

**CHAB Programme Referral Form**

**Changing Harmful Attitudes and Behaviours**

**Programme Overview**

CHAB is a culturally-informed intervention programme designed for South Asian people who have demonstrated harmful or abusive behaviours in intimate and family relationships. The programme addresses specific cultural contexts while working to create positive behavioural change.

CHAB is a culturally-informed intervention programme designed for South Asian individuals who have demonstrated harmful or abusive behaviors in intimate relationships. The programme addresses specific cultural contexts while working to create positive behavioral change.

**Eligibility Criteria**

* South Asian people demonstrating harmful behaviours in relationships
* Must consent to programme participation
* Willing to engage in cultural and behavioural change work
* Not currently high-risk MARAC cases
* Aged 18+
* Resident in service area or partner/ex-partner/family resident in service area

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of referral |  | | | |
| Location of referral | Bradford |  | Leicester, LeicestershireRutland |  |

**Referrer Details**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Role |  |
| Contact Number |  |
| Email |  |

**Service User Details (Person applying to come onto CHAB programme)**

|  |  |  |
| --- | --- | --- |
| Full Name |  | |
| Date of Birth |  | |
| Sex/Gender |  | |
| Address |  | |
| Contact Number |  | |
| Address: |  | |
| Email |  | |
| Language Spoken |  | |
| Interpreter Required | YES | NO |
| Language required if (yes) |  | |
| Ethnicity: |  | |
| Religion: |  | |
| Immigration status: |  | |
| Sexual Orientation |  | |
| Disability/ Medical issues  (If YES, give further information) |  | |
| Additional needs related to neurodiversity?  (eg autism, dyslexia) |  | |
| Any current orders in place (RO / SPO / Non Mol DVPN / DAPO / CONDITIONAL Bail / tag monitoring |  | |

**Extended Family Living Situation: (Please provide details of family members in the household this include children who frequently stay at the home.)**

|  |  |  |
| --- | --- | --- |
| Joint Family | YES | NO |
| Family members in household |  | |
| Family involvement level |  | |

**Relationship Information (Please provide details of the primary person at risk)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship Status | Together | | | Separated |
| Relationship | Partner | Ex-partner | | Family member |
| Name |  | | | |
| DOB: |  | | | |
| Sex/Gender |  | | | |
| Contact number |  | | | |
| Address |  | | | |
| Safe to contact: | YES | | NO | |
| Interpreter needed: | YES | | NO | |
| Language spoken: |  | | | |
| Consent given for partner support agency to make contact with them: | YES | | NO | |
| Preferred Contact Details: |  | | | |
| Ethnicity: |  | | | |
| Religion: |  | | | |
| Immigration status: |  | | | |
| Are they pregnant |  | | | |
| Sexual Orientation: |  | | | |
| Disability/ Medical issues  (If YES, give further information) |  | | | |
| Additional needs related to neurodiversity?  (eg autism, dyslexia) |  | | | |

**Are their children in this family? Yes No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children / Unborn child name | Age | Sex/Gender | Relationship to service user | Living arrangements |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Family court:**

|  |  |  |
| --- | --- | --- |
| Are you currently involved in family court? | No | Yes, please provide details |
| Were you previously involved in family court? | No | Yes, please provide the date and outcome. |
| If you were previously involved in family court, was this in the last 12 months? |  |  |

**Family Dynamics:** Family dynamics refer to the relationships, connections and interactions within a family, Domestic Abuse can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviours that intimidate, manipulate, humiliate, isolate, frighten, terrorise, coerce, threaten, blame, hurt, injure, or wound someone. The abuse can be compounded by:

|  |  |
| --- | --- |
| Extended Family Involvement: |  |
| Community Pressure: |  |
| Honour/Shame Considerations: |  |
|  |  |

|  |  |
| --- | --- |
| Current living situation risks: |  |
| Extended family influence on abuse: |  |
| Community pressure factors |  |
| Immigration abuse |  |
| Any barriers the victim is finding to engage services |  |
|  |  |

