



Assessment Tool for Our Time programme



Contents

- 1. Assessment for Women and their children to join the Our Time Programme**
- 2. Risk assessment Template (Appendix 1)**
- 3. Safety Plan (Appendix 2)**
- 4. Consent Sheet (Appendix 3)**



Assessment for Women and their children to join the Our Time Programme

Who should complete the initial assessment?

This should be completed by the key worker individually with each woman and her children prior to beginning the programme. Before families attend the “Our Time” programme it is important to ensure that it is safe for them and others to be involved. Below is a list of initial safety questions to ensure all mothers and their children are ready and safe to complete the course.

The family’s key worker should use their professional judgement to decide if is safe for a family to take part in the programme. The assessment questions should be used as a guide and the key worker should use extra questions if necessary, to establish safety. Places of safety vary not only from country to country but within countries and within organisations depending on the country where the women and children attending the group are from. There is an example of a risk assessment in (Appendix 1: Risk Assessment).

It is important to find out both whether the key worker and the mother and her children would enjoy and find the Our Time programme beneficial. This should involve a conversation where the women and her children can express their wishes, concerns and feelings about joining the programme. In order for the women to make an informed choice it would be helpful to discuss briefly the content of the programme and what she and her children could hope to get from participating. The key areas to discuss would be: feelings of isolation; communication and respect; building trust; managing emotions and positive futures. This should be done lightly as this is not a therapeutic programme.

Basic personal information (To be completed at prior to beginning the Our Time programme)

It is important to record the name and ages of the children in the family and to find out whether you need to make a safety plan (see Appendix 1 for an example of a safety plan).

Name of Mother	Name of Child 1: Age:	Name of Child 2: Age:	Name of Child 3: Age
Where is the Family is Living? How Long have you lived here?	Does the perpetrator continue to stalk, follow or harass you? (if the answer is yes complete a safety plan)	Is there an ongoing court or police action?	
Is there contact between the children and the perpetrator? (If the answer is yes, think of a way to discuss or manage participation in the programme and contact with the perpetrator.)	Do you feel that you and your children are ready to participate in the Our Time programme? Do you have any concerns?		
Key worker: Do you have any concerns.			

Key worker sign and date



Appendix 1: Risk Assessment Our Time programme

- 1) Are you separated from your abusive partner?
 - Yes** (may be considered for the course)
 - No** (should not be considered for the course)

- 2) Do you or your children still have contact with your abuser?
 - Yes**
 - No**
 - 2b) Does contact take place at a safe and organised venue? (court, contact centre, school)
 - Yes**
 - No**

 - 2c) Where does contact occur?

 - 2d) How often does contact occur?

 - 2e) Are your children likely to discuss their attendance on the programme with the perpetrator?
 - Yes** (Consider how this risk can be minimised before accepting on to the programme)
 - No**

- 3) Do you feel safe when contact occurs?
 - Yes**
 - No** (complete a safety plan)

- 5) Does your abusive partner follow, stalk or harass you?
 - Yes** (complete a safety plan)
 - No**
 - 5b) Have you reported this to the police?
 - Yes**
 - No** (encourage to report behaviour to the police)

- 6) Has your abusive partner been highlighted by any agencies as high risk (MARAC)
 - Yes** (complete a safety plan)
 - No**

- 7) Is your attendance on the Our time Programme compulsory?
 - Yes**
 - No**

- 8) Is your abuser aware of your plan to attend the Our Time programme?
 - Yes** (complete a safety plan)
 - No**

- 9) Do you feel that attending the Our Time programme will increase your risk of further violence or abuse?
 - Yes** (If risks cannot be minimised or managed then they may not be suitable for the programme)
 - No**





Appendix 2: Safety Plan Our Time programme

Keeping safe before attending the programme:

Who knows you will be attending?

Who is aware of the venue and times?

What you will tell the children about speaking to the perpetrator about the programme?

If you are being stalked, followed or harassed consider how the perpetrator is doing this (spy wear, tracking devices, camera's, coercing children).

Have you had all of your mobile phones checked for spy wear and tracking apps?

Have you had your vehicle swept for tracking devices?

Has your home been checked for bugs/listening equipment?

Keeping safe travelling to and from the programme:

How will you get to and from the venue safely?

Have you installed a safety app such as bright sky or holly guard?

What will you do if you see the perpetrator? (enter a shop or public premises which have CCTV, call 999 or ask a staff member to do this, use your app to record the incident and or call/text your emergency contact)

Check the route prior to attending the course.

Be aware when travelling to and from the venue. Consider keeping your hood down, not wearing any earphones or headphones and keeping your phone accessible at all times.





Appendix 3: Family Agreement

Family Agreement

The “Our Time” is a fun 8 week course with lots of activities to take part in as a family. There are things to do and try at home, outside the program too.

Because the “Our Time” program is something families can choose to take part in we want to make sure you understand what it involves. As a family, (I’m going to) read through the statements and you should make a decision as a family about joining the program or not. At the bottom if you agree to the statements please write or sign your names.

Number	Question	 Yes	 No
1	Do you understand you have a choice about being involved?		
2	Do you understand that you can change your minds about being involved in the program at any time and that all you need to do is speak to a member of staff?		
3	Do you agree to try to attend all the 8 sessions and to let staff know if you can't?		
4	Do you agree to follow the group rules?		
5	Do you agree to try and join in with as many of the activities as you are able to or comfortable to?		
6	Do you agree to speak to a member of staff if you are upset or finding something difficult?		
7	Do you agree that photographs of you can be used, as long as you cannot be identified from them?		
8	Do you agree that pictures and crafts that you make can be used to show other people what we have done, and your names will not be on them?		
9	Do you understand that information about you taking part in the group will be used but that you will not be able to be identified?		





Family Members:

Participants Names	Age	Sex		Do you want to participate?	
				 Yes	 No
Mum:					
Children 1:					
Children 2:					
Children 3:					
Children 4:					
Children 5:					

All staff involved in “Our Time” program will:

- Maintain the confidentiality of the participants.
- Encourage participation of all women and children.
- Support your right to choose to participate in activities.
- Challenge negative attitudes and behaviors in the group.
- Maintain safety and security of family.
- Make this a fun and positive experience for families.

Date:

Place:

Signature of the mother: Signature of the Key worker:

