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Tower Hamlets Children’s Services

Eva Armsby





**Positive Change Service - Referral form**

**Please forward your completed referral to** **eafc.referrals@towerhamlets.gov.uk**

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| **Referrer information** |
| Name of Referrer |  | **Date of Referral:** |  |
| Telephone  |  | Team |  |
| Email  |  |
| Local Authority if outside of LBTH |  | Practice Manager’s Name & Tel. |  |

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| **Subject Children** |
| Surname | First name | DOB | Gender | Religion  | Ethnicity | School  | **CHILDRENS CENTRE REFERRAL**  | Lives with whom?  |
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|  |  |  |  |  |  |  |  |  |

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| **Parents / carers** |
| **Mum’s full name** |  | To be assessed for Positive change service mums groups? *(we would always also offer children of relevant ages to join the parallel children’s groups)*  |  |
| Date of Birth |
| Telephone | As a female perpetrator? |  |
| Email |  | As parent of violent young person?*We work with parent and child so indicate which young person?* |  |
| Address | Linked 1-1 safety planning work is ALWAYS provided to partners of perpetrators who engage with us |
|  |
| Ethnicity |  | Interpreter?*interpreters are arranged by referrer* |  |
| **Dad’s Full name** |  | To be assessed for Positive change service Dad’s programme? |  |
| Date of birth |  | As parent of violent young person?*We work with parent and child so indicate which young person?* |  |
| Address |  | Telephone |  |
| Email  |  |
| Ethnicity  |  | Interpreter? *interpreters are arranged by referrer* |  |
| living arrangements of parents e.g co-habiting, separated etc) |  |

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| **Intervention Status** |
| Child in Need of Child Protection PlanDate of next CP Conference: | [ ]  | Child/ren in Need of a PlanDate of next CIN review: 08/12/2016 | [x]  |
| TAC with conditional step-down |  | Other? |  |

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| **Referral Information** |
| **a) Reason for the referral (including details of domestic abuse)** |
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| **B) Details of previous criminal convictions** |
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| **C) Are there any actual or potential risks to professionals?** |
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