**Send to: bev.plunkett@risemutual.org for Initial Suitability Assessment with RISE**

**Please see information about our full services at the end of this referral form.**

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

|  |  |  |
| --- | --- | --- |
| Male only  ***The level of risk and most appropriate intervention will be determined during the initial assessment with the RISE practitioner*** | **SR – Safe Relationships Programme**  *16 sessions for men who have been assessed as posing a low/medium risk of harm to (ex)partners within intimate relationships*  **OR** |  |
| **BBRP – Building Better Relationships Programme**  *30 sessions for men who have been assessed as posing a high risk of harm to (ex)partners within intimate relationships* |
| Female only | **FADA – Female Aggression Domestic Abuse**  *8-12 sessions dependent on the needs of the service user – for women who are violent or abusive in a domestic setting* |  |
|  | **LGBT Domestic Violence Awareness**  *Upto 8 - 1:1 session’s for perpetrators who have been domestically abusive in an LGBT relationship* |  |
|  | **CPV – Child to Parent Violence**  *8 sessions structured 1:1 session’s for the parents and 6 sessions with young people aged 11-18 who have engaged in child to parent violence or abuse* |  |
|  | **RAPP – Respect and Principles Programme**  *8 session interactive programme for young people aged 11-18 – conflict resolution / the role of peer groups in young people’s decision making / challenging beliefs about gender roles and stereotypes* |  |

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| **REFERRER’S DETAILS:-** | | |
| **NAME:** |  | |
| **ORGANISATION:** | **Barnet Family Services** | |
| **ADDRESS:** |  | |
| **TELEPHONE NO:** |  | |
| **EMAIL:** | **@barnet.gov.uk** | |
| **ROLE:** |  | |
| **DATE OF REFERRAL:** |  | |
| **SERVICE USER DETAILS (please complete all sections) :-** | | | |
| **NAME:** | | | **DOB:** |
| **ADDRESS:** | | | **MOBILE No:**  **EMAIL:** |
| **Race/Ethnicity/Religion:** | | | **Disability:**  **Language(s) spoken:** |
| **Literacy (does he/she need help with reading/writing?) If yes, please give further detail:-** | | | |

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| --- | --- |
| **RELATIONSHIPS (past and present) :-** | |
| **RELATIONSHIPS STATUS:** |  |
| **NAME OF CURRENT PARTNER(s) OR**  **MOST RECENT RELATIONSHIP:** |  |
| **DOB:** |  |
| **ADDRESS:** |  |
| **MOBILE No:** |  |
| **IS THERE A HISTORY OF VIOLENCE TOWARDS THIS PARTNER? (IF YES, please give further detail) :-** | |
| **NAME OF PREVIOUS PARTNER(s):** |  |
| **DOB:** |  |
| **ADDRESS:** |  |
| **MOBILE No:** |  |
| **IS THERE A HISTORY OF VIOLENCE TOWARDS THIS PARTNER? (IF YES, please give further detail) :-** | |

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| **IS THERE A RESTRAINING OR NON-MOLESTATION ORDER IN PLACE? (please give detail):-** |
| **ARE THERE ANY PREVIOUS CONVICTIONS? Is there any Court action pending? (please give detail):-** |
| **KNOWN ISSUES WITH SERIOUS GROUP OFFENDING (Gangs)? (please give detail):-** |

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| --- | --- | --- | --- |
| **CHILD/REN** who the man / woman is responsible for or has contact with: | | | |
| 1. **NAME OF CHILD:** | |  | |
| **DOB:** | |  | |
| **GENDER:** | | **MALE / FEMALE** | |
| **CHILDREN’S STATUS:** | |  | |
| **SUBJECT OF CHILD PROTECTION PLAN:** | **SUBJECT OF CHILD IN NEED PLAN:** | **SUBJECT OF COURT ORDERS:** | **CHILDREN’S ICS NUMBER:** |
| **Yes / No** | **Yes / No** | **Yes / No** |  |
| **WHO DOES THE CHILD LIVE WITH (Please include all family members/non family members in residence):-** | | | |
| **RELATIONSHIP TO THE PERSON BEING REFERRED:** | |  | |
| **CONTACT AND RESIDENCE ARRANGEMENTS / WHO HAS PARENTAL RESPONSIBILITY?** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **NAME OF CHILD:** | |  | |
| **DOB:** | |  | |
| **GENDER:** | | **MALE / FEMALE** | |
| **CHILDREN’S STATUS:** | |  | |
| **SUBJECT OF CHILD PROTECTION PLAN:** | **SUBJECT OF CHILD IN NEED PLAN:** | **SUBJECT OF COURT ORDERS:** | **CHILDREN’S ICS NUMBER:** |
| **Yes / No** | **Yes / No** | **Yes / No** |  |
| **WHO DOES THE CHILD LIVE WITH (Please include all family members/non family members in residence):-** | | | |
| **RELATIONSHIP TO THE PERSON BEING REFERRED:** | |  | |
| **CONTACT AND RESIDENCE ARRANGEMENTS / WHO HAS PARENTAL RESPONSIBILITY?** | | | |

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| --- | --- | --- | --- |
| 1. **NAME OF CHILD:** | |  | |
| **DOB:** | |  | |
| **GENDER:** | | **MALE / FEMALE** | |
| **CHILDREN’S STATUS:** | |  | |
| **SUBJECT OF CHILD PROTECTION PLAN:** | **SUBJECT OF CHILD IN NEED PLAN:** | **SUBJECT OF COURT ORDERS:** | **CHILDREN’S ICS NUMBER:** |
| **Yes / No** | **Yes / No** | **Yes / No** |  |
| **WHO DOES THE CHILD LIVE WITH (Please include all family members/non family members in residence):-** | | | |
| **RELATIONSHIP TO THE PERSON BEING REFERRED:** | |  | |
| **CONTACT AND RESIDENCE ARRANGEMENTS / WHO HAS PARENTAL RESPONSIBILITY?** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **NAME OF CHILD:** | |  | |
| **DOB:** | |  | |
| **GENDER:** | | **MALE / FEMALE** | |
| **CHILDREN’S STATUS:** | |  | |
| **SUBJECT OF CHILD PROTECTION PLAN:** | **SUBJECT OF CHILD IN NEED PLAN:** | **SUBJECT OF COURT ORDERS:** | **CHILDREN’S ICS NUMBER:** |
| **Yes / No** | **Yes / No** | **Yes / No** |  |
| **WHO DOES THE CHILD LIVE WITH (Please include all family members/non family members in residence):-** | | | |
| **RELATIONSHIP TO THE PERSON BEING REFERRED:** | |  | |
| **CONTACT AND RESIDENCE ARRANGEMENTS / WHO HAS PARENTAL RESPONSIBILITY?** | | | |

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| **REASON FOR REFERRAL TO RISE (please enter as much information as possible):-** |
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| **RISK INFORMATION (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:** |  |
| **RELATIONSHIP WITH CHILDREN’S SERVICES:**  **(if applicable)** |  |
| **ANY OTHER AGENCIES INVOLVED WITH CLIENT:**  **(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:** | |
| **SIGNATURE OF REFERRER:** |  |
| **PRINT NAME:** |  |
| **DATE:** |  |

**Send to: bev.plunkett@risemutual.cjsm.net for an initial assessment for RISE.**

**Perpetrator Services**

**A GUIDE TO RISE PROGRAMMES AND SERVICES FOR PERPETRATORS AND VICTIMS**

**RISE’s perpetrator programmes aim to:**

* Develop participants’ awareness of the attitudes and beliefs that underpin their abusive behaviour and the factors that reinforce it.
* Encourage participants to identify and build on their strengths and skills to change their behaviour.
* Provide a safe, respectful, stimulating and challenging environment, which facilitates change and motivation
* Help participants to develop practical and sustainable strategies for maintaining change.
* Address the impact of abuse on families.
* Promote equal, supportive and safe behaviour in intimate relationships.

