

Parenting Support Referral Form

Parental Engagement Team 4th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG

Tel: 020 7364 6398 Email: parenting@towerhamlets.gov.uk



TOWER HAMLETS

Parents and carers wishing to Self-refer to parenting support should complete page 1 and 3. Professionals should complete all sections of this form. Please post or email the completed form to the above address.

Date referral made:

Parent/Carer Information 1

Name:

M ☐ /F ☐ DOB:

Address:

Post Code:

Temporary accommodation: ☐ Yes ☐ No

From which local authority:

Tel:

Mob:

Email:

Interpreter needed: ☐ Yes ☐ No

Languages spoken at home:

Parent/Carer Information 2

Name:

M ☐ /F ☐ DOB:

Address:

Post Code:

Temporary accommodation: ☐ Yes ☐ No

From which local authority:

Tel:

Mob:

Email:

Interpreter needed: ☐ Yes ☐ No

Languages spoken at home:

Child's Full Name	Date of Birth	School/Children Centre/Early Years Setting
1.		
2.		
3.		
4.		
5.		

Preferred time for delivery of support:

☐ Mornings ☐ Evenings ☐ Weekends (time cannot be guaranteed)

Child care required: ☐ Yes ☐ No (Crèche cannot be guaranteed)

Do you have an Early Help Assessment (EHA) for your family? ☐ Yes ☐ No ☐ Don't know

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? ☐ 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 5 years

Team/Service/Agency Making Referral:

Team/Service/Agency Making Referral:

Referrer's Name: Role:

Address:

Post Code: Phone:

Email:

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 agreement for me to make this referral on their behalf
- ☐ 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.

Reason for referral:

- | | | |
|---|--|--|
| <input type="checkbox"/> Self Referral | <input type="checkbox"/> Single Parent Needs Support | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> ADHD Diagnosis | <input type="checkbox"/> Risk of Involvement in Gangs/Extremist Activity | <input type="checkbox"/> Risk of child sexual exploitation |
| <input type="checkbox"/> Poor Behaviour | <input type="checkbox"/> CSC Initial/Core Assessment | <input type="checkbox"/> Family history of domestic abuse |
| <input type="checkbox"/> Poor School Attendance | <input type="checkbox"/> Drug/Alcohol Issues | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disrupted Family Life | <input type="checkbox"/> YOT Statutory Parenting order | <input type="text"/> |
| <input type="checkbox"/> Exclusion | | |

Tell us why this family will benefit from parenting support?

As the referrer, what is your plan for ongoing input to this family?

Are other agencies involved with the family?

- ☐ Yes ☐ No

If YES please state agency:

Telephone:

Email:

Administration
use only
SSF Criteria met

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

Outcome

☐ Completed intervention

☐ Referred for Signposting

Further support

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

Parent is a national of another country, are they:

		A EU National
		A Refugee
		An Asylum Seeker
		A Student
		Other

Does either parent/carers consider themselves to be disabled?

		Yes
		No
		Prefer not to say/unknown

White

		English
		Irish
		Scottish
		Welsh
		Gypsy
		Irish Traveller
		Other White background

Mixed/Dual Heritage

		White & Asian
		White & Black African
		White & 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. The Parental Engagement team will contact parent/carers within 10 days to offer the next available programme.