



## REFERRAL FORM

**Date** \_\_\_\_\_ For details about the next groups please contact duty worker on 0116 2234254

**Please indicate which group(s) the referral is for:**

Living with Teenagers (for Mums, Dads and Carers of young people aged 11 -17yrs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fun and Families Group (for Mums, Dads and Carers of children aged 3-10 yrs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Grounded (N.B City only) (for Young people aged 11-16 yrs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>For Internal Use</b>	
Duty Worker: _____	
Referral No: _____	
<b>Nearest Group</b>	
City <input type="checkbox"/>	County: <input type="checkbox"/>

**Details of Parents/Carers**

Name	Address and Postcode	Phone Number	Gender	Ethnicity *

**Details of Child/Young Person and Siblings**

Name	Age	Date of Birth	Gender	Ethnicity *

\* **Ethnicity:** White/British, White/Irish, White/European, British / Asian (or Asian) specify: Indian, Pakistani, Bangladeshi, Other (Specify), Black / British (or Black) specify: African, Caribbean, Somalian, Other (Specify), Mixed ethnicity (specify)

**Does the family have any of the following needs in order to attend a group?** (Please tick)

- Childcare                       Transport                       Literacy support                       Interpreter
- Disability need  (please specify).....
- Other  (please specify).....

**If the group is for a parent/carer are they able to attend a group?**                      Day time                       Evening

**Is the parent/carer aware of this referral?**                      Yes                       No   
 (Please note: We do not accept referrals without consent)

**For a Grounded group, is the young person aware of this referral?**                      Yes                       No

**Does the parent/carer give consent to record and share this information?**                      Yes                       No   
 (Please note: We only share information with partner agencies running groups with us)

**Are there any Health & Safety concerns that staff need to be aware of when visiting this family?**

**Does the Parent or Carer consider any of the following to be a difficulty at the moment?**

(Please tick and specify additional details using the parent/carer's words where possible)

**Conflict at Home** (e.g. arguments about daily routines) .....

**Not attending School**  .....

**School Exclusion** .....

**Mental Ill Health** :( e.g. depression/self harming) .....

**Anti-Social Behaviour**  (e.g. neighbourhood disturbance).....

**Offending Behaviour** .....

**Any Other** .....

**Are there any other agencies involved with the family at the moment?** (Please give details)

**Is the parent, child or young person subject to any of the following assessments:** (Please tick)

Common Assessment Framework	Child at risk assessment	Parenting Order
Child Protection Register	Child in need assessment	Final Warning
Anti-Social Behaviour Order		Any Other (Please Specify)

**Referrer's Details**

Name, Address, Postcode and Contact Number	Agency/Source of Referral (please tick)
	Health <input type="checkbox"/> Family Steps/CBII <input type="checkbox"/> Youth Offending <input type="checkbox"/> Education <input type="checkbox"/> Voluntary Sector <input type="checkbox"/> Children and Young Peoples Services <input type="checkbox"/> Self (Parent/Young Person, please specify) <input type="checkbox"/> Other (Please specify).....

**How did you hear about our service?**.....

**INFORMATION ABOUT THE GROUPS:**

The groups are for: 1. Parents/carers experiencing child/teenage behaviour difficulties  
 2. Young people to address their behaviour and how to deal with conflict situations

The programmes are for 2 hours per week for 6-7 weeks. The groups are fun and offer practical solutions to family difficulties. Usually groups of 6-12 parents or up to 8 young people meet with 2-3 group workers.

**What happens now?**

You will receive written confirmation of your referral. The parent/carer or young person will also be written to and invited to attend the next available group or be informed that they are on the waiting list. Before all groups the parent/carer or young person and their parent/carer have a home visit.

Due to the confidentiality of the groups only attendance details will be fed back to the referring agency at their request.

There are sometimes limited funds to support families with transport, childcare and interpreters.

For further information please contact a duty worker between 9am – 1pm, Mon – Fri on 0116 2234 254

