

# 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



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:**

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

**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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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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?

<input type="checkbox"/>	<input type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	No

### Age

<input type="checkbox"/>	<input type="checkbox"/>	12-19	<input type="checkbox"/>	<input type="checkbox"/>	44-52
<input type="checkbox"/>	<input type="checkbox"/>	20-25	<input type="checkbox"/>	<input type="checkbox"/>	53-59
<input type="checkbox"/>	<input type="checkbox"/>	26-34	<input type="checkbox"/>	<input type="checkbox"/>	60-64
<input type="checkbox"/>	<input type="checkbox"/>	35-43	<input type="checkbox"/>	<input type="checkbox"/>	65+
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say/unknown			

### Employment Status

<input type="checkbox"/>	<input type="checkbox"/>	Self Employed
<input type="checkbox"/>	<input type="checkbox"/>	Work full time
<input type="checkbox"/>	<input type="checkbox"/>	Work part time
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Other

Parent is a national of another country, are they:

<input type="checkbox"/>	<input type="checkbox"/>	A EU National
<input type="checkbox"/>	<input type="checkbox"/>	A Refugee
<input type="checkbox"/>	<input type="checkbox"/>	An Asylum Seeker
<input type="checkbox"/>	<input type="checkbox"/>	A Student
<input type="checkbox"/>	<input type="checkbox"/>	Other

Does either parent/carer consider themselves to be disabled?

<input type="checkbox"/>	<input type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	No
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say/unknown

### White

<input type="checkbox"/>	<input type="checkbox"/>	English
<input type="checkbox"/>	<input type="checkbox"/>	Irish
<input type="checkbox"/>	<input type="checkbox"/>	Scottish
<input type="checkbox"/>	<input type="checkbox"/>	Welsh
<input type="checkbox"/>	<input type="checkbox"/>	Gypsy
<input type="checkbox"/>	<input type="checkbox"/>	Irish Traveller
<input type="checkbox"/>	<input type="checkbox"/>	Other White background

### Mixed/Dual Heritage

<input type="checkbox"/>	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Other White background

### Asian or Asian British

<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	Indian
<input type="checkbox"/>	<input type="checkbox"/>	Other Asian background

### Black or Black British

<input type="checkbox"/>	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	African
<input type="checkbox"/>	<input type="checkbox"/>	African Somali
<input type="checkbox"/>	<input type="checkbox"/>	African Other
<input type="checkbox"/>	<input type="checkbox"/>	Other Black background

### Religion/Belief

<input type="checkbox"/>	<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	<input type="checkbox"/>	Christian
<input type="checkbox"/>	<input type="checkbox"/>	Hindu
<input type="checkbox"/>	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	<input type="checkbox"/>	No Religion
<input type="checkbox"/>	<input type="checkbox"/>	Other religious belief
<input type="checkbox"/>	<input type="checkbox"/>	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.