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| Families in Harmony interventions referral formPlease complete all sections of the form. Once completed please send completed to: familiesinharmony@cgl.org.uk |

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| The Families in harmony project consists of several interventions in relation to parental conflict and domestic abuse. The panel meet on a fortnightly basis and will decided, based off the information in the referral form, which intervention will be appropriate for the family / individual. -Feedback will be provided to the refer after the panel has met. |

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| Name of referrer  |   |
| Organisation  |   |
| Contact number  |   |
| Email address  |   |
| Date of referral  |   |

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| Reason for referrals – please provide a short overview of the reason for the referral – please include any significant incidents/police call outs and a general overview of the relationship.  |
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| Please selection which intervention you are referring for (place an x next to appropriate box) |
| Self-directed support |  |
| Parental conflict toolkit |  |
| Triple P enhanced family’s program |  |
| Triple P transitions Program |  |
| Family coherence program |  |
| Early intervention perpetrator program |  |
| Unsure - Parental conflict interventions |  |
| Unsure - Perpetrator interventions  |  |

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| **Service user information** | **Parent / Carer 1**  | **Parent / Carer 2**  |
| Title |  |  |
| Full name |  |  |
| Please state the current relationship status between service users |    |
| Date of birth  |   |   |
| Current address (Including postcode)   |   |   |
| Is this address safe to send information to? |  |  |
| If not is there an alternative safe address? (Please provide details including postcode) |  |  |
| Telephone number/s  |   |   |
| Is this a safe contact number? |  |  |
| Emergency contact details (NOK): please list relationship to service user  |   |   |
| GP surgery  |   |   |
| Ethnic origin |   |   |
| Is an interpreter required? |  |  |
| Religion  |   |   |
| Sexual orientation  |   |   |
| Marital status  |   |   |
| Any known disabilities  |   |   |
| Diagnosed mental health issues  |   |   |
| Pregnant? Or partner pregnant? Please list expected due date  |   |   |
| Has the client ever been in the armed forces?  |   |   |
| Employed / unemployed in training or education  |   |   |
| Is the case subject to court proceedings? Please provide details |  |

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| Child/rens details -Please list any children who are known to or have contact with either parent/carer |

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|   | **Child 1**  | **Child 2**  | **Child 3**  | **Child 4**  |
| Name  |   |   |   |   |
| DOB  |   |   |   |   |
| Childs address   |   |   |   |   |
| Male / female  |   |   |   |   |
| School / nursey  |   |   |   |   |
| Relation to parent / carer 1 |  |  |  |  |
| Relation to parent / carer 2 |  |  |  |  |
| Level of social service involvement i.e. CIN, CP, LAC etc.  |   |    |  |  |
| Disability  |   |   |   |   |
| GP  |   |   |   |   |
| For any additional children please list details in other section  |

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| Risk Management |
| Please identify presenting risk factors with the family (place an X in appropriate box) |
| Issues | Yes/No | Low | Medium | High | Parent/ Carer 1 | Parent/ Carer 2 | More details |
| Parenting capacity |  |  |  |  |  |  |  |
| Safeguarding children |  |  |  |  |  |  |  |
| Domestic abuse |  |  |  |  |  |  |  |
| Mental health issues (family or child) |  |  |  |  |  |  |  |
| Substance use |  |  |  |  |  |  |  |
| Risks to professionals |  |  |  |  |  |  |  |
| If applicable, please tick disability type |
| Physical / mobility |  | Please list any additional support required to engage in interventions: |
| Learning disabilities |  |
| Sensory: hearing / vision |  |
| Diagnosed autism, Asperger syndrome or ADHD |  |
| Illiteracy |  |
| Other |  |

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| Are any of the below in place now or previously: | No | Yes  | If yes please provide details |
| Merit form completed |  |  |  |
| Referral to MARAC |  |  |  |
| Legal orders, including but not limited to, non-molestation orders, prohibited steps order or injunctions.  |  |  |  |

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| Has the family completed any previous work or group programs? |
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| What would you like us to achieve by working with the family? |
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| Other information (please detail any other relevant information) |
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| Informed consent |
| It is important that as part of this process all Families referred to families in harmony panel are aware of the referral process, the range of interventions available and have consented to information sharing between professionals. This will include information being shared with Change Grow Live, the local authority, police, Education, health and Safe to speak. Consent must be obtained from the service user to progress the referral. Please confirm by signing below that the service user is aware of this.  |
| Signed (professional completing referral):  |

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| For completion by service user |
| I understand that I have been referred to the families in harmony panel to enable me to access interventions. I understand that the panel will determine which interventions appropriately will benefit myself and or my family and agree to my information being shared with panel members to support identification of suitable interventions.  |
| Signed (service user – parent carer 1)  |
| Signed (service user – parent carer 2 – if applicable) |

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| To be completed by panel |
| Outcome of panel discussion: |
| Referral accepted for the following intervention: |  |
| Referral declined for the following reason:  |  |
| Additional comments or feedback for refer: |
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