



Part 5: Resources

- Referral form
- Young people's assessment questionnaire
- Parent's assessment questionnaire
- Strengths and difficulties questionnaire for parents
- End of session form
- Parental consent form
- Supervision terms of reference
- Example of Break4Change publicity
- Further reading: key texts, references and resources

Part 5: Resources

5.1 Break4Change referral form

Please ensure before making a referral that you have spoken to parents/carers about the Break4Change programme.

Break4Change(B4C) is a Brighton & Hove programme for families where young people are abusive towards their parent(s)/carer(s) i.e. hitting, name calling, making threats, stealing money or damaging possessions in the home etc. **This is NOT an anger management course.**

It is a partnership between the Integrated Team for Families (ITF), Rise, Youth Offending Service (YOS) and including Youth Crime Prevention and AudioActive.

- The 10 session programme starts on *(add date here)* for both young people and their parents with a 1 week break at half term.
 - The Young people's group - (time) 5.30pm to 8.00pm
 - The Parent's group - (time) 6.00pm to 8.00pm
- The 2 groups run in parallel with each other.
- We encourage both young people and parents to attend; but there may be a space if only the parent wishes to attend. However, priority will be given to those who wish to attend as a family.
- Each session will include strategies for addressing behaviour and creative sessions using Art, Music and Film with AudioActive within the Young Person's group.

If you know a young person/parent/carer who you think would benefit from, and be motivated to, attend the group please consider the following criteria:

- Participation is voluntary and consent is required from the young person and parent(s)/carer(s).
- The groups are open to young people of secondary school age 11-16 with ongoing and reported abuse or violence towards parent(s)/carer(s) in the home over the last 6 months and to parent(s) or carer(s) who have experienced abuse/violence from their child.
- The group is **only** open to people who are wanting to and prepared to address their behaviour.
- It is **essential** that the referrer/key worker/member of the TAF gives continued support to the young person and parents/carers in applying the strategies that are delivered as part of the programme. The Break4Change facilitators would be happy to support the referrer with this.
- The referring agency has responsibility for facilitating and supporting attendance by the young person and parent/carer including travel cost.
- You will need to fill in the referral form below and send to the following email address **break4change@brighton-hove.gov.uk**. This is so that each person can be assessed to ensure that they are appropriate to attend the Break4Change programme.

Following the referral process each person will be invited to attend a pre-meeting to undertake a pre-programme assessment.

Break4Change will organise a post course assessment following completion of the programme.

If you require further information about Break4Change please email **Break4change@brighton-hove.gov.uk**

Part 5: Resources

Please ensure all the questions are answered

Name of young person:

Age:

Date of Birth:

School:

Name of parent(s)/carer (please state whether parent or a carer)

Parent/Carer's address:

Postcode:

Does the young person stay here Yes No If No please state their address as well:

Contact number for parent/carers:

Contact number for young person:

Name of referrer and agency:

Contact number and email address:

How long have you been working with the family?

CAF Assessed: Yes No Lead Professional:

Current social care involvement Yes No Please circle those that apply: CIN, ACAS, CP

Has a risk assessment been done Yes No

Please forward any completed assessments or any additional information you hold concerning the family?

What other services are involved?

How does the Break4Change programme enhance any existing support plans?:

Is there any domestic violence, current or historic, in the family background?: Yes No

Please give details:

Has a DASH/risk assessment been completed? Yes No If Yes for who in the family? Please state:

Is there any alcohol or drug use by either the parent or young person that may prevent them using the Break4Change programme effectively and successfully? Please state who and what possible implication this will make for them attending the Break4Change Programme.

Part 5: Resources

Are there any barriers for either parent or young person in attending the Break4Change Programme?
Please specify any issues we need to be aware of so we can make adjustments e.g. language needs, disability, learning difficulties, etc.

.....

.....

Have you spoken to the parent/carer about Break4Change? Yes No

Have you spoken to the young person about the Break4Change Programme? Yes No

Motivation

To gain an understanding of both the parent and young person we also would like you to discuss with the parent/carer and young person what their motivation is to attend.

Working with the parent how do they rate their and the young person's motivation to attend? Where 1= extremely unlikely to attend and 5 = extremely likely to attend. Please circle the appropriate number.

	extremely unlikely				extremely likely
Young Person	1	2	3	4	5
Parent/Carer	1	2	3	4	5

Working with the young person how do they rate their and their parent/carer's motivation to attend? Where 1 = extremely unlikely to attend and 5 = extremely likely to attend. Please circle the appropriate number.

	extremely unlikely				extremely likely
Young Person	1	2	3	4	5
Parent/Carer	1	2	3	4	5

Please note that if all the questions are not answered we cannot accept the referral.

