  | 5-7 High |  | 3-5 Medium |  | 1-3 Standard | | |  |

|  |  |
| --- | --- |
| **Other Information** |  |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return to –**

FAO The Behaviour Change Team,

The WISH Centre,

Unit 21, Business Development Centre,

Eanam Old Rd,

Blackburn

BB1 5BL

Or email

[info@thewishcentre.org](mailto:info@thewishcentre.org)