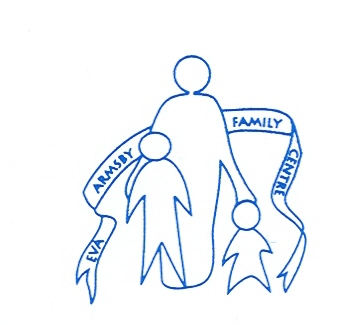
``````````````````````````````

Tower Hamlets Children’s Services

Eva Armsby





**Positive Change Service - Referral form**

**Please forward your completed referral to** [**eafc.referrals@towerhamlets.gov.uk**](mailto:eafc.referrals@towerhamlets.gov.uk)

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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) | |  | |

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

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