Also if there is a FCAF/ Core Assessment / Child Protection Plan please send us a copy.

Please forward referrals to break4change@brighton-hove.gov.uk or send by post to (address supplied).

5.2 Assessment questionnaire young person

Break4Change is a group work intervention programme working with parent and young person which uses elements of a restorative approach. Processes can also be used in one to one settings in parallel. The programme aims to: address the young person's abusive/violent behaviour, reducing the instances of abuse and violence and develop more effective relationships between parent/carer and young person.

Name of young person:

My age:

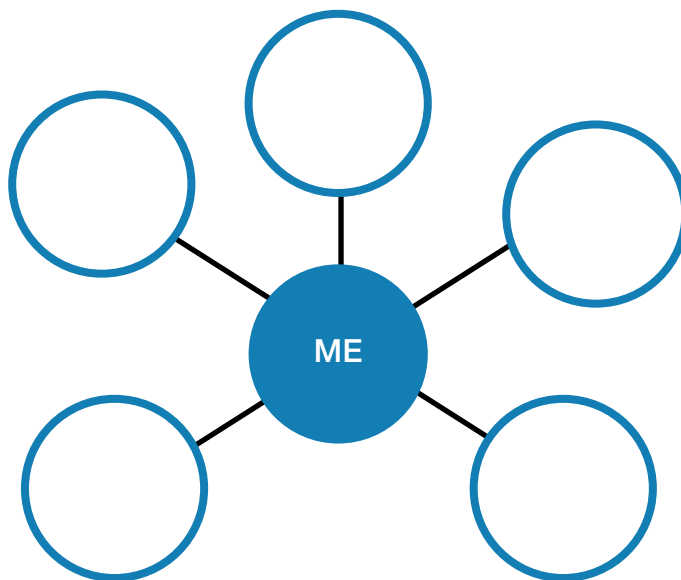
Date of birth:

Gender: girl/woman boy/man other unsure

Referral agency:

Name of your parent/carer.

Please list all the adults and / or other young people in your family and the relationship they have to you:
You could use this type of diagram or another (so please delete if you use another diagram).



Part 5: Resources

Thinking of ALL the incidents that may have happened in the last 6 months, please tell us how many times you have done the following to your:

A) Mum, B) Dad, C) Carer, D) Other Adult in your family (please state)

Please indicate in the final column for each whether the young person has done this to Mum (A), Dad (B), Carer (C), Other adult (D) or any combination.

Section 1: Physical violence in last six months

	Yes	No	How Often?	A, B, C, D
1. Kicked, slapped and/or punched him/her				
2. Pushed and/or shoved him/her in any way				
3. Thrown things at him/her				
4. Damage to the home e.g. Punched a hole in the wall/ door.				
5. Damage to his/her family members personal property				

Section 2: Emotional/verbal abuse in last six months

	Yes	No	How Often?	A, B, C, D
6. Threatened him/her verbally with physical violence				
7. Called him/her names (bitch, bastard, whore, etc)				
8. Threatened to kill him/her or someone else in the family				
9. Threatened to run away				
10. Ran away or stayed away all night without his/her permission				
11. Threatened to report him/her to social services / Childline / Police. (Please state)				
.....				
.....				
12. Reported him/her to social services under false pretences. (Please state)				
.....				
.....				

Part 5: Resources

Section 3: Financial abuse in last six months

	Yes	No	How Often?	A, B, C, D
13. Stole some of his/her family members money				
14. Stole some of his/her family members belongings				
15. Sold some of his/her family members possessions without permission				
16. Incurred debts his/her family members had to pay for				
17. Demanded he/she buy things family members could not afford				

Section 4: Controlling behaviour in last six months

	Yes	No	How Often?	A, B, C, D
18. Told him/her to shut up				
19. Insisted he/she drop whatever you are doing to comply with their demands				
20. Controlled the running of the household e.g. (please state)				
21. Isolated him/her from his/her family and/or friends e.g. (please state)				
22. Sent him/her abusive or threatening Texts/SMS messages				
23. Have you been sexually abusive or violent?				
24. Threatened to harm yourself or harmed yourself? (please state)				
25. Refused to do the chores				
26. Anything else (please state)				

Part 5: Resources

Section 5: The worst incident

27. Have you called out the Police and why?

.....

28. Have Police been called out on you?

.....

29. Could you describe the worst incident

.....

Section 6: You and your parent/carer/other adult family member

30. What is going well in your relationship with your parent/carer/other adult family member?

.....

31. Where and who do you get support from?

.....

32. Who does your parent/carer/other adult family member go to for support (inside or outside the family)?

.....

33. Do you get on with all adults in the family? Please answer this question to tell us about any other adults who have a role with caring for you. It can include how you feel about any parent/carer who may not live in the same house.

.....

34. What do your parent/carer/other adult family member do to deal with your violence towards them?

.....

.....

Please tick all the ones they have tried:

Rewards/ punishments (e.g. taking off privileges, setting consequences)

Crying or shouting back

Communication (e.g. listening)

External control (e.g. calling the police, using legal sanctions)

Internal control (e.g. mum/dad/carer walking away calmly and addressing the problem later)

Physical punishment

Other strategies: (please describe)

.....

Part 5: Resources

35. What is your best hope from you and your parent/carer/other adult family member attending the Break4Change programme?

.....

36. Are you going out with someone at the moment? Yes No

37. Have you experienced or witnessed domestic abuse (either physical, verbal, emotional, financial, or sexual) - in the past while growing up? Yes No

38. Are you still experiencing/witnessing domestic abuse now? Yes No

39. Do you have supporting friends around you? Yes No

40. Do you ever feel quite isolated? Yes No

41. Are you /have you been bullied at school? Yes No

If yes are you currently being bullied? Yes No

42. Have you ever been a bully at school? Yes No

43. Do you like school? Yes No

44. Do you drink alcohol? Yes No

a. If yes, does drinking alcohol affect your behaviour in your everyday life, and if so please state how?

.....

45. Do you use any types of drugs? Yes No

a. If yes, please state what types

.....

Any other points you would like to make in relation to behaviour?

.....

.....

.....

Part 5: Resources

5.3 Assessment questionnaire for parents/carers

Break4Change is a group work intervention programme working with parent and young person which uses elements of a restorative approach. Processes can also be used in one to one settings in parallel. The programme aims to: address the young person's abusive/violent behaviour, reducing the instances of abuse and violence and develop more effective relationships between parent/carer and young person.

The focus of these questions are to help us to ascertain whether the Break4Change model and group work content will be appropriate for you; this is in the sense of covering the issues currently raised for you as a parent/carer by your son/daughter/child. In asking these questions we aim to differentiate between usual or normal unruly teenage behaviour and what is abusive behaviour for your family.

It is important to stress that this is not an Anger Management Course. If you feel after assessment that the incidents you are experiencing are about your child not being able to control his/her/their temper at certain times, rather than being verbally and physically abusive over a period of time, it may be that a Positive Parenting Programme (PPP) or an agency who is offering anger management (YMCA or CAMHS) would be more appropriate.

[▶ See film resource.](#)

Name of Parent /Carer Date of birth

Gender: male female other unsure

Name of young person

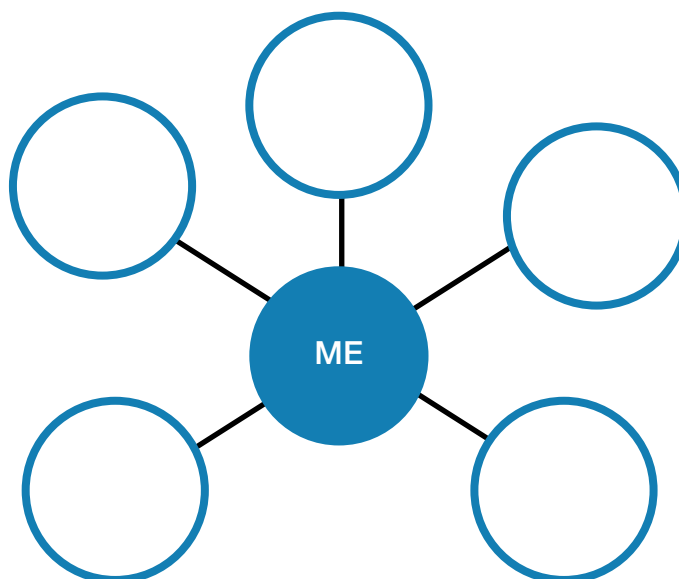
Gender: male female other unsure

DoB/Age of young person Referral agency:

Partner's name (if is one)

Gender: male female other unsure

Please list all the adults and young people in your family and the relationship they have to you. Please use a this or a similar diagram to show how people are linked.



Part 5: Resources

Please firstly ask the parent to go through the **Strengths and difficulties questionnaire** with parents of 4-16 year olds. Next please raise these questions to start a dialogue with the parent that you are working with:

- What behaviour (in the last 6 months) is your child displaying that is most worrying?
- Tell me a time when you have felt threatened by your child? What sort of things will (name) say or do?
- After or during an argument, has [name] run away or stayed away? What do you do? (do you know where they have gone, are they safe?)
- What do you do if it things turn physically or verbally aggressive? (looking for boundaries and consequences)

When a parent highlights any of the below behaviours please mark them down on this table below and ensure that all statements are covered.

