**Referral to Family Outreach Project**

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| **LOCALITY** |  | **SUPPORT REQUIRED** |  | **PARENTAL SUBSTANCE USE** |
| **North East** |  | **Family Support** |  | **Drugs** |  |
| **North West** |  | **1:1 Child Support** |  | **Alcohol** |  |
| **South East** |  | **Both** |  | **Both** |  |
| **South West** |  |  |  |  |

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| **Parent/Carer’s Information:** |
| **Name** | **DOB** | **Current Address** | **Contact number** |
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| **Children’s Details:** |
| **Support** | **Name** | **DOB** | **Address** | **School/nursery** | **Legal Status/CPR** |
| **YES/**NO |  |  |  |  |  |
| YES**/NO** |  |  |  |  |  |
| YES/NO |  |  |  |  |  |

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| **INITIAL SOURCE OF REFERRAL** |
| **Name:** |  | **Address:** |  |
| **Organisation:** |  | **Email:** |  |
| **Role:** |  | **Tel:** |  |

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| **Please include a summary of the current family situation:** |
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| **In what ways do you think the child and/or family would benefit from additional support? Link to wellbeing indicators.** |
| **SAFE** | **HEALTHY** | **ACHIEVING** | **NURTURED** | **ACTIVE** | **RESPONSIBLE** | **RESPECTED** | **INCLUDED** |
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| **What other professionals are involved with the family?** |
| **Name** | **Role** | **Contