**Restart Referral**

***Keeping families safe at home through early intervention with those causing harm***

What is Restart?

Restart is an intervention for perpetrators causing harm in families working with Children’s Social Care, to prevent continued abuse. Restart provides at least four weeks of one to one support to the perpetrator, and support to the victim-survivor (V/S). During the assessment and initial intervention, the Restart Case Manager will work closely with the referrer and V/S’s Partner Support Worker to plan the next steps for each case, including referral into a Respect Accredited long-term perpetrator behaviour change programme. Where needed, access to accommodation may be provided for the perpetrator to increase family safety and space for action.The pilot takes a multi-agency approach, which includes access to Safe & Together training for social work teams and working with housing teams to innovate accommodation pathways.

***Who should be referred****:* Any family open to Early Help or Children’s Services within the 5 areas below where domestic abuse has been identified can be referred. The perpetrator and V/S must both consent before a referral is made. Risk markers which indicate suitability include, but is not limited to: Verbal arguments; Early signs/onset of controlling behaviours (e.g. isolation from friends and/or family, made to account for time); Perpetrator asked to leave and refused; Monitoring (phone checking, questioning children on partner’s activities); Dispute over child contact; First physical assault; Damage to property; Anger issues. If unsure if a case is appropriate, please contact [**restart@cranstoun.org.uk**](mailto:restart@cranstoun.org.uk) for a case consultation.

***Who cannot be referred***: Cases outside the five areas; Cases in which there is no suspected domestic abuse; Cases in which the abuse is from or directed towards a child under 16; Cases which are deemed to be high risk and high harm. If the case is high risk, refer to your local MARAC and speak to [your](mailto:restart@cranstoun.org.uk) agencies MARAC Representative, in addition you can speak with your area’s Safe and Together Implementation lead for a case consultation.

**The Social Care Practitioner will be expected to work collaboratively on the case with the Case Manager and Partner Support Worker in the pro-active management of risk for the duration of the intervention. It is imperative for safe and effective practice that both adult and child victim-survivors associated with the service user are supported throughout the process.**

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| **BOROUGH CASE IS OPEN TO:**  The Restart Pilot currently only operates across these 5 areas | | | | | | | | | |
| **Camden:** |  | **Croydon:** |  | **Sutton:** |  | **Havering:** |  | **Westminster:** |  |
| After consent is granted from both V/S and perpetrator a complete referral form and accompanying DASH RIC (if available) should be sent by secure email to[**restart@cranstoun.org.uk**](mailto:restart@cranstoun.org.uk) | | | | | | | | | |

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| **Date of referral:** |  | | |
| **Referrer’s Name:** |  | **Social Care Team:** |  |
| **Manager’s Name and Email:** |  |
| **Telephone:** |  | **Email:** |  |
| **Referrers working hours (for Case Consultation)** |  | **How did you hear about Restart? Please detail** |  |
| **Has a Safe & Together consultation taken place with the Respect S&T implementation lead?** | |  | |

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| **Alleged Perpetrator of Domestic Abuse details** | | | | | | | | | | | | | | | |
| **Forename** (include aliases) | | |  | | **Surname** (include aliases) | | | | | | | |  | | |
| **Date(s) of Birth** | | |  | | **Ethnicity** | | | | | | | |  | | |
| **Recourse to Public Funds** | | | **Yes:  No:  Don’t know:** | | | | | | | | | | | | |
| **Gender** | | | **Female:  Male:  Trans\*:  Non-binary:** | | | | | | | | | | | | |
| **Sexual Orientation** | | | **Heterosexual:  Lesbian:  Gay:  Bisexual:  Don’t Know:** | | | | | | | | | | | | |
| **Religion** | | |  | | | | | | | | | | | | |
| **Current Address** | | |  | | | | | | | | | | | | |
| **Tenancy Type** | | |  | | | | | | | | | | | | |
| **Relationship status to V/S** | | |  | | | | | | | | | | | | |
| **Occupation** | | |  | | | | | | | | | | | | |
| **Do they have a Disability** (Defined by the Disability Discrimination Act (DDA) *‘*‘*a disabled person is someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’)* | | | | | | | | | | | | **Yes:  No:  Don’t know:** | | | |
| **Alleged Perpetrator contact details** (Please include best times to contact): | | | | | | | |  | | | | | | | |
| **Is an interpreter needed? If so, which language?** | | | | | | | |  | | | | | | | |
| **\*Alleged Perpetrator aware and consents to Restart Referral? (Please note consent is REQUIRED)** | | | | | | | | | | **Yes:  No:** | | | | | |
| **If No, why not?** | | | | | |
| **Has the Alleged Perpetrator been referred to MARAC or MAPPA previously?** | | | | | | | | | | **Yes:  No:** | | | | | |
| **If yes, when and what area?** | | | | | |
| **Alleged Victim/Survivor (V/S) of Domestic Abuse details** | | | | | | | | | | | | | | | |
| **Forename** (include aliases) | | |  | | **Surname** (include aliases) | | | | | | | |  | | |
| **Date(s) of Birth** | | |  | | **Ethnicity** | | | | | | | |  | | |
| **Recourse to Public Funds** | | | **Yes:  No:  Don’t know:** | | | | | | | | | | | | |
| **Gender** | | | **Female:  Male:  Trans\*:  Non-binary:** | | | | | | | | | | | | |
| **If male victim, has the** [**Respect Toolkit**](https://www.respect.uk.net/resources/19-respect-toolkit-for-work-with-male-victims-of-domestic-abuse) **been used to ascertain the primary aggressor?** | | | | | | | | | | | | | | **Yes:  No:** | |
| **Sexual Orientation** | | | **Heterosexual:  Lesbian:  Gay:  Bisexual:  Don’t Know:** | | | | | | | | | | | | |
| **Religion** | | |  | | | | | | | | | | | | |
| **Current Address** | | |  | | | | | | | | | | | | |
| **Tenancy Type** | | |  | | | | | | | | | | | | |
| **Occupation** | | |  | | | | | | | | | | | | |
| **Does V/S consent to be contacted?** | | | **Yes:  No:  *If No, do they consent to be updated via yourself or another worker, if so please provide their agency and contact details:*** | | | | | | | | | | | | |
| **V/S Safe contact details** (Please include safe times to contact): | | | | | | |  | | | | | | | | |
| **Is an interpreter needed? If so, which language?** | | | | | | |  | | | | | | | | |
| **Do they have a Disability** (Defined by the Disability Discrimination Act (DDA) | | | | | | | | | **Yes:  No:  Don’t know:** | | | | | | |
| **V/S aware and consents to Restart Referral?** | | | | | | | | | | | | **Yes:  No:** | | | |
| **If No, why not?** | | | |
| **Has V/S been referred to MARAC previously?** | | | | | | | | **Yes:  No:** | | | | | | | |
| **If yes, when and what area?** | | | | | | | |
| **Children (under 18s only)** | | | | | | | | | | | | | | | |
| **V/S Pregnant?** | **Yes:  EDD: No:  Don’t Know:** | | | | | | | | | | | | | | |
| **Names of children in the household** (under 18) | | **Date of Birth** | | **Perp’s child (Y/N)** | | **V/S’s Child**  **(Y/N)** | | | | | **Address** | | | | **School**  If known |
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| **On a scale of 0-10, where 10 means that there are no concerns regarding the child, and**  **0 means there are extreme concerns, where would you rate the situation right now?** | | | | | | | | | | | | | | | |
| **0**  **1  2  3  4  5  6  7  8  9  10** | | | | | | | | | | | | | | | |
| **Current case status:  CFA  Early Help  CIN  CPP Other:** | | | | | | | | | | | | | | | |
| **Any other legal orders in place:** | | | | | | | | | | | | | | | |
| **BASIS OF REFERRAL** | | | | | | | | | | | | | | | |

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| Outline risk factors, relevant background, and reason for referral |  |
| Detail actions/behaviours the Perpetrator has used towards the victim-survivor and/or children \* |  |
| Detail the impact of the perpetrator’s actions/behaviours to victim-survivor and child \* |  |
| Has the child voice been captured through current/ongoing assessments? Please comment provide analysis of the child/rens views related to this referral. |  |
| Detail perpetrator willingness and motivation to engage |  |
| Detail the victim-survivor’s strengths and their efforts made to support or provide safety and wellbeing of the children \* |  |
| Has the victim-survivor identified any priorities to increase their safety or meet their needs? |  |