Thinking of ALL the incidents that may have happened in the last 6 months, please tell us how many times you have witnessed or experienced the following from your child.

Section 1: Physical violence

	Yes	No	How Often?
1. Kicked, slapped and/or punched you			
2. Pushed and/or shoved you in any way			
3. Thrown things at you			
4. Spat at you			
5. Damage to the home e.g. punched a hole in the wall/door or damaged property in any other ways			

Section 2: Emotional/verbal abuse

	Yes	No	How Often?
6. Threatened you verbally with physical violence			
7. Called you names (bitch, bastard, whore, etc.)			
8. Threatened to kill you or someone else in the family			
9. Threatened to run away			
10. Ran away or stayed away all night without your permission			
11. Threatened to report you to social services/ Childline / Police (please state)			
12. Reported you to social services Childline / Police under false pretences (please state)			

Part 5: Resources

Section 3: Financial abuse

	Yes	No	How Often?
13. Stole some of yours or another family members' money			
14. Stole some of your or another family members' belongings			
15. Sold some of your or another family members' possessions without permission			
16. Incurred debts you or another family member had to pay for			
17. Demanded you buy things you or other family members could not afford			

Section 4: Controlling behaviour

	Yes	No	How Often?
18. Told you to shut up			
19. Insisted you drop whatever you are doing to comply with their demands			
20. Controlled the running of the household e.g.			
21. Isolated you from your family and/or friends e.g.			
22. Sent you abusive or threatening texts/SMS			
23. Tried to be sexually abusive or violent			
24. Threatened to self-harm or harm themselves			
25. Refused to do the chores.			
26. Anything else (please state)			

Section 5: The worst incident

27. Have you called out the Police and why?

.....
.....

28. Could you describe the worst incident that you have experienced?

.....
.....

29. How confident were you in dealing with this worst incident described above?

.....
.....

Part 5: Resources

Section 6: Fear and risk level

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
30. I feel at risk from my child at the moment					
31. I feel fearful of my child at the moment					
32. I feel isolated from my family/friends at the moment					

33. Other people in my family are afraid of my child's behaviour
(please specify who – sibling, other parent/carer/adult in family etc.)

34. Have you ever been threatened by another member of your family? Yes No

If YES by whom and when?

Section 7: Your child and yourself

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
35. My child cooperates with me					
36. My child spends time with me					
37. My child controls his/her temper					
38. My child takes responsibility for his/her actions					
39. My child is helpful/loving with his/her siblings					
40. My child expresses a range of feelings					
41. My child drinks alcohol to a level that worries me					
42. My child uses recreational drugs (list which ones if known)					
43. I use recreational drugs (list which ones)					
44. I drink alcohol at a level higher than the recommended limit (2/3 units a day explain what this is)					
45. I am suffering from depression					
46. I have tried to harm myself					
47. I feel like I am walking on eggshells around my child					

Part 5: Resources

Section 8: Your support

Who is supportive in your parenting and how frequently do they give support?

	Usually	Often	Sometimes	Rarely	Never
48. Your partner					
49. Extended family					
50. Friends					
51. Wider community					

52. What is your best hope for you and your child taking part in the Break4Change programme?

.....

.....

53. Are there or have there been any other agencies involved with this family?

.....

.....

54. If you are coming to the Break4Change programme, think about which friends and family will give you support while you are on the group.

.....

.....

As parents there are times we all fall in to doing things we later reflect on and wish we had done differently. The group participants will support you while you all try new strategies to deal with your child who is displaying very challenging behaviour, which may get worse during their later adolescent years

The support offered by the Break4Change Group will give you the opportunity to develop and practice new ways of dealing with this difficult behaviour: it will also increase your confidence as a parent.

Thank you and we look forward to working with you

Any further details that come up please write here.

.....

.....

.....

.....

Part 5: Resources

5.4 Strengths and difficulties questionnaire for parents

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's name _____

Date of birth _____

Male Female

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, over active, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children (treats, toys, pencils etc.)			
Often has temper tantrums or hot tempers			
Rather solitary, tends to play alone			
Generally obedient, usually does what adults request			
Many worries, often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, down-hearted or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets on better with adults than with other children			
Many fears, easily scared			
Sees tasks through to the end, good attention span			
Do you have any other comments or concerns?			

