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**First for Mums and Dads**

**Referral Form**

|  |  |
| --- | --- |
| **Address:** | YMCA Family WorkEdinburgh HouseHarding RoadHanleyStoke-on-TrentST1 3AE |
|  |  |
| **Telephone No:** | 01782 222389 / 01782 222380  |

|  |  |
| --- | --- |
| Referrer Name |  |
| Profession |  |
| Organisation |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email |  |
| Verbal consent to refer?  | Yes / No |

**Referrer**

**Mother (or Father)**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Date of Birth  |  |
| Ethnicity / Cultural Origin |  |
| Religion |  |
| Partner’s Details (If appropriate) |  |
| Currently Pregnant and Due Date (If applicable)  |  |
| Current Care Proceedings  |  |
| Social Worker Involved(If appropriate, please provide details) | **A picture containing building, floor, room, brick  Description automatically generated** |
| Do either parents consider themselves disabled? |  |

**Reason for Referral**

|  |  |
| --- | --- |
| Number of Previous Children, Children’s Names and Dates of Birth | Please write here |
| Reasons for Removals**Please provide as much detail as possible.**  | Please write here |
| Current Circumstances of Mother (or Father) and Partner**Please provide as much detail as possible.**  | Please write here |
| Current Areas for Concern and Any Risks Associated with the Family. **Please provide as much detail as possible.**  | Please write here |
| Areas to support for First for Mums and Dads to Address (Parenting Support, Mediation, Relationships etc.).**Please provide as much detail as possible.**  | Please write here |



**Risk Assessment and Risk Management Plan**

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| --- | --- |
| **Client Name** |  |
| **Project** |  |
| **Date Risk Management Plan Completed** |  |
| **Completed By** |  |

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| --- |
| **Offending Behaviour (including convictions, ASB, YOT/probation, arson)** |
| Identified Risk |  |
| Identified Risk Level (Low/Medium/High) |  |
| How will this risk be managed? |  |
| Who is responsible for managing the risk? |  |
| Review Due |  |
| **Drug and/or Alcohol Use** |
| Identified Risk |  |
| Identified Risk Level (Low/Medium/High) |  |
| How will this risk be managed? |  |
| Who is responsible for managing the risk? |  |
| Review Due |  |
| **Physical Health (including medical conditions, self-care etc.)** |
| Identified Risk |  |
| Identified Risk Level (Low/Medium/High) |  |
| How will this risk be managed? |  |
| Who is responsible for managing the risk? |  |
| Review Due |  |

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| **Emotional Health (including self-harm, suicidal ideations/attempts, depression/anxiety etc.)** |
| Identified Risk |  |
| Identified Risk Level (Low/Medium/High) |  |
| How will this risk be managed? |  |
| Who is responsible for managing the risk? |  |
| Review Due |  |
| **Risk to Self/Others (i.e. CSE, abuse, DV, property, animals)** |
| Identified Risk |  |
| Identified Risk Level (Low/Medium/High) |  |
| How will this risk be managed? |  |
| Who is responsible for managing the risk? |  |
| Review Due |  |
| **Extraordinary Circumstances** |
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| --- |
| **Review Date and Comments** |
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| **Review Date and Comments** |
|  |
| **Review Date and Comments** |
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