Caring Dads Wirral

**CARING DADS REFERRAL FORM**

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

Completed referral forms should be returned to : dahub@wirral.gov.uk

(Please note that a conversation and **CONSENT must** have taken place with dad as part of this referral, we are unable to progress referrals without this)

|  |  |
| --- | --- |
| Date of referral |  |
| Name of referring practitioner |  |
| Department of Work |  |
| Telephone contact |  |
| Email address |  |

**Dads Information.**

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| --- | --- | --- | --- |
| Name |  | Address |  |
| Date of Birth |  | Liquid Logic Number |  |
| Ethnicity |  | Language Spoken |  |
| Mobile Number |  | Email address |  |
| Barriers or disabilities including Mental Health. |  | Literacy Needs |  |
| Emergency contact Name and Number |  | GP details – Name and Practice |  |
| Do they have access to a Laptop or smart device.  |   | If work is to take place remotely, is there a safe, private / confidential space to engage in sessions safely and in a way you deem private.  |  |

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| Why is this person suitable for Caring Dads? |   |
| What is their motivation for attending Caring Dads course and what do they want to get from completing the course? |   |
| Is there acknowledgement that their behaviour is causing any harm within their relationship? |   |
| Is dad a Care Leaver?  |   |
| Is there any current probation involvement for dad? Are you aware of any DA work having been completed or due to be completed? – such as  Building Better Relationships (BBR) or HELP. |  |
| Are there any other agencies / forums supporting the family (eg. named professionals / CIN / CP ) |  |

**Family composition**

|  |  |  |
| --- | --- | --- |
| Name of Current partner | Date of Birth | contact details |
|  |  |  |
| Name of previous partner (if within the last 12 months / or if still current risk) | Date of Birth | contact details |
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**Children**

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| --- | --- | --- | --- |
| Name of child / children | Date of Birth | Biological Mothers name | Biological Fathers Name |
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**Reason for Referral**

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| What are the things that make up this family's backstory.Please include as much information as possible including police call outs, family violence, mental health issues, drug and alcohol use, challenges, history of service involvement, domestic abuse behaviours. Any legal orders in place eg. non molestation, restraining or child arrangement orders**It is important to share the types of abusive behaviours being used as this will help us to put in place the support needed to achieve effective behaviour change. Please note if high risk high harm behaviours are being used (eg. strangulation, harassment, stalking, ongoing coercive and controlling behaviour) a DASH MUST be completed with the person being harmed and MARAC considered**  |
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**Wrap Around Support**

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| To complete Caring Dads work safely, Mum needs to have wrap around support. Please indicate what support is in place or has been offered for Mum. i.e., Tomorrows Women, Cre8ting Communities, Next Chapter, LighthousePlease provide name and contact details of named worker: |
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**CONSENT – MUST be completed with dad**

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| --- | --- |
| Do you feel that there is a problem with abusive or violent behaviour in your relationship? |   |
| Do you feel that you have some responsibility for the abuse or violence that has gone on in your relationship? |   |
| Do you want to help to stop abuse or violence occurring again in your relationship? |   |

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|  I give consent to this referral being progressed so that I can be considered for Caring Dad or 1-2-1 behaviour change work |
| Date:     | Signed:   |