**REFERRAL**

**Date of referral:**

**Name of Dad:**

**Referrer:**

**Address of referrer:**

**Email address**

**Telephone Number:**

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| **The Caring Dads programme will is an integral part of the Fathers to Fathers project, this element of the programme is due to start Sept 2022 from 6pm -7.30pm in Beckenham. It will run weekly for 17 weeks and will be a combination of mostly sessions in groups but also a few of the sessions will be on a one to one basis with the facilitator.**  |

We have found that fully, considered referrals are more likely to result in good assessments, which in turn result in more men completing the programme. 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. 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 admin@home-startbromley.org.uk

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| **Please highlight the appropriate boxes to ensure the man meets the criteria** |
| Is the man having parental contact with a child on a weekly basis?  | **Yes** | **No** | *Caring Dads is a practical course that relies on men trying out parenting approaches each week. If you have answered no he is considered unsuitable for the programme at this time.* *This stipulation means the course is not appropriate for men who are expecting their first child to be born during the course of the group.*  |
| Does the man’s record contain any sexual offences towards children? Have there been concerns of this nature raised regarding his behaviour towards children or other vulnerable people? | **Yes** | **No** | *Caring Dads helps men to improve relationships including relationships with children. Alternative avenues of support should be considered where this outcome is not appropriate.*  |
| **Yes** | **No** |
| Will you commit to being caseholder for the duration of the programme?  | **Yes** | **No** | *All men attending Caring Dads must have an identified caseholder. If you do not plan on fulfilling this role please indicate who will in the section mark ‘Referrer’s Details’. Please make contact with us to discuss.* |
| Have you discussed this referral with the man? | **Yes** | **No** | *Minimization and denial are to be expected at this point. It’s also true that the most collaborative approach possible is usually the most likely to prove effective in producing positive outcomes.* |
| Have you discussed this referral with the man’s partner or ex-partner? | **Yes** | **No** | *Caring Dads asks that the referrer consults any relevant female partners, both current and past, regarding the man’s potential involvement on the programme.* |

**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:**

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1. **I have spoken to the child’s mother and she does not wish to receive further support**
2. **The child’s mother has agreed to my making a referral to the Leeds Domestic Violence Service. If YES please include LDVS referral as an attachment.**
3. **I have not spoken to the child’s mother**

**Children’s Support:**

**We are hoping to offer support to the children of men attending Caring Dads by signposting to appropriate services in collaboration with the referrer and family. Do you think this service is appropriate for this family?**

Yes

 **YES NO**

**Details about the dad you are referring**

|  |  |
| --- | --- |
| Dad’s name |  |
| DOB |  |
| Ethnicity |  |
| 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 at home |  |
| Special needs or disabilities incl mental health.  |  |
| Is the man a care leaver (has he spent any time in LA care)?If Yes, does he currently have a Personal Advisor (PA) if so what if their name/contact details? |  |

**The Caring Dads programme needs full details of the man’s children, their mothers and any significant partners/ex-partners**

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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** | **Ethnicity** | **Dob/Age** |
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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 and Phone Number** | **Do you see the whole family?** |
|  |  |  |  |
| **Worker**  | **Agency** | **Phone number** | **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 recent events have led to this referral?** |
| *Tell us about what is currently happening that is causing you concern?* |
| **What is likely to happen if things carry on as they are?** |
| *If nothing changes, what do you see as the likely outcomes/ risks connected to the above events?* |
| **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?***Please refer to Reason for Referral** |
| **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?* |

**Ethnicity Codes**

**AB - British/Asian Bangladeshi CO – Other Ethnic Group (please specify)**

**AI - British/Asian Indian GR – Gypsy Roma**

**AK - British/Asian Kashmiri MA – Mixed White and Asian**

**AO - British/Asian Other MC – Mixed White and Black Caribbean**

**AP - British/Asian Pakistani MF – Mixed White and Black African**

**BC - British/Black Caribbean MO – Mixed Other**

**BF - British/Black African NS – Not Specified**

**BO - British/Black Other TIH – Traveller of Irish Heritage**

**CC – Chinese WB – White British**

**WI - White Irish WO – White Other**

**Please send completed referral form to *admin@home-startbromley.org.uk***