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**Choose2Change**

**Changing Behaviour: Changing Lives**

**Newid Ymddygiad: Newid Bywydau**

**Choose2Change Agency Referral**

***Choose2Change is a well-established service delivering a fully accredited intervention with a truly preventative approach to tackling domestic abuse***

Choose2Change is a Domestic Abuse Intervention Service established in 2007 to offer a perpetrator programme and parallel partner support service across Wales. Our key priority is to increase the safety of victims and children who are or have been experiencing domestic abuse. Perpetrators that we work with are offered an opportunity to attend a group work programme to address their abusive behaviour to reduce the risk of further abuse in their relationships. Their partners and children are provided the information and support that they need to keep themselves safe.

Choose2Change is the only fully Respect accredited service in Wales and is the only service offering this opportunity to families affected by domestic abuse in North Wales. Accreditation has been developed so that members of the public, funders, commissioning agencies and other professionals can be assured of a high quality, safety-focused service from organisations accredited by Respect.

We deliver different programme models to ensure that we are able to offer clients the intervention that best suits their needs at the earliest opportunity.

**Contact Information:**

Please email completed referrals to Relate Cymru Central Administration Team: **enquiries.cymru@relate.org.uk**

If you have any queries please **call 0300 003 2340.**

**Please note that we are unable to offer assessments to clients unless the following form is completed in full:**

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| **CLIENT DETAILS:** |
| Name |  | Date of Birth |  |
| Address |  | Email |  |
| Can we write to this address? | Yes / No | Mobile No. |  |
| Ethnicity |  | Can we leave messages from Relate C2C on phone? | Yes / No |
| Relationship Status (highlight or underline) | Married / Single / Co-habiting / Separated / Divorced  |
| Cohabitation Status (highlight or underline) | Living together / Not living together / Mixture  |
| PARTNER DETAILS: |
| Name |  | Date of Birth |  |
| Address |  | Email |  |
| Ethnicity |  | Mobile No. |  |
| Can we write to this address? | Yes / No |
| Can we leave messages on phone? | Yes / No |

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| --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 |
| Name |  |  |  |
| Date of Birth |  |  |  |
| Deceased (date of death) |  |  |  |
| Male / Female |  |  |  |
| Child of C/M/W\* |  |  |  |
| Living with C/M/W\* |  |  |  |
| In contact with C/M/W\* |  |  |  |
| Adopted or Fostered A/F |  |  |  |
| Details of any child protection issues |  |  |  |
|  | Child 4 | Child 5 | Child 6 |
| Name |  |  |  |
| Date of Birth |  |  |  |
| Deceased (date of death) |  |  |  |
| Male / Female |  |  |  |
| Child of C/M/W\* |  |  |  |
| Living with C/M/W\* |  |  |  |
| In contact with C/M/W\* |  |  |  |
| Adopted or Fostered A/F |  |  |  |
| Details of any child protection issues |  |  |  |

\* C – couple / M – man / W – woman

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| **Additional information** |
| **Court proceedings:** Please provide information about any current/pending/expected court proceedings  |  |
| **Injunctions or legal orders:**Please provide information about any current/pending/expected court injunctions or legal orders |  |
| **Special needs:**Do any of the clients have special needs or disabilities? |  |
| **Language:**Do any of the clients have language needs? |  |

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| 1. Reasons for referral / background information for this case |
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| **2. Has this case ever been referred to MARAC?**  |
| Yes / No (If yes, then provide additional information.) |
| 3. Is there any CAFCASS involvement with the family? |
| Yes / No (If yes, then provide CAFCASS officers name / contact details.) |
| 4. Please confirm if any additional information has been provided if applicable?* Records of any relevant work undertaken with the family
* Case Conference Records
 |
| **Yes / N.A.** |

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| Please confirm that you have permission to share this information with Relate? **Yes / No** (delete as appropriate) |
| Name of person referring case |  | Referring Agency |  |
| Email |  | Phone No. |  |