

**Parenting & Relationships Referral Form**

Referral form for professional use only. Please return completed forms to:

Email: citywideparentingreferrals@togetherforchildren.org.uk

Parents wishing to self-refer should contact EHAAT on 0191 561 4084.

|  |  |  |
| --- | --- | --- |
|  | Attendee 1  | Attendee 2  |
| Relationship to child: |  |  |
| First name: |  |  |
| Surname: |  |  |
| DOB: |  |  |
| Ethnicity:Interpreter required? |  |  |
| Address(Including Postcode) |  |  |
| Contact number:(home/mobile/preferred) |  |  |
| Email Address: |  |  |
| Do you consider yourself to have a disability or additional need? Please give details  |  |  |
| Emergency Contact Information (next of Kin) Name and contact number |  |  |

|  |  |
| --- | --- |
| Details of all children in the family |  |
| Child’s Name | DOB/Age | Name of school/nursery | Tick which child will be focus of the support  | PID |
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| --- | --- |
| Do any of your children have any additional needs/diagnosis? | Yes No Which child?What is the diagnosis? |

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| --- | --- | --- | --- |
| Any other professionals involved with the family and contact details  | Name | Service | Contact number |

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| --- |
| Additional Information  |
| Is there a court order? |  |
| Is there a risk assessment completed for this family? (If yes, please attach a copy to this referral) |  |
| Are the children subject to a Plan? | EH CIN CP  |
| Is there a parenting order? |  |
| Have there been any issues in relation to domestic violence historically or current?Please give details. |  |
| Preferred availability Day/time? |  |

**Please only provide information relevant to the parenting and relationships referral.**

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| --- | --- | --- |
| **What are you worried about?** | **What is working well?** | **What needs to happen?** |
| *Please describe behaviours and parent/child relationship* | *Please describe behaviours and parent/child relationship* | *Please describe behaviours and parent/child relationship* |
| Which Programme do you consider meets the needs of the family? | Please tick one |
| ABC Core SessionsEmail citywideparentingreferrals@togetherforchildren.org.ukfor additional information.  | Core is a 2-hour session for 5 weeks. The overall aim of this programme is to support parents/carers to create and sustain positive family relationships and home environments. After completing the core sessions parents may be advised to attend an additional bolt on module relating to any further worries identified such as SEND, or violent aggressive behaviour (VAB).  |  |
| Parenting when Separated **(Please note this course is not appropriate if there has been historical or current DVA in present relationship)** | PWS is a 2-hour session for 6weeks. A practical and positive course for parents who are preparing for, going through, or have gone through a separation or divorce. It aims to empower them to find their own solutions to common challenges and problems and to help reduce the impact upon their children. This course must be attended by both parents.  |  |
| Oneplusone Digital Resource**(Please note this course is not appropriate if there has been historical or current DVA in present relationship)** | This is an online resource for parents to access using their mobile phone, tablet, or computer. Parents can access the following programmes to support positive relationships and communication:**Me, You and Baby Too** – Having a baby can be an exciting time but it’s also one of the biggest changes. Learn how to navigate the changes that happen in a relationship when a baby arrives.**Arguing Better –** Disagreements are a normal part of life. How you approach them can make all the difference.**Getting It Right for Children –** When parents are separating, or separated children often get caught in the middle. Learn how to manage conflict to minimise the impact it has on children. | Scan the QR code to access the resources or click the link below. [OnePlusOne](https://skills.oneplusone.org.uk/users/checkout/auth) |
| Referral consent -please read carefully  |

The information you have given us today will be treated confidentially. If you would like to withdraw your permission at any time, please contact EHAAT 0191 5614084.

|  |  |  |
| --- | --- | --- |
| Do you give permission for us to contact professionals who are involved with your family which are listed above  | Y | N |

I am happy with the content of this referral and agree, if necessary, to the information being shared with other relevant professionals:

Signature attendee 1 ………………………………………………………...

Signature attendee 2 ………………………………………………………...

Date ………………………………………………………………….………...

Referral will not be accepted unless signed.

|  |
| --- |
| **Referrer Details** |
| Name: |  |
| Job Title and Agency: |  |
| Address: |  |
| Contact number: |  |
| Email address |  |

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**This referral will be triaged to meet the needs of the family and allocated to the appropriate course. If further information is required, you will be contacted in order for the referral to be processed.**