**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: | |  | | |
| **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?** | | | | |
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| 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?** | | | | |
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| 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: |  |

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| --- | --- |
| **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**