



OHOMAIRANGI TRUST & EXCEL PACIFIC

SOALAUPOLE - A SAMOAN PARENTING PROGRAMME

REFERRAL FORM

Soalupule (meaning power/ decision sharing) program is a Samoan parenting program focused on building secure relationships between parents and their children (*matimati le mafutaga*). Mums and Dads groups are separate in the morning sessions and parents combine in the sessions after lunch. Couples, single parents and grandparents can attend.

Clinically the **Soalupule** program utilizes the Mellow Parents program framework with a focus on attachment theory (*loto pipii*). Mellow Parenting is an internationally recognized evidence based program that provides a sound therapeutic basis to the Samoan cultural framework.

The program uses gagana Samoan and English. There is also a *Toe Afua program* for Samoan parents where English is their preferred language to cater to Samoan parents born or raised in Aotearoa.

We encourage parents who are working to retain day to day care of their children, or working toward children returning from care, to attend. Our facilitators work with the group to explore past, present & future experiences, over 14 weeks, on Mondays 9.30am - 2.30pm at the Mangere East Community Center. The next program will start in June 2021. This includes onsite child minding for daytime programs. We can arrange transport when necessary and nutritious refreshments are provided for both parents and children.

Email all enquiries to admin@ohomairangi.co.nz

To discuss a referral please call or email Mary Autagavaia 0212701703 mary.autagavaia@ohomairangi.co.nz

Date received: / /

<u>Mother's name:</u>		<u>Father's name</u>	
Village(s)		Village(s)	
Aiga Title (s)		Aiga Title(s)	
Matai title(s) held		Matai title(s) held	

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Current _____ address: _____

Ph: _____ Mob: _____ Emergency contact _____

Email address: _____

Child: _____ Age: _____ Sex: _____

Child: _____ Age: _____ Sex: _____

Child: _____ Age: _____ Sex: _____

Child: _____ Age: _____ Sex: _____

Child: _____ Age: _____ Sex: _____

Ethnicity/ies: _____

Reason for request: _____

Referrer's name _____

Address/Agency: _____

Funding approval:

Contact ph _____ Email: _____

Relationship to whanau (eg. parent, Family Start...) _____