**Please send to secure email: CIFA**[**@risemutual.org**](mailto:beatriz.ursell@risemutual.org)

**Please tick ALL interventions you are referring for: -**

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| **SUITABILITY CRITERIA:** *this is a service for* ***minoritised ethnic groups and marginalised communities****, delivering a focused & coordinated family & community approach. The approach includes the individual interventions below.* |  |

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| ***MALE ONLY:*** *The level of risk and most appropriate intervention will be determined during the initial assessment with the RISE practitioner* |  |
| **CIFA:** *16-20 session structured programme delivered on a 1:1 basis (number of sessions is dependent on the needs of the service user) for heterosexual men who have been abusive in an intimate relationship.* |  |
| **RESPECTFUL PARTNERSHIPS:** *Up to 20 - 1:1 sessions for men who have been abusive in a same sex intimate relationship* |  |

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| ***FEMALE ONLY:*** *The level of risk and suitability for the intervention will be determined during the initial assessment with the RISE practitioner* |
| **FADA – Female Awareness of Domestic Abuse –** *8-12 sessions delivered on a 1:1 basis (number of sessions dependent on the needs of the service user) for women who have been abusive in an intimate relationship)* |

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| ***OTHER INTERVENTIONS:*** *The level of risk and suitability for the intervention will be determined during the initial assessment with the RISE practitioner* |
| **APFA – Familial Domestic Abuse Intervention –** *Up to 16 sessions for adult parent to child violence and abuse* |

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| **REFERRER’S DETAILS \*mandatory section** |  |
| **NAME OF REFERRER:** |  |
| **ORGANISATION/TEAM:** |  |
| **CONTACT NUMBER:** | **Mob:**  **Tel:** |
| **EMAIL ADDRESS:** |  |
| **DATE OF REFERRAL:** |  |

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| **SERVICE USER DETAILS \*mandatory section** |  |
| **NAME:** |  |
| **DATE OF BIRTH:** |  |
| **ADDRESS:** |  |
| **EMAIL and MOBILE NO:** |  |
| **RACE / ETHNICITY:** |  |
| **RELIGION:** |  |
| **LITERACY (is any help required?):** |  |
| **INTERPRETER REQUIRED?**  **(if so, which language)** |  |
| **DISABILITY / MEDICAL ISSUES:**  **(If YES, give further information)** |  |
| **ADDITIONAL NEEDS RELATED TO NEURODIVERSITY?:**  **(eg autism, dyslexia)** |  |

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| **SERVICE USERS RELATIONSHIPS *(past and present)* \*mandatory section** |  |
| **VICTIM’S NAME:** |  |
| **RELATIONSHIP STATUS:** |  |
| **RACE / ETHNICITY:** |  |
| **RELIGION:** |  |
| **DATE OF BIRTH:** |  |
| **ADDRESS:** |  |
| **EMAIL and CONTACT NO:** |  |
| **INTERPRETER REQUIRED?**  **(If so, which language)** |  |
| **LITERACY (is any help required?):** |  |
| **DISABILITY / MEDICAL ISSUES:**  **(If YES, give further information)** |  |
| **ADDITIONAL NEEDS RELATED TO NEURODIVERSITY:**  **(eg autism, dyslexia)** |  |
| **IS THERE A HISTORY OF VIOLENCE/ABUSE TOWARDS THIS (EX)PARTNER? (Please give as much detail as possible, including any cultural issues):** |  |
|  |  |
| **IS THERE A RESTRAINING or NON-MOLESTATION ORDER in place? (Please give detail):** |  |
|  |  |
| **ARE THERE ANY PREVIOUS CONVICTIONS?** |  |
| **IS THERE A CURRENT POLICE INVESTIGATION OR PENDING COURT APPEARANCE? (Please give detail):** |  |
|  |  |
| **KNOWN ISSUES WITH SERIOUS GROUP OFFENDING (Gangs)? (Please give detail):** |  |
| **ADDITIONAL RELATIONSHIPS:** |  |
| **VICTIM’S NAME:** |  |
| **RELATIONSHP STATUS:** |  |
| **RACE / ETHNICITY:** |  |
| **RELIGION:** |  |
| **DATE OF BIRTH:** |  |
| **ADDRESS:** |  |
| **EMAIL and CONTACT NO:** |  |
| **INTERPRETER REQUIRED?**  **(if so, which language)** |  |
| **LITERACY (is any help required?):** |  |
| **DISABILITY / MEDICAL ISSUES:**  **(If YES, give further information)** |  |
| **ADDITIONAL NEEDS RELATED TO NEURODIVERSITY?**  **(e.g. autism, dyslexia)** |  |
| **IS THERE A HISTORY OF VIOLENCE TOWARDS THIS PARTNER? (Please give detail):** |  |
| **IS THERE A RESTRAINING or NON-MOLESTATION ORDER in place? (Please give detail):** |  |

