**Targeted Parent Programme Referral Form**

**If you are a practitioner** working with parents/ carers, you can use this form to refer them to the Incredible Years - Webster Stratton, Triple P for Baby or Triple P family Transitions programme. You can also use this form if you feel a parent/carer may require additional support to engage with or attend a programme.

**If you are a parent/carer** who has been advised to attend a programme or would like to be contacted about the parenting programmes and support on offer, please read the information below and complete the form.

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Please indicate which **type of support** you are requesting by ticking the relevant options below. You can find out more information about each option in Appendix A.

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**Webster Stratton** **Triple P for Baby** **Extra support/contact needed**

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**Triple P Family Transitions** (must read information in appendix A)

Send the completed form to [parentsupport@barnsley.gov.uk](mailto:parentsupport@barnsley.gov.uk).

The parent support team will then review your referral and assess the suitability and availability of the programmes available to meet the needs for the family. The referrer, alongside the parent, will be notified of the outcome by email within 10 working days of receiving the referral.

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Date of completing this form:

**Referrer information**

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| --- | --- |
| **Your name** |  |
| **Agency** |  |
| **Role and connection to the family** |  |
| **Phone** |  |
| **Email address** |  |

**Section One: Family Network**

Consent should be gained from a parent/carer if you are completing the referral as a practitioner.

**Parent/carer details 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** **include any other names they are known by** |  | | |
| **D.O.B** |  | **Ethnicity** |  |
| **Relationship to child** |  | | |
| **Address** |  | | |
| **Phone** |  | | |
| **Email address** |  | | |

**Parent/carer details 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** **include any other names they are known by** |  | | |
| **D.O.B** |  | **Ethnicity** |  |
| **Relationship to child** |  | | |
| **Address** |  | | |
| **Phone** |  | | |
| **Email address** |  | | |

**Section Two: Children’s details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child** | **Name** **include any other names they are known by** | **D.O.B** | **Ethnicity** | **Gender Identity** | **Education Setting** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

Please give details of any disabilities or additional needs in the family including information relating to any current education health and care plan (EHCP) or education health and care needs assessment.

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| Is English the family’s 1st Language? | Yes/ No |
| If no, please state the 1st language: |  |
| Are interpretation services required? | Yes / No |

**Section Three: Practitioner Involvement**

Include information about any other agencies and practitioners supporting the family:

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| --- | --- | --- | --- | --- |
| **Family member** | **Service/Agency** | **Name and role of key worker/professional** | **Contact details** | **Details of involvement** |
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Are there currently any active plans in place for the family i.e Early help Assessment, Child In Need, Child Protection? Please provide details below

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**Section Four: Reasons for referring to a targeted parenting programme**

1. What is working well?

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1. What are you/the parent/carer(s) worried about?

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1. What needs to happen to make a difference to improve your family’s circumstances?

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Please tick if the parent/carer may require support accessing the parenting offer , and outline below. A member of the Family Hubs Team will contact the family to discuss their needs further.

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**Consent- Information, Sharing and Storage**

This section must be fully completed and signed by all persons over the age of 18 who are present at the time of completion of the form with the family, on behalf of their family including any child or young person for whom they are parent or carer.

I understand the information gathered and recorded as part of the early help conversation and any subsequent intervention will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer.

I have had the reasons for information sharing and information storage explained to me (appendix B) and I understand those reasons and give my agreement to share and request information in the relevant circumstances. I understand that the information that is gathered and recorded as part of the early help services provided to me and my family and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes.

Barnsley Council’s privacy statement is available to view at www.barnsley.gov.uk/privacy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Name** |  |
| **Date** |  | **Role/parental relationship** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Name** |  |
| **Date** |  | **Role/parental relationship** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Name** |  |
| **Date** |  | **Role/parental relationship** |  |

**Send the completed form to** [**parentsupport@barnsley.gov.uk**](mailto:parentsupport@barnsley.gov.uk) **and a member of the team will be in touch within 10 working days.**

**Appendix A**

**Targeted Parent programmes**

**Incredible Years Webster Stratton** -This programme is for parents of primary aged children. It is a 14-week programme that looks in detail at why children behave the way they do and explores how parents can use such parenting tools as praise and incentives to encourage co-operative behaviour and support and strengthen their child’s social skills. Parents must attend at least 12 out of the 14 sessions to complete the programme.

**triple p for baby** – aims to increase parent's competence and confidence in raising their children by targeting known risk factors common across the transition to parenthood, including early parenting confidence and skills in managing infant behaviour, parental coping and stress and the couple relationship. It is an eight-week programme with four face-to-face group sessions and four follow up telephone call sessions for expectant parents and carers during pregnancy and for parents and carers until their infant is 1 year old.

**TRIPLE P FAMILY TRANSITIONS – FOR SEPARATED PARENTS –** a 5-week group parenting programme for divorced or separated parents. Helps parents/carers to protect their child – and themselves – from the fallout from a family split.Learn how to resolve conflict, cope with strong emotions and balance work, family and rest time. \*\*\*Please note\*\*\* separated parents must attend different sessions from each other. New partners can attend with parents. Details of both separated parents must be included.

**Extra support/communication** - You can also use this form to indicate if parents/carers need extra support to access any universal or targeted parenting programmes or would like to be contacted by a member of Family Hubs staff. Please indicate what support would be needed in section four.

**Appendix B**

**Early Start and Families Service Information Sharing and Storage Agreement**

How we will process and look after your personal data

We will need to collect a significant amount of personal data relating to you and any children or young people for whom you are parent or carer throughout the time that you are working with the early start and families service from the initial engagement with the service and any subsequent intervention that we establish in order that we can understand and provide what help you may need.

Your information will be stored and used for the purpose of providing services to you and the children or young people for whom you are parent or carer.

To help us to better understand your needs we may request additional information from other organisations such as health, education, social care, private and voluntary agencies, and support services to enable us to provide you with the services you need.

If we cannot cover all of your needs, we may need to share some of this information with other organisations such as health, education, social care, private and voluntary agencies and support services to enable us to provide you with the services you need. You will be notified of any third- party involvement.

Please be assured that this information along with any information gathered throughout the lifetime of any intervention offered will be stored securely within a secure electronic recording system or locked in a secure filing system in line with our policies and procedures.

At times information that is gathered and recorded as part of the early help services provided and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes.

Personal information will be treated as highly confidential and will not be shared without your permission for any other reason unless we are required by law to share it or unless you or anyone else will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

Early help services provided via any request for service are voluntary and you have the right to withdraw from the process at any time. If you do choose to withdraw then you should inform us either verbally or in writing.

Barnsley Council’s privacy statement is available to view at [www.barnsley.gov.uk/privacy](http://www.barnsley.gov.uk/privacy).