**Caring Dads Programme - Client Referral**

**Referrer’s Details**

|  |  |
| --- | --- |
| **Referred by (Name):** |  |
| **Organisation:** |  |
| **Address of referrer:** |  |
| **Contact Number:** |  |
| **Email address:** |  |
| **Date of referral:** |  |

**Details about the man you are referring to Caring Dads’ Programme**

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| **Father’s Name:** |  |
| **DOB:** |  |
| **Address:** |  |
| **Contact Number:** |  |
| **Literacy (man) – needs help completing form** |  |
| **Special needs/disability?** | Details: |
| **Alcohol/substance use?** | Details: |
| **Mental Ill Health e.g. depression, panic attacks, suicidal ideation, PTSD** | Details (attach report if possible): |
| **Previous convictions/injunctions. Is any court action pending?** | Details: |
| **Mature of referrers professional involvement with the father?** |  |

**The Caring Dads programme needs full details of the women with whom the man has or has had an intimate relationship.**

**Current or last partner**

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| **Name:** |  |
| **Date of Birth:** |  |
| **Ethnicity:** |  |
| **Address:** |  |
| **Contact number:** | Can they receive text messages? |
| **Interpreter required:**  **Yes /No** | Details: |
| **Special needs/disabilities:** | Details: |
| **Is there a history of domestic abuse in her relationship with the man referred to the programme? (*If yes, provide brief details)*** | |

**Previous partner *(if applicable)***

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| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Ethnicity:** |  |
| **Address:** |  |
| **Contact number:** | **Can they receive text messages?** |
| **Interpreter required:**  **Yes /No** | **Details:** |
| **Special needs/disabilities:** | **Details:** |
| **Is there a history of domestic abuse in her relationship with the man referred to the programme? (*If yes, provide brief details)*** | |

**Children the man is responsible for or has contact with**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of child & gender (m/f)** | **Date of birth/age** | **Who the child lives with** | **Relationship to man** | **Contact and residence arrangements** |
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Photocopy and use additional page if necessary

**Reasons for referral to the Caring Dads programme**

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| What do you think might be the benefits of this man attending the Caring Dads Programme? |

**What risks have been identified? (**Please see notes attached)

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| **Who is at risk?** |  |
| **What is the nature of the risk?** |  |
| **When is the risk likely to be greatest?** |  |
| **What circumstances are likely to increase the risk?** |  |
| **What factors are likely to reduce the risk?** |  |

**Professionals involved with man, woman and children**

(E.g. health visitor, social worker, CAFCASS officer, probation officer, IDAP programme, VVP programme, voluntary sector)

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| **Worker** | **Agency** | **Contact number** | **Involved with whom?** |
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**Signature of client:**

I agree to being referred to the caring dads programme. I have discussed it with the referrer, detailed below, and they have explained the reasons for the referral with me.

**Signed:**

**Signature of referrer:**

I have discussed this referral with my client, detailed above

**Signed:**

**Date:**

**Notes**

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| **In considering risk, the referrer may find it helpful to consider the following factors – drawn from the SARA / MARAC risk assessment form** | |
| Recent Separation |  |
| Pregnancy or new birth |  |
| Escalation of violence and abuse |  |
| Stalking |  |
| Sexual abuse or assault |  |
| Violence to other family members |  |
| Violence outside the home |  |
| Use of weapons |  |
| Suicidal or homicidal ideation or intent |  |
| Violation of Court orders |  |
| Credible threats of death or injury |  |
| Extreme minimisation, denial of history of partner assault |  |
| Other |  |

Please return completed forms to:

E-mail Parentingprogramme@Haringey.gov.uk