

Community Assessment / Intervention & Out-Reach Services

DMR Services Referral Form For Community Assessment / Intervention & Out-Reach Services

Essential Information

Registered in England No.05055189

Registered Office: 102 Queslett Road East, Sutton Coldfield, Birmingham, B74 2EZ

Tel: 0121 352 1844 / 03333 232 146 – Fax: 0121 352 0438 – E mail: jo.mountford@dmrservices.co.uk

DMR Services is a specialist Residential and Community Based Service Provider that facilitates Parents / Carers / Children and Young People who have recognized difficulty with their parenting / social development / learning skills and whereby the Local Authority has concerns regarding their capacity to provide appropriate care for their child / children and is seen to be a Priority Families Status.

Patterns of family life vary and there is no single, perfect way of bringing up children. Parenting can be challenging and parents may also require support, asking for help should be seen as a sign of responsibility rather than as a parenting failure. Good parenting involves: caring for children's basic needs, keeping them safe and protected, being attentive and showing them warmth and love, encouraging them to express their views and consistently taking these views into account, and providing the stimulation needed for their development and to help them achieve their potential, within a stable environment where they experience consistent guidance and boundaries (Working Together to Safeguard Children 2010). DMR Services is an established private organization with over 12 years' experience of supporting vulnerable children and families. DMR Services can provide you with a variety of family support services and interventions which will be specific for your family needs.

In addition we provide preventive and crisis intervention for those families who are struggling with parenting skills and who feel are in need of support and guidance. Our highly skilled, multi-disciplinary team of committed staff, share the aims and vision of the organization and work continuously towards protecting children, creating positive change, healing emotional wounds and enabling families to achieve the quality of life that has previously evaded them. The children and parents that benefit from DMR Services are from a diverse social spectrum and include parents with learning impairment, mental health needs, anti-social behaviours, and drug and alcohol misuse amongst others. We response positively to requests for a variety of intervention from single parents, both male and female, two parents, plus child or children.

We can assess the level of needs and risks within each family and incorporate these elements and risks within our interventions / assessments. These are undertaken through a variety of forums which includes; one to one key work sessions, with parents and children as applicable, group work, task analysis, stepping stone / building block approach, role modelling, mirroring, visual verbal and written information sharing. DMR Services adopts a therapeutic approach to every day practice which aims to enable lasting change and problem resolution.

Referral Form for Community Assessment / Intervention & Out-Reach Services

This forms needs to be completed in full. All information will be treated in the strictest confidence.	Office Use Only	
	Date Referral Received	
	Referral Taken By:	

Date of Referral:	
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<u>Referrer and Professional Information</u>	
Referrer:	
Name:	
Address:	
Telephone Number:	
Fax Number:	
Email:	
Social Worker:	

Has funding been approved?	Yes / No
Please include relevant details: (who agreed, purchase order number etc)	
Is this a self-referral under private arrangements?	Yes / No
Has funding been approved through Legal Aid?	Yes / No
Has funding been approved through Local Authority?	Yes / No

Please indicate which of the following you would like DMR's Community Service Team to provide:	Please Tick ✓
Indirect Contact:	
Preparing for Contact Child/ren:	
Preparing for Contact Parent/s:	
Intervention and Observation of Contact:	
Sustaining Contact:	
High Risk Security Contact Observations / Assessment:	
Life Story Work:	
Social Work Full Contact Assessment	
Form F and Connected Person Assessment:	
Social Work Parenting Capacity Assessment:	
Freedom Programme	
Special Guardianship Order Assessment:	
Drug and Alcohol Testing:	
Domestic Violence Freedom Programme:	
Anger Management Programme:	
Social Work Viability Assessment:	
Parenting Educational Programme:	
Multi-Disciplinary Team Assessment:	
PAMs Assessment:	
Mental Health Initial Assessment:	
Advocacy Services for Children or Adults:	
Mentoring and Befriending, Support/Intervention:	
24 Hour Emergency Family Crisis Response:	

Details of Solicitors	
Name:	
Address:	
Telephone Number:	
Fax Number:	
Email:	

Any other relevant persons / professionals:			
Name:		Contact Number:	
Name:		Contact Number:	
Name:		Contact Number:	
Name:		Contact Number:	

<u>Service Users Information</u>			
Service User Full Name:			
DOB:		Legal Status:	
Ethnic Origin:			
Religion:		Practicing/Non-Practicing:	
First Language:			
Current Placement:			

Any identified impairment to include visual or hearing impairment:
Any Current Illness:
Any Current Medication:

If child is being referred:			
Children's Guardian:			
Current GP Details:		Telephone:	
Current Health Visitor:		Telephone:	
Others:			

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For all categories answered with current or past please give detailed information on the attached sheet.

Please tick an answer for each of the areas of risk. If any of the answers are yes then you will need to supply additional information including who it is in reference to.

Has there ever been an incident of the following:			
	Past	Current	N/A
In relation to each child:			
- Neglect			
- Sexual			
- Physical			
- Emotional			
Adult issues of the past:			
- Neglect			
- Sexual			
- Physical			
- Emotional			
Incidents involving the police including ongoing criminal matters			
Domestic Violence			
Alcohol Misuse			
Substance Misuse			
Suicide Attempts			
Self-Harm			
Eating Disorders			
Involvement in Sex Work			
Sexual Exploitation			
Violent / Aggressive Behaviour			
Verbal Abuse			
Debt Problems			
Self-Neglect			
Learning Impairment			
Mental Health Issues			
Manipulation of Peers			
Vulnerable to abuse / manipulation by peers			
Racism / Discrimination			

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Potential Risk from family / partner			
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Background Information

The following information needs to be included; a lack of information will inhibit the commencement of the services.

Historical Information where it applies and to whom:	Included	Not Included	To Follow	N/A
Child Protection Conference / Review Minutes				
Looked After Children’s Review Minutes				
Court Statements / Bundle				
Psychological Report / Psychiatric Report				
Assessment of any Learning Impairment				
Core Assessment				

Please indicate who the service of intervention is for:

Mothers Name	Fathers Name	Siblings Name	Siblings Name
DOB	DOB	DOB	DOB
Religion	Religion	Religion	Religion

Ethnic Origin	Ethnic Origin	Ethnic Origin	Ethnic Origin
First Language	First Language	First Language	First Language
Legal Status	Legal Status	Legal Status	Legal Status
Home Address	Home Address	Home Address	Home Address

Any Additional Information:

This form has been completed accurately and to the best of my knowledge.

Name:	
Signature:	
Dated:	