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**RISE Adult to Parent Familial Abuse Programme**

**Referral Form**

**Supporting families where the adult child (aged 18-25) is showing abusive behaviour towards a parent/carer, including elder and sibling abuse.**

Please send to: Amaya.Jeyaraj@risemutual.org (or Amaya.Jeyaraj@risemutual.cjsm.net) for the initial assessment. For any help completing this referral, or if you require further information, please contact the Team Leader Rachael.Ward@risemutual.org

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| **Referrer Details** |
| Name: |  |
| Organisation/ Department: |  |
| Address: |  |
| Telephone Number: |  |
| Email: |  |
| Designated Role: |  |

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| **Adult child (causing harm to parent)** |
| Name: |  |
| DOB: |  |
| Address: |  |
| Telephone Number: |  |
| Email: |  |
| Race/Ethnicity/Religion |  |
| Language(s) Spoken |  |

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| **Please answer the following questions regarding the Adult Child. If any of your answers are yes to any of the following, please provide us with as much detail as you can.** |
|  | **YES** | **NO** | **Not Known** |
| Does the Adult Child need help with reading/writing? |  |   |  |
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| Is the Adult child at risk of, or engaged in, any gang or criminal activity?  |  |  |  |
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| Does the Adult child have any neurodiversity requirements?  |  |  |  |
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| Are there any mental or physical health issues we should know about?  |  |  |  |
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| Does the Adult Child use any drugs or alcohol? |  |  |  |
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| What is the Adult Child’s attitude to referral? |
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| **Parent(s) / Carer(s) details of Adult Child:** |
| Name: |  |
| DOB |  |
| Address: |  |
| Telephone Number: |  |
| Relationship to the young person |  |

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| **Please answer the following questions about the Parent/Carer. If any of your answers are yes to any of the following, please provide us with as much detail as you can.** |
|  | **YES** | **NO** | **Not Known** |
| Does the Parent/Carer have any mental or physical health issues we should know about?  |  |  |  |
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| Does the parent/carer use any drugs or alcohol?  |  |  |  |
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| What is the Parent/carer’s attitude to referral? |
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| Is there any history of domestic abuse? (IF YES, please give further detail) |
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| Please give details of any other persons within the household including any siblings |
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| **Other information (please give detail):-** |
| Relationship with Children’s Services/Early Help/Adult Services (historically and if currently applicable) |
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| Are there any other interventions or agencies involved with the family? If so please give details: |
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| **Reason for referral to RISE - please state why you are referring the adult child/family to the programme and provide any other information that may be useful.** |
| (please include specific information if there are any **violence or abuse occurring, caring responsibilities**, **isolation, employment** or **financial concerns**) |

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| I have discussed this referral with the parent/carer, detailed above:- |
| PRINT NAME:  |  |
| DATE:  |  |