

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 Somali	

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 Evenings Weekends Online - self guided support (Times cannot be guaranteed)

Childcare required: Yes 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	Neglect
ADHD Diagnosis	Risk of involvement in gangs/extremist activity	Risk of child sexual exploitation
Poor behaviour	Poor school attendance	CSC Initial/Core Assessment
Exclusion	Family history of domestic abuse	Drug/alcohol issues
Disrupted family life	Youth Justice Statutory Parenting Order	Physical chastisement
Current legal proceedings/court judgment issues		Healthy weight/physical activity concerns
Other		

LEVEL OF NEED

Family have an Early Help Assessment? Yes No Don't know
Family have a Child In Need (CIN) plan? Yes No
Family have a Child Protection (CP) plan? Yes No
Family have a named Social Worker/Lead Professional for your family? Yes No
Please provide name if known:
Tel: Email:

PARENT/CARER CONSENT – READ CAREFULLY AND SIGN

We give free, impartial advice. The information you have given us today will be treated confidentially. If you would like to withdraw your permission at any time, please contact our office.

In order to help you or your child, we may need to contact other professionals such as schools and local authority services. Confidentiality discussed Yes No

Do you give permission for us to contact these professionals? Permission to contact School Professional

Are there any exceptions? Yes No If yes, which

The only exception to maintaining confidentiality will be if we believe there is a risk to a child or others.

Signed: Date:

Verbal consent obtained: Yes No Date:

Your information will be held on our secure database for up to five years.

PLEASE COMPLETE IF YOU ARE FROM A TEAM/SERVICE/AGENCY MAKING A REFERRAL

Name of team/service/agency:

Referrer's name: Role:

Address:

Postcode:

Tel: Email:

CONSENT FROM PARENT/CARER

Have 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

English

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: