Logo, company name

Description automatically generatedCaring Dads Wirral

**Caring Dads referral form**

The Caring Dads program is part of a whole-family approach aimed at improving family, relationships and safety. Alongside group work provision for men, support for their ex/partners and their children, is offered through our wrap around support services.

Please send completed referral form to : [wecantalkaboutit@wirral.gov.uk](mailto:wecantalkaboutit@wirral.gov.uk)

**Dads’ information**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **ADDRESS** |  |
| **DATE OF BIRTH** |  | **LIQUID LOGIC NUMBER** |  |
| **ETHNICITY** |  | **LANGUAGE SPOKEN** |  |
| **MOBILE NUMBER** |  | **LITTERACY NEEDS** |  |
| **EMAIL ADDRESS** |  | **DO THEY HAVE  ACCESS TO A LAPTOP** |  |
| **BARRIERS OR  DISABILITIES INCLUDING MENTAL HEALTH** |  | **IF WORK IS TO TAKE  PLACE REMOTELY, IS THE MAN AVAILABLE  TO ENGAGE IS SESSIONS PRIVATELY IN A WAY THAT YOU DEEM SAFE AND APPROPRIATE.** |  |
| **HAS THERE EVER BEEN SEXUAL ALLEGATION WITHIN THE CASE : (PLEASE PROVIDE DETAILS SUCH AS WHO MADE THE ALLEGATIONS, WERE THEY FOUNDED, IS THERE A CURRENT LIVE POLICE INVESTIGATION)** | | |  |
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**FAMILY COMPOSITION**

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF CHILD** | **GENDER** | **ETHNICITY** | **DOB / AGE** | **NAME OF MOTHER** | **BIOLOGICAL FATHER** | **PLEASE ADVISE TO PARENTAL CHILD CONTACT ARRANGEMENTS (Supervised, where, when, handovers …)** |
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| **NAME OF CURRENT PARTNER  AND EX PARTNER** | **GENDER** | **DATE OF BIRTH** | **CONTACT DETAILS (ADDRESS AND PHONE NUMBER )** |
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**Professionals involved with Dad, Mum and Children, including yourself.**

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| **REFERRER /  CASE HOLDER** | **AGENCY** | **ADDRESS** | **TELEPHONE NUMBER** | **EMAIL  ADDRESS** | **DO YOU SEE THE WHOLE  FAMILY** |
|  |  |  |  |  |  |
| **INVOLVED WORKERS** | **AGENCY** | **ADDRESS** | **TELEPHONE NUMBER** | **EMAIL  ADDRESS** | **INVOLVED WITH WHICH FAMILY  MEMBER** |
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**REASONS FOR REFERRAL**

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| **WHAT ARE THE THINGS THAT MAKE UP THIS FAMILY'S BACKSTORY ?** Include relevant history such as police call outs, historical family violence, mental health  issues, druig and alcohol, challenges, hustory of service involvement**. *What do we need to know?*** |
|  |
| **ARE THERE ANY IDENTIFED TRIGGERS OR FACTORS THAT LEAD TO AN INCREASE IN THESE BEHAVIOURS ?** Alcohol, drugs, seperation. When are things at their most risky ?Are there situations or factors that seem  to lead to abusive behaviours ? |
|  |
| **WHAT TRIGGERS KEEP THESE THINGS HAPPENING? ARE THERE ANY IDENTIFIED PATTERNS TO THESE BEHAVIOURS?** What do think is contributing to these things repeating? What are the barriers to them stopping? Are there any behaviours / patterns that you feel Caring Dads can address? Be specific and give as much  information as possible. |
|  |
| **WHAT STRENGTHS AND PROTECTIVE FACTORS ARE YOU AWARE OF IN THE FAMILY DYNAMICS?** What are the good things happening in the family? Any examples of good fathering evident? Can you see love in the family unit? Are there supportive factors (friends and family) who can assist in change? What does he feel he needs to change about his behaviour. |
|  |

**WOMEN’S SUPPORT**

Please state the wrap around services that Mum is either currently connected with or is happy to connect with for support.

(Please mark relevant answer )

Connected to Happy to connect with

YES NO YES NO

Tomorrows Women

Cre8ting Communities

Next Chapter

I have spoken to Mum and she does not wish to receive support

I have not spoken to the Mum regarding support.

**CHILDRENS SUPPORT**

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| --- |
| The Caring Dads model promotes a holistic, whole family response to safeguarding children and women. As part of our referral pathway, we are able to offer therapeutic intervention for the children from the following :-  The Lighthouse - My Voice (A program established for when parents remain in a relationship) Cre8ting Communities - Healing Together.  Please describe below what type of family relationship work has been offered to the children. |
|  |

**Caring Dads in Wirral is a partnership model, therefore referral information will be shared across multiple agencies. The partnership includes:**

**Wirral Council, Involve North West, Cre8ting Communities, Next Chapter and Tomorrows Women.**

I give consent to this referral being made. I understand that this information will be shared with the above agencies for the purpose of allocation.

|  |  |
| --- | --- |
| DATE : | SIGNED : |

PLEASE RETURN THIS COMPLETED REFERRAL TO :

[wecantalkaboutit@wirral.gov.uk](mailto:wecantalkaboutit@wirral.gov.uk)