**Abuse History**

**Types of Abuse (mark all applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical: |  | Sexual: |  |
| Emotional and/or Psychological: |  | Harassment & Stalking |  |
| Financial and/ or Economic: |  | Forced marriage |  |
| Physical |  | Female genital mutilation |  |
| Immigration-related control: |  | Coercive controlling behaviour |  |
| Honour based Abuse |  | Isolation |  |
| Online or Digital (technological abuse) |  | Use of threats |  |
| Extended family involvement |  | Non-Fatal Strangulation |  |
| Cultural/Religious abuse |  | Virginity Testing |  |
| Faith based and/or Religious based abuse |  | Breast Ironing/Flattening |  |
| Accusations of witchcraft |  |  |  |

**Details of Concerns:**

(Please provide a brief description of the situation, family dynamics and risk.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children’s  Social Care | Yes No | Contact details |  | |
| Adult Social Care | Yes No | Contact details |  | |
| Probation | Yes No | Contact details |  | |
| Historical MARAC involvement (area of MARAC) | Yes No | Referral date |  | |
| Police involvement | YES | | | NO |
| Historical MAPPA involvement | YES | | | NO |
| Youth offending team (YOT) | YES | | | NO |
| LADO | YES | | | NO |
| Community organisations:  This can include any organisation supporting the family such as, housing, universal services, Domestic abuse service, Citizens Advice Bureau, substance misuse services, parenting support and care and support services. |  | | | |

**Risk Level and Safeguarding - Please indicate if a DASH has been completed with the victim and that it does not meet a high risk threshold as CHAB will only take standard to medium risk cases**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DASH Score on victim if one has been completed: |  | Date it was completed |  | If you have consent from the victim to send in a copy of the DASH please attach this |  |

|  |  |
| --- | --- |
| Safeguarding concerns: |  |
| Subject to protection plan |  |
| Subject of child in need plan |  |
| Are there any previous convictions in relation to domestic abuse |  |
| Is there a current police investigation or pending court appearance related to domestic abuse offences? (Please give details) |  |
| Substance misuse issues: |  |
| Mental/Physical health issues: |  |
| Known use of weapons: |  |
| Any safeguarding concern in relation to risk to professionals: |  |

**Programme Suitability**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language Preference for Sessions:** |  | | |
| **Cultural/Religious Considerations (explain this):** |  | | |
| **Acknowledgment of abusive behaviour:** | YES | NO | PARTIAL |

**Consent and Information Sharing**

|  |  |  |
| --- | --- | --- |
| Service user consents to referral | YES | NO |
| Partner/ ex-partner/ Family member aware of referral: | YES | NO |

**Additional Information**

**Referrer Declaration**

I confirm that:

* The information provided is accurate
* Consent has been obtained
* Risk assessment is current
* Cultural considerations have been noted

Send completed form to: [enquiries@chab.org.uk](mailto:enquiries@chab.org.uk)

For queries contact: **07428581723** to leave a message for the CHAB team (this number is checked Mon-Friday 10-3pm)

1

Complete referral form, please ensure all information is recorded and DASH RIC assessment (with permission and consent) is completed and attached to referral. This will allow CHAB to assess levels of risk and harm

2

Send completed referral forms and DASH assessment to enquiries@chab.org.uk please make sure documents are password protected before sending to the inbox.

3

Referrals will be processed and contact attempted within 48 hours with service user (This is person attending the CHAB programme) If there is any information preventing us from contacting the service user we will make the referrer aware within 48 hours of receiving the referral.

If the referral is not suitable for the service, we will notify the referrer.

4

Referral co-ordinator will forward on the details of the service user's partner, ex-partner or family member to our partner agency to offer support (Sikh Women's Aid for Leicester, Leicestershire & Rutland) and Halo for Bradford) **PLEASE MAKE SURE THEY ARE AWARE OF THE REFERRAL AND DETAIL ANY SAFETY CONCERNS WITH CONTACTING THEM DIRECTLY. If you have not contacted the victim please indicate this on the referal form.**

5

Once all assessments have been completed the service user will be offered an appropriate space on our CHAB programme i.e group or 1-1.

6

For all other enquiries please contact enquiries@chab.org.uk or call on 07428581723 (this is monitored Monday - Friday 10-3pm)