**Building Better Relationships (BBR)**

This is a 30-session programme designed for men who have been assessed as posing a high risk of harm to (ex) partners within intimate relationships.

It uses proven evidence-based models for change to target the behaviours of men who have committed offences of violence or abuse against their current or former female partner. We help them to take positive and tangible steps to prevent reoffend

standing of the impact of their aggression on their partner and children.

**Safe Relationships (SR)**

This is a 16 session programme designed for men who have been assessed as low/medium risk that have been abusive within an intimate partner relationship. It consists of a mixture of group work and one-to-one sessions that help participants to achieve a better understanding of why they use violence and aggression in their intimate relationships.

**LGBT Domestic Violence Awareness**

This intervention provides up to 8 one-to-one sessions for perpetrators who have been domestically abusive in an LGBT relationship. The perpetrator is supported towards behavioural change, to gain an understanding of power and control, aiming to stop them being abusive. The intervention uses a strengths based approach which is tailored to meet the needs of the individual.

**Child to Parent Violence (CPV)**

A programme for male or female young people aged 11 to 18 who have engaged in child to parent violence or abuse. The programme consists of 8 structured 1:1 sessions for the parent(s) and 6 sessions for the young person, using the whole family approach.



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**How to make a referral**

**To make a referral for any of our interventions and/or risk assessments, please complete our referral form and email directly to Bev Plunkett on** [**bev.plunkett@risemutual.org**](mailto:bev.plunkett@rissemutual.org) **or call on 07535 651784**

**Female Aggression Domestic Violence (FADA)**

FADA is a 1:1 programme devised for women who are violent or abusive in the domestic setting. There are 8-12 session dependent on the needs of the service user and each session is tailored to meet the needs of the individual.

FADA uses trauma informed and strengths-based approaches to help the service user gain a better understanding of the impact of her aggression on her partner and children.

**Women’s Services**

**Respect and Principles Programme (RAPP)**

An 8-session interactive programme for young people aged 11-18.

Providing education about healthy relationships; identifying patterns of healthy and unhealthy behaviours; Effective ways to communicate relationship needs and manage conflict.

* Conflict resolution
* The role of peer groups in young people's decision making.
* Challenging beliefs about gender roles and stereotypes.

**www.risemutual.org**

***Vulnerability Assessments***

A woman can also be referred independently from her partner for an assessment. In a vulnerability assessment the impact on the victim’s parenting will be assessed alongside their vulnerability to future abuse.  It will require 6 to 8 hours interview time with the woman in total. These assessments will be carried out and completed within 8-10 weeks from receipt of all documents, including LOI.

***Joint Risk and Vulnerability Assessments***

In a joint risk assessment, the risk posed by the perpetrator will be assessed as in a full risk assessment. There will also be an assessment of the impact of abuse on the victim’s parenting, alongside their vulnerability to future abuse. It will look at these in detail and recommend risk management strategies and treatment options. It will require between 6 and 8 hours interview time with the alleged perpetrator and between 6 and 8 hours with the victim. This assessment will be carried out and completed within 10-12 weeks from receipt of all documents.

**RISE Mutual provides:**

* Full Risk Assessments
* Vulnerability Assessments
* Joint Risk and Vulnerability Assessment

***Full Risk Assessments***

The assessment will consider the perspectives of both parents and will require between 6 and 8 hours interview time with the alleged perpetrator and between 2 and 6 hours with the other parent. There will be a detailed risk assessment report that is fully court compliant. This report will address:

* All areas relating to risk including: the history of domestic violence, other violence, alcohol and drug use, the exposure and impact on the children and their wishes, and levels of denial and attitudes towards the abuse.  From this, static and dynamic risk indicators will be taken into account in order to help inform the assessment.
* The impact of the abuse on the victim.
* The direct and indirect risk posed to the children as a result of domestic violence in the home.
* Recommendations will be made as to the best ways to manage the risks in the interests of the child/ren.   A midway summary can be provided if requested at no extra cost. This assessment will be carried out and completed within 8-10 weeks from receipt of all documents, including Letter of Instruction (LOI).