**For urgent child protection referrals, contact the MASH on 020 8314 9181.**

**If you think a child or young person may be in immediate danger, call 999 or contact your local police on 101.**

**Early Years Alliance (EYA)** **deliver** a range of Therapeutic Parenting Programmes and 1-1 services which support parents/carers to build a more positive relationship with their child and help them to understand and improve their unwanted behaviour.

We work with parents who are concerned their child may have ADHD, or behaviours that make places and spaces unsafe to be in, cause serious harm to themselves and others, or for children and young people:

* with serious, high risk or distressing behaviours
* with conduct disorders
* with oppositional defiance disorder
* where ADHD is suspected or diagnosed
* where ASC is suspected or diagnosed
* where families need Systemic Family Practice support

EYA also deliver, in collaboration with Family Hubs and other partners:

* The Juniper Programme - a recovery programme for children under 4 and their mothers who have experienced domestic abuse
* Explorers Plus - drop-in play sessions across the borough for children with SEND and their families

**PROGRAMME DETAILS:**

* **Incredible Years (IY) is a 12-week group programme** for parents of children aged 4-11 years. IY is primarily delivered face-to-face termly over 12 weeks, often within a school setting to be targeted at the young people who the school identify as needing support. Spaces are also offered to families outside of the school cohort. IY works with one or both parents to enable positive outcomes for the child/young person.
* **ASC Incredible Years (ASC IY) is a 14-week group programme** delivered face-to-face termly over 14–16 weeks, and is offered to parents of children aged 4-9 where ASC is suspected or diagnosed or where there are language delays.
* **Therapeutic Parenting Support (TPP)**i**s a 6-week online group** programme for parents of children aged 4-11 years supporting parents to build a more positive relationship with their child.
* **Personalised Individual Parent Training (PIPT)** i**s an intensive 6-week 1-1 programme** for parents of children aged 4-8 years.  The PIPT programme works with the child/young person as well as one or both parents. It is designed to use the IY strategies to promote a positive relationship between the child/young person and the parent by reducing the oppositional/emotional dysregulation behaviour and increasing pro-social behaviour and compliance.
* **Guided Self-Help (GSH)**i**s a 6-week 1-1in-depth support** working with one or both parents and works on specific themed extracts from IY to fit the individual needs of the child/young person.
* **Systemic Family Practice (SFP) is a 6–12 week therapeutic intervention** which aims to help families navigate challenges by looking at the bigger picture—how each family member’s behaviours, feelings, and interactions are connected. We work in partnership with Youth First to support families with children aged 8-17 years (up to 25 years with SEND) who are presenting with low mood, depression, self-harm, distressing behaviours or conduct disorders.
* **Explorers Plus** is a play session for children and support group for parents and carers with a child aged 0-5 with **SEND** – families can attend these drop-ins which take place in various centres round the borough, or they can be referred. There is no need for a diagnosis for families to attend, no booking required.
* **The Juniper** **Programme** **is a 10-week recovery programme** for children under 4 and their mothers who have experienced **domestic abuse** - focusing on attachment, play, therapeutic parenting, safety planning and recovery for both mother and child.

**EYA services are based at The Camelot Centre, 50 Meliot Road, London SE6 1RY**

**Details of all these programmes can be found on our website** [**www.lewishamcfc.org.uk**](https://www.lewishamcfc.org.uk)

**Please complete this referral form fully and email to:****Lewisham.Secure@eyalliance.org.uk**

**Please note - WE CAN ONLY PROCESS YOUR REFERRAL if the referral is typed and sent in WORD format**

**and SECTION D is fully completed to give consent in order to comply with GDPR regulations**

|  |
| --- |
| **SECTION A:****REQUIRED INFORMATION ABOUT THE REFERRER and the FAMILY BEING REFERRED** |
| **REFERRER’S DETAILS**  |
| Name of Professional making the referral |  |
| Organisation, Team & Role |  |
| Telephone Number |  |
| Email |  |

|  |
| --- |
| **FAMILY DETAILS** |
|  | First Name | Surname | Gender Identity | Relationship to child | DOB | School or EY setting | CPP CIN | Ethnicity | Religion |
| Parent or Carer |  |  |  |  |  |  |  |  |  |
| Parent or Carer |  |  |  |  |  |  |  |  |  |
| **ANY OTHER SIGNIFICANT MEMBERS OF THE HOUSEHOLD AND/OR FAMILY** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **CHILDREN (PLEASE LIST ALL CHILDREN IN FAMILY)** |
| Child |  |  |  |  |  |  |  |  |  |
| Child |  |  |  |  |  |  |  |  |  |
| Child |  |  |  |  |  |  |  |  |  |
| Child |  |  |  |  |  |  |  |  |  |
| **DO ANY MEMBERS OF THE FAMILY HAVE PHYSICAL OR MENTAL HEALTH SUPPORT NEEDS? *Please give details below*****Is the child waiting for an assessment, or have they had a diagnosis? *Please give details below*** |
|  |
| **FAMILY CONTACT DETAILS** |
| Address and Postcode |  |
| Landline and Mobile |  |
| Email |  |
| Is it safe to contact? |  |

|  |
| --- |
| **ARE ANY OF THE FOLLOWING PROFESSIONALS INVOLVED WITH THIS FAMILY?** |
| Social Worker Name |  |
| Telephone: |  | Email: |  |
| Family Thrive Practitioner Name |  |
| Telephone: |  | Email: |  |
| Health Visitor/Team Name |  |
| Telephone: |  | Email: |  |
| IDVA or IGVA Name |  |
| Telephone: |  | Email: |  |
| CAMHS Name |  |
| Telephone: |  | Email: |  |
| Please also list any other professional or service currently involved in supporting this family: |

|  |
| --- |
| **SECTION B:****REFERRAL DETAILS** |
| **WHICH SERVICE(S) ARE YOU REQUESTING FOR THIS FAMILY?**  |
| [ ]  [INCREDIBLE YEARS PARENTING PROGRAMME](https://www.lewishamcfc.org.uk/wp-content/uploads/2022/03/Therapeutic-Parenting-Programmes-Info-Sheet.pdf)[ ]  THERAPEUTIC PARENTING PROGRAMME ONLINE (TPP)[ ]  ASC PARENTING COURSE [ ]  PIPT *or* GUIDED SELF-HELP[ ]  SYSTEMIC FAMILY PRACTICE SERVICE[ ]  JUNIPER DOMESTIC ABUSE Under 4s RECOVERY PROGRAMME [ ]  EXPLORERS PLUS SEND DROP-IN GROUPS  |
| **WHAT HAS HAPPENED RECENTLY TO THIS CHILD AND FAMILY THAT HAS LED TO YOU MAKING THIS REFERRAL NOW?****Please summarise recent events.** |
|  |
| **WHAT PROGRAMME ARE YOU REQUESTING FROM OUR SERVICE?** **Please explain why you consider us to be the appropriate service for this family at this time, and what outcome you hope to achieve from this referral to our service** |
|  |
| **HAVE YOU OR OTHERS ALREADY PROVIDED ANY CONTACT, SUPPORT, OR INTERVENTION?** If YES please list details here: |
|  |
| **IS THERE ANY OTHER USEFUL INFORMATION YOU CAN GIVE US ABOUT THE FAMILY for example current living accommodation or circumstances, behaviour at school or nursery, the wider family context?** |
|  |
| **DOMESTIC ABUSE** |
| Have you explored historical or current domestic abuse with the family?  | NO [ ]   | YES [ ]   |
| Is the family currently experiencing domestic abuse? | NO [ ]  | YES [ ]   |
| Has the family experienced domestic abuse historically?  | NO [ ]  | YES [ ]   |
| Is the alleged perpetrator still living with the family? | NO [ ]  | YES [ ]   |
| If yes to any of the above, please give full details here, including any identified current impact on the child and wider family and any current risks or concern you have: |  |  |

|  |
| --- |
| **SECTION D:** **FAIR PROCESSING AND CONSENT FROM PARENT** |
| **IF THE PARENT HAS NOT SIGNED THIS FORM, PLEASE CONFIRM AT THE BOTTOM OF THIS SECTION** **THAT THE PARENT HAS GIVEN VERBAL CONSENT FOR THIS REFERRAL AND TO DATA BEING PROCESSED AND RETAINED*****NOTE: WE offer consent-based services only, so a referral will NOT be accepted if verbal consent is not clearly shown.*** |
| Here at Early Years Alliance we take your privacy very seriously, and with your consent we will process, retain and store your personal data in line with the General Data Protection Regulations (GDPR) (EU) 2016/679.Your personal data and contact details will not be shared with any other third party but may be shared with other partnership organisations in order to provide an appropriate service.You have the following rights regarding your personal data:* The right to withdraw consent at any time
* The right to request your personal data is deleted
* The right to access to your personal data

For more information regarding the use of your personal data please see [www.lewishamcfc.org.uk](http://www.lewishamcfc.org.uk) or make a request to: Lewisham.Secure@eyalliance.org.uk or Early Years Alliance 50 Featherstone Street, London, EC1Y 8RTand a copy of the policy will be sent to you.**CONSENT: PLEASE TICK, SIGN AND DATE TO CONFIRM REGISTRATION**[ ]  I understand that by providing my consent I am confirming I understand how and why my personal data is used and give permission for Early Years Alliance to store and update my personal details.[ ]  I am a parent/legal guardian of a child/children under the age 16 and give consent for Early Years Alliance to store and use my child/children’s personal data for the purposes of the service.[ ]  I give permission to Early Years Alliance and any relevant partner organisation to contact me regarding services available and my access to them by: |
|  | [ ]  Telephone (including text messages)[ ]  Email [ ]  Post |
| PARENT SIGNATURE | DATE | Click or tap to enter a date. |
| PRINT NAME |  |
| **IF THE PARENT HAS NOT SIGNED THIS FORM, PLEASE CONFIRM BELOW THAT THE PARENT HAS GIVEN** **VERBAL CONSENT FOR THIS REFERRAL AND TO THEIR DATA BEING PROCESSED AND RETAINED.*****NOTE: WE offer consent-based services only, so a referral will NOT be accepted if verbal consent is not clearly shown.*** |
| [ ]  VERBAL CONSENT HAS BEEN GIVEN *(please put cross in box)* | DATE CONSENT GIVEN | Click or tap to enter a date. |
| REFERRER’S SIGNATURE  | DATE | Click or tap to enter a date. |

|  |
| --- |
| ***EYA OFFICE USE ONLY:*** |
| *Date Referral Received* | Click or tap to enter a date. |
| *NOTES/email trail/other info**(e.g. contact with referrer or family before allocation)* |  |
| *Reason referral is not appropriate for our service* |  |
| *Date referrer informed of rejection* |  |
| *Date of allocation and name of staff member allocated the case* |  |
| *Case number* |  |