Please turn over - there are a few more questions on the other side

Part 5: Resources

Overall do you think that your child has difficulties in one or more of the following areas:
Emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties

If you have answered “Yes”, please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal

- Do the difficulties interfere with your child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life				
Friendships				
Classroom learning				
Leisure activities				

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal

Signature

Date

Mother/Father/Other (please specify:)

Thank you very much for your help

Part 5: Resources

5.5 End of session feedback form

Session:

Date:

Time:

Who attended?

What were the aims and objectives of the session, and where they achieved?

What worked well?

What did not work well, (planning / preparation)?

Did we miss anything?

Did we give everyone equal chance to speak?

How did we work together (were we helpful / supportive to each other)?

Were our interventions disruptive or undermining to each other?

Did the communication between us feel right?

Did we have any difficulties with anyone in the group?

Is there a persistent problem with any members (discipline, avoidance etc.)?

What did we do well?

Any comments from the observer

What decisions did we make and who will carry them out before next week?

Any feelings you wish to share before going home

Any issues you want to take to supervision

Part 5: Resources

5.6 Break4Change parental/carer consent form

Name of parent/carer(s)
.....

Name of child / young person
.....

DOB of young person
.....

Age
.....

Address
.....

Postcode
.....

Home telephone number
.....

Parent's / carer's mobile number
.....

Young person's mobile number
.....

Any medical conditions we should be aware of
.....

I give permission for myself

and
.....

to engage in the filming, photography, art and audio sessions, and evaluation, as part of the Break4Change group.

I give permission for the completed images of myself

and
.....

to be used for the purposes of research, training of other professionals in delivering future Break4Change groups, to illustrate strategies on a one to one basis with parents / young person experiencing child to parent abuse and in the evaluation and promotion of Break4Change.

I give permission for the filming to be reviewed by Break4Change and Researchers for possible inclusion in toolkits.

Should I or
.....

be identifiable in a clip to be used then the Break4Change will come back for consent.

Signature of Parent / Carer
.....

Date
.....

Essential forms to be signed

Parental/Guardian consent form Yes No

Y.P. agreement form Yes No

Please note: It is the responsibility of the Case Worker to obtain these signatures. Without these signatures we will not be allowed to show the visual / audio work for training or promotion of Break4Change.

5.7 Supervision terms of reference

Supervision for Break4Change

Supervision for Break4Change facilitators is a reflective, process-driven participation. It is not management supervision but within the supervision, the following Terms of Reference will be adhered to:

- All concerns regarding child and adult protection will be reported to relevant managers and Pan Sussex procedures for Child and Adult protection will be followed.
- Break4Change facilitators will work within their own employment terms and conditions of employment.
- Details of recording the reflective practice will stay within the supervision. Notes will only be shared with the knowledge and permission of the facilitators.
- Line management issues will be raised with the pertinent manager of the facilitator.
- Line managers will be notified if a facilitator fails to attend supervision.

5.8 Example of Break4Change publicity

Supporting families to make Positive Change Brighton & Hove

Break4Change is a programme that supports parents/carer's and young people in building healthy relationships. The programme aims to help the family break patterns where a young person in the home is:

- Controlling the home environment
- Being violent or aggressive towards the parent
- Putting a parent down
- Making threats

The group is for parents and young people who are willing to make changes in how they communicate to each other and to improve home life.

The group helps parents and young people to see a healthy way of communicating with each other so that they feel equipped to continue to build a stronger relationship in the future.

Work on issues through creative work: The young people group will use graffiti, lyric writing, artwork and music editing to create a music track to take away with them at the end of the programme.

Friendly team: The Break4Change Team will arrange a meeting at a location convenient to you to explain what the programme is about and make sure it is the right support for them. When the families come to the first session, they will already have met some of the team they will work with.

Listen to each other: We use film to create a conversation between the parent and the young person. They are able to ask and answer questions from each other in a safe space. Parents and young people take a copy of this home at the end of the programme.

Feel safe: The groups are able to feel secure in the confidentiality of them and those around them.

Lasting memories: The parent/carer and young person are able to walk away with lasting memories of their hard work together and also leave the programme with strategies and new found ways of working with one another to ensure a non-abusive and or violent future.

Share knowledge and experiences: The families join others who are experiencing similar behaviour. They are able to share their experience.

This programme is by referral only and has limited space.

When: The Break4Change Programme runs twice a year and details are available from break4Change@brighton-hove.gov.uk

Who to contact?

If you would like to attend please book places by completing and returning the attached booking form as soon as possible as places are limited. Please book before (insert date).

For further information please contact Michelle Pooley.

break4change@brighton-hove.gov.uk

Tel: 01273 294353

5.9 Further reading: key texts, references and resources

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Part 5: Resources

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