Parenting Support Referral Form

Parenting Team, Parent Advice Centre, 30 Greatorex Street, London E1 5NP Tel: 020 7364 6398 Email: parenting@towerhamlets.gov.uk



We welcome referrals from parents and carers wishing to attend a parenting programme (self-referral), and professionals making a referral. Please complete all relevant sections of this form. Please email the completed form to the above address.

Professionals must complete sections in green.

Date of referral:

PARENT/CARER INFORMATION 1	PARENT/CARER INFORMATION 2
Name:	Name:
Gender: DOB:	Gender: DOB:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Mobile:	Mobile:
Email:	Email:
Do parents/carers have any communication/ learning difficulties (including English as an additional language). Please provide details:	Do parents/carers have any communication/ learning difficulties (including English as an additional language). Please provide details:
Programme required in: Bengali Somali	Programme required in: Bengali Somal

CHILD(REN) INFORMATION

This is essential information and must be completed for all children up to age 18 years.

	Full name	Date of birth	Child is resident with parent/carer		School, Children's Centre, Early Years Setting
1.			Yes	No	
2.			Yes	No	
3.			Yes	No	
4.			Yes	No	
5.			Yes	No	

PREFERRED TIME FOR DELIVERY OF SUPPORT

Mornings	Ever	nings
Childcare requi	red:	Yes

Online - self guided support (Times cannot be guaranteed) Weekends No (Crèche cannot be guaranteed)

REASON FOR APPLYING TO ATTEND A PARENTING PROGRAMME/MAKING A REFERRAL

Briefly outline how you/the family will benefit and the expected outcomes from attending a parenting programme/course/support (please submit any supporting information)

Self-referral	Single parent needs support
ADHD Diagnosis	Risk of involvement in gangs/extremist activity
Poor behaviour	Poor school attendance
Exclusion	Family history of domestic abuse
Disrupted family life	Youth Justice Statutory Parenting Order
Current legal proceeding Other	s/court judgment issues

Neglect Risk of child sexual exploitation CSC Initital/Core Assessment Drug/alcohol issues Physical chastisement Healthy weight/physical activity concerns

EVEL OF NEED	
amily have an Early Help Assessment? Yes No Don't know	
amily have a Child In Need (CIN) plan? Yes No	
amily have a Child Protection (CP) plan? Yes No	
amily have a named Social Worker/Lead Professional for your family? Yes No	
lease provide name if known:	
el: Email:	
ARENT/CARER CONSENT – READ CAREFULLY AND SIGN	
/e give free, impartial advice. The information you have given us today will be treated confidentially. If you	
ould like to withdraw your permission at any time, please contact our office.	
order to help you or your child, we may need to contact other professionals such as schools and local	
uthority services. Confidentiality discussed Yes No	
o you give permission for us to contact these professionals? Permission to contact School Professiona	L
re there any exceptions? Yes No If yes, which	
he only exception to maintaining confidentiality will be if we believe there is a risk to a child or others.	
gned: Date:	
erbal consent obtained: Yes No Date:	
pur information will be held on our secure database for up to five years.	
LEASE COMPLETE IF YOU ARE FROM A TEAM/SERVICE/AGENCY MAKING A REFERRAL	
ame of team/service/agency:	
eferrer's name: Role:	
ddress:	
Postcode:	
el: Email:	
ONSENT FROM PARENT/CARER	
ave you obtained consent from the parent/carer to make this referral?	
Yes Consent to share information was obtained as part of our original assessment	
Yes Parent/carer gave their information for me to make this referral on their behalf	

- Yes The parent/carer is aware of the required commitment to a parenting programme
- No The referral is being made as part of an LBTH Children's Social Care assessment
- No The referral is being made as part of a YOT statutory parenting order

If you have not obtained consent for any reason other than the two stated above, you should not proceed with this referral until consent to do so is obtained.

OTHER INFORMATION

As the referrer, please record your plan for ongoing support and on completion of the programme / course for this family

This must be agreed and confirmed before the course starts

ARE OTHER AGENCIES INVOLVED WITH THE FAMILY?

Yes No If Yes, please state agency:

Tel:

Email:

DIVERSITY MONITORING (PARENTS/CARERS)

Example

KEY: Parent 1 Parent 2

- 1 English
- 2 Caribbean

Please write 1 or 2 to indicate parent 1 or 2 in the boxes as shown above.

Residency

British/United Kingdom citizen?

Yes

No

Age

12-19	44-52
20-25	53-59
26-34	60-64
35-43	65+
Prefer not to	say/unknown

Employment status

Self-employed Work full time Work part time Unemployed Volunteer Other

Nationality

Parent is a national of another country. Are they:

A EU National A refugee An asylum seeker A student Other

Disability

Does either parent/carer consider themselves to be disabled? Yes

No

Prefer not to say/unknown

Ethnicity

- White
 - English Irish Scottish Welsh Gypsy Irish Traveller Other White background

Mixed/dual heritage

White and Asian White and Black African White and Black Caribbean Other White background

Asian or Asian British

Bangladeshi Chinese Pakistani Vietnamese Indian Other Asian background

Black or Black British

Caribbean African African Somali African Other Other Black background

Religion/belief

Buddhist Christian Hindu Jewish Muslim Sikh No religion Other religious belief Prefer not to say

Thank you for completing this referral.

Parents/carers will be contacted within 14 working days following receipt of the referral

Administration use only SSF Criteria met: 1 2 3 4 5 6 Outcome: Completed intervention Referred for Signposting to: Further support, to: