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**RISE CAPVA Programme**

**(Child Adolescent to Parent Violence and Abuse Programme)**

**Referral Form**

**Supporting families where the child (aged 11-17) is showing abusive behaviour towards a parent/carer, including 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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| **Young Person/Child details (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 if referring a Young Person. 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 Young person need help with reading/writing? |  |   |  |
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| Is the Young person at risk of, or engaged in, any gang or criminal activity?  |  |  |  |
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| Does the Young person 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 Young person use any drugs or alcohol? |  |  |  |
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| What is the Young person’s attitude to referral? |
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| **Parent(s) / Carer(s) details of Young Person/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 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:  |  |