

## Barnardos Parental Advocacy Referral Form



Barnardos Parental Advocacy Service is a service which can give advice and support to Parents who are engaged in child welfare, child protection or legal proceedings for their children. For information and advice any parent can ring the **Barnardos Parental Advocacy Helpline: 1800 333 355**. This is an independent, confidential and non-judgmental service.

This service also provides face to face advocacy support for parents in Dublin North City, Wexford and Waterford.

A parent can self-refer using this form and an advocate will be in contact for an initial meeting. The advocate can support in the following ways:

- Helping to understand any information given to the parent
- Parental rights within Child protection system
- Understand the roles of Child and Family Agency (Tusla) and the Courts role
- Empower parents to participate in all meetings, proceedings, and all relevant childcare proceedings
- Empower parents' voice

More information on this service is available in our information leaflet. Please feel free to speak to our advocates if there are any questions in relation to the service.

For more information on our record keeping policy, comments and complaints procedures and child protection procedures please see **Our Guide to Working with Barnardos**.

This is a voluntary service and we provide a consent form in order to commence the work.

We look forward to working with you and welcome any feedback or observations you may have when working with us and please feel free at any time to **Have your Say** on our Service in the following way

- Tell to your advocate or anyone on the team
- Through email [parent.advocacy@barnardos.ie](mailto:parent.advocacy@barnardos.ie)
- Send us a text
- Any of our comments/complaints forms
- To the manager Niamh McCarthy [niamh.mccarthy@barnardos.ie](mailto:niamh.mccarthy@barnardos.ie)
- Freephone number: 1800 333 355

Thank you

The Parental Advocacy Team ✨

<b>Is the person aware of the referral?</b>					
<b>Has the person given permission for you to share this information?</b>					
<b>Name:</b>					
<b>Address:</b> (if applicable)					
<b>Location:</b>	Dublin North City <input type="checkbox"/>		Wexford <input type="checkbox"/>		Waterford <input type="checkbox"/>
<b>Phone number:</b>		<b>Email:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>			
<b>Ethnicity – please choose from the below list:</b>					
African <input type="checkbox"/>	Black - Caribbean <input type="checkbox"/>	Other White origin <input type="checkbox"/>	White - Welsh <input type="checkbox"/>		
Any other Asian background <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White and Asian <input type="checkbox"/>		
Any other Black background <input type="checkbox"/>	Chinese <input type="checkbox"/>	White – British <input type="checkbox"/>	White and Black African <input type="checkbox"/>		
Any other ethnic group <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/>	White - Irish <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>		
Any other mixed background <input type="checkbox"/>	Indian <input type="checkbox"/>	White - Northern Irish <input type="checkbox"/>	Not Known <input type="checkbox"/>		
Arab <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	White – Polish <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		
Bangladeshi <input type="checkbox"/>	Other African <input type="checkbox"/>	White - Scottish <input type="checkbox"/>			
<b>Reason for Referral:</b>					
Please give details of the advocacy issue and the supports that may be of benefit to the person.					
<b>Are there any additional supports the parent may need when connecting with an advocate? E.g. Interpreter, AAC?</b>					



<b>Child Protection Process Stage – Please insert the appropriate number in the Family Composition table</b>	
1. Social Work Initial Assessment	5. Child Protection Social Worker has been assigned
2. A referral has been made to social work	6. Family Welfare Conference
3. A child protection case conference has been arranged or has occurred	7. Subject to care order
4. Meitheal	8. I don't know
	9. Other

<b>Referrer Details</b>			
<b>Name:</b>			
<b>Role/Relationship to the person:</b>			
<b>Phone number:</b>		<b>Email:</b>	
<b>Location:</b>	Dublin North City <input type="checkbox"/>	Wexford <input type="checkbox"/>	Waterford <input type="checkbox"/> Other <input type="checkbox"/>
<b>Address:</b>			