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| **CHILD/REN** who is responsible for or has contact with? (The man / woman): |  |
| NAME OF CHILD (1): |  |
| DATE OF BIRTH: |  |
| GENDER: |  |
| CHILDREN’S STATUS: |  |
| **WHO DOES THE CHILD LIVE WITH?** | (Please include all family members/non-family members in residence): |
|  |  |
| **CONTACT AND RESIDENCE ARRANGEMENTS / WHO HAS PARENTAL RESPONSIBILITY?** |  |
| **RELATIONSHIP TO SERVICE USER:** |  |

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| **CHILD/REN** who is responsible for or has contact with? (The man / woman): |  |
| **NAME OF CHILD (2):** |  |
| **DATE OF BIRTH:** |  |
| **GENDER:** |  |
| **CHILDREN’S STATUS:** |  |
| **Subject to Protection Plan** |  |
| **Subject of Child in Need Plan** |  |
| **Subject of Court Orders** |  |
| **Children’s ICS Number** |  |
| **WHO DOES THE CHILD LIVE WITH?** | (Please include all family members/non-family members in residence): |
| **CONTACT AND RESIDENCE ARRANGEMENTS / WHO HAS PARENTAL RESPONSIBILITY?** |  |
| **RELATIONSHIP TO SERVICE USER:** |  |

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| **REASON FOR REFERRAL TO RISE \*mandatory section** *(please enter as much information as possible).* ***Please let us know if there any diversity and culturally specific issues we need to take into account.*** |

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| **RISK INFORMATION \*mandatory section** *(please give detail):* |  |
| **RISK OF HARM TO VICTIM:** |  |
| **RISK OF HARM TO CHILD/REN:** |  |
| **WHO IS AT RISK:** |  |
| **WHAT IS THE NATURE OF THE RISK:** |  |
| **WHEN IS THE RISK LIKELY TO BE GREATEST:** |  |

|  |  |
| --- | --- |
| **OTHER INFORMATION** *(please give detail):* |  |
| **CLIENT’S ATTITUDE TO REFERRAL:** |  |
| **LEVEL OF ACCOUNTABILITY:**  ***(e.g. high, partial, no accountability*)** |  |
| **LEVEL OF MOTIVATION:**  **(e.g., high, partial, no accountability)** |  |
| **Any cultural and religious beliefs about the incident :** |  |
| **RELATIONSHIP WITH CHILDREN’S SERVICES (if applicable):** |  |
| **ANY OTHER AGENCIES INVOLVED WITH SERVICE USER (if so, please give contact details):** |  |
| **DRUG / ALCOHOL ISSUES:** |  |
| **MENTAL / PHYSICAL HEALTH ISSUES:** |  |
| **ANY OTHER INFORMATION YOU CONSIDER USEFUL:** |  |

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| ***I have discussed this referral with my client detailed above:* \*mandatory section** |  |
| **SIGNATURE OF REFERRER:** |  |
| **PRINT NAME:** |  |
| **DATE:** |  |

**Send to:** [**CIFA@risemutual.org**](mailto:CIFA@risemutual.org)**for an initial assessment with RISE**