



Crime & Disorder Scrutiny Committee

Tuesday, 21 January 2020

Dear Councillor

You are advised that the attached documents form part of the main agenda papers for this meeting.

Please ensure you bring them with you to the meeting.

Yours faithfully



S Walsh
Service Manager (Communities)

List of documents attached

5. Step Change Project (Presentation followed by question and answer session) (Pages 3 - 10)

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Present



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Operations Manager

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About



- Supporting Domestic Abuse victims for over 20 years
- Services to adults and children
- Accommodation services
- Training to professionals



What is



?

- Original programme for non-violent parents and children with multiple presenting issues including domestic abuse.
- Flexible, needs-led, early intervention approach.
- Involve partner agencies (you) in a joined-up, holistic package of support.
- ‘Positive Ladders’ approach provides ‘scaffolding’ for family, supporting them to safely make the changes they wish to see.

Our Aim for

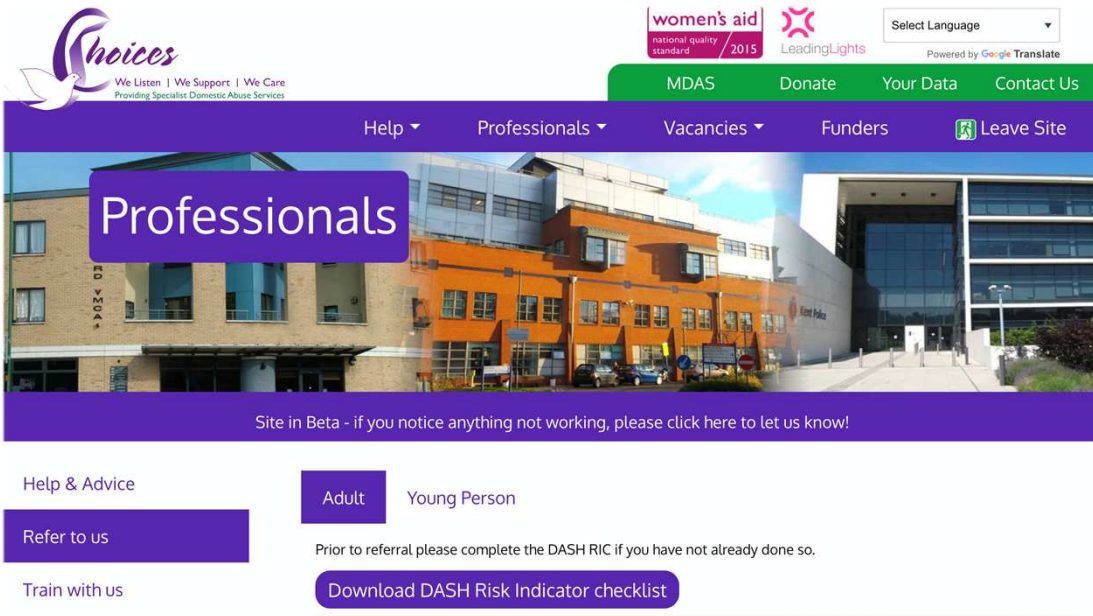


- To help break the generational cycle of abuse and offending
- To reduce impact of environmental issues (mental and physical health, housing, finance) on victim and family, allowing them to focus on their recovery.
- To place control of decision-making back into the hands of victims by developing their support package alongside professionals and working collaboratively to achieve their goals.

How to refer...

Referral form available on our Website:

choicesdaservice.org.uk/professionals#refer-to-us



Referral Date: _____ Consent for referral gained: Please Select
We cannot attempt contact without consent

Full Name: _____

Date of Birth: _____ Religion: Please select... Ethnicity: Please select...

Gender: Please select... Sexual Orientation: Please select...

Address: _____

Mobile: _____ Call SMS Voicemail

Landline: _____ Call SMS Voicemail

Code-word/Safe-Strategy? _____

Safe Email Address: _____

Mobile phone/contract owned by: Please select... Occupation: _____

Relationship to alleged perpetrator: Please Select... Disability? _____ Description: _____

Name	Date of Birth	School / Nursery	Early Help/Social Services Involvement?	Victim's Relationship to Child	Alleged Perpetrator's Relationship
			Please select...	Please Select...	Please Select...
			Please select...	Please Select...	Please Select...
			Please select...	Please Select...	Please Select...
			Please select...	Please Select...	Please Select...
			Please select...	Please Select...	Please Select...

Feedback

Your support has helped me fight for what I feel myself and my children deserve.”

Really appreciate everything you do for us.”

Thank you for meeting with the girls. They seem much more relaxed and less anxious about things.”

Thank you for speaking to me today, it feels good to be able to talk through what's happening for us. I really appreciate the support.”



Thank you

and we now look forward to any questions

