**CoPE group**

**Information Sheet and referral form**

**Co Parenting Every day (CoPE)**

**Who?** Separated parents to attend different groups (we will work towards bringing them together)

**Time to Complete?**  This is a 7-session programme (8 sessions of practitioner time including IAs). The programme runs for **2 hrs a week over 6 sessions**, arranged flexibly to suit the parents.

**Content?** The programme is focused on the co-parenting relationship and learning to work as a team. It looks at the thoughts and feelings behind conflict behaviour and promotes an awareness of how conflict affects the wellbeing of children.

**Eligibility**

Parent of at least one child aged 17 years or younger **or;**

Parent of a disabled child (under the Equality Act 2010) aged 25 years or younger

One or both parents live in the Coventry Local Authority area

Experiencing problems in relationship with co-parent

The programmes we deliver to reduce parental conflict are **not suitable for couples, together or separated, where domestic abuse is an issue, including coercive control.** We will screen during initial assessment and will reject the referral if domestic abuse is identified, or a disclosure is made. We will signpost and/or refer to appropriate services where needed but will be led by the parent.

The programme is voluntary, and parents should be willing and **able** to engage. Parents should not feel obliged to undertake a programme as part of a safeguarding or court ordered plan. If during the initial interview it is assessed that, due to current circumstances, the parent/s are not in the right place to engage then we will signpost to a different service where possible.

**CoPE**

**Referral Form**

|  |  |  |
| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| **Name** |  |  |
| **DOB** |  |  |
| **Home Address** |  |  |
| **Contact telephone number** |  |  |
| **Email address** |  |  |

1. Are both of the parents aware of this referral and are they motivated to engage?
2. What is the family dynamic, are the parents in a relationship or separated? If separated, what are the child contact arrangements?
3. How many children are there and what are their ages?
4. Has either parent been referred to specialist domestic abuse services and / or MARAC, if so, how long ago and what was the outcome of the referral? What are **your** views on this aspect of the parents relationship?
5. Are there any mental ill health concerns for the parents, do they have any diagnosis/support/treatment or are they managing their mental health themselves?
6. Has there been court involvement e.g. to get a Child Arrangements Order?
7. Why now; how do you think the Relationship Solutions MBT-PP programme will benefit the parents?
8. Will you be remaining involved with the family (if no, are there details of someone else who is working with the family)?
9. Are there any issues around accessing this work online?
10. What is the parents availability for appointments?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time of Day** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Evening** |  |  |  |  |  |

Please provide your name, role and contact details here:

Please return this referral form to:

 info@relatecoventry.org and HealthyRelationships@coventry.gov.uk

Someone from our team will be in touch.