**Caring Dads Referral Form**

We have found that full, considered referrals are more likely to result in good assessments, which in turn result in more men completing the course. It is often useful to have a brief conversation with one of the team before filling in the form. When we receive it we will acknowledge receipt and make contact to discuss anything that we need to know. We will then start the process of booking a three-way assessment. We ask you to make arrangements with the man regarding this assessment.

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

Please remember to tick one of the boxes related to support for the child’s mother, and fill in a referral form if appropriate. We are also aiming to signpost children of families connected to the Caring Dads service to appropriate therapeutic support, if required.

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | DOB | | |  | | Ethnicity |  |
| Liquid Logic Number |  | | Address | |  | | | | | |
| Tel:  Is this a smartphone? |  | | | Email address:  Has this been verified by yourself? | | | |  | | |
| Does the man have a laptop or tablet/ipad and Wi fi access? | | | | | |  | | | | |
| Literacy needs | |  | | | | Language(s) spoken |  | | | |
| Special needs or disabilities incl mental health. | | | | | |  | | | | |
| If work is to take place remotely is the man available to engage in sessions privately in a way that you deem safe and appropriate? | | | | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Composition** | | | | | | | | |
| **Name of Child** | **Gender** | **Ethnicity** | **Dob/Age** | | **Name of mother** | **Name of biological father** | | **Contact & residence arrangements** |
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|  |  |  |  | |  |  | |  |
| **Name of Partner/ex-Partner** | | **Gender** | | **DOB** | | | **Contact details** | |
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|  | |  | |  | | |  | |

**Professionals involved with dad, mother and children. Including you.**

(E.g. health visitor, social worker, probation officer, other service. If the referrer is not from Childrens Social Work Service please could you confirm whether the family currently have an allocated Social Worker and provide their details below).

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| --- | --- | --- | --- | --- | --- |
| **Referrer/ Caseholder** | **Agency** | **Address** | **Telephone number** | **Email Address** | **Do you see the whole family?** |
|  |  |  |  |  |  |
| **Worker** | **Agency** | **Address** | **Telephone number** | **Email Address** | **Involved with whom?** |
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**Reasons for Referral**

What do you think might be the benefits of dad attending the Caring Dads Programme?

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| **What are the things that make up this family’s backstory?** |
| *Tell us about the relevant history e.g police call outs, historical family violence, mental health issues, drugs and alcohol challenges, history of service involvement.. What do we need to know?* |
| **What triggers the above incidents of concern?** |
| *When are things at their most risky? Are there situations or factors that seem to lead to abusive behaviours?* |
| **What keeps these things happening?** |
| *What do you think is contributing to these things repeating? What are the barriers to them stopping? Are there behaviours/ patterns that Caring Dads can address? Be as specific as possible.* |
| **What strengths and protective factors are you aware of in the family’s life?** |
| *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, extended family) who can assist in change? What does he feel he needs to change about his behavior?* |

**Women’s Support** (please tick at least one of the boxes)

1. **I have spoken to the child’s mother and she is currently receiving appropriate support, from the following agency/agencies:**

|  |
| --- |
| **Tomorrow’s Women:**  **Next Chapter:**  **WEB Merseyside:** |

1. **I have spoken to the child’s mother and she does not wish to receive further support**
2. **I have not spoken to the child’s mother**

|  |
| --- |
| **Please give reasons** |

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| **Children’s Support** |
| The Caring Dads model promotes a holistic whole family response to safeguarding children and women. As part of this approach resources and services should be identified to support children of men who are attending this programme, providing them a safe environment to discuss their family relationships.  Please describe below what type of family relationship work has been offered to the children in this family |
|  |

**Caring Dad’s in Wirral is ran within a partnership model, therefore referral information will be shared across the partnership. The partnership includes, Wirral Council, Involve North West, WEB Merseyside, Next Chapter and Tomorrow’s Women.**

|  |  |
| --- | --- |
| I give consent to the referral, I understand that this information will be shared with the above agencies for the purpose of allocation. | |
| Date: | Signed: |

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

# Internal Use only

|  |  |  |
| --- | --- | --- |
| Group Facilitator | Start Date | Wrap Around |
|  |  |  |

|  |  |
| --- | --- |
| Notes for CD Facilitator: |  |
| Notes for WAF: |  |

|  |  |
| --- | --- |
| High Risk indicators | Referral to Drive Team Made |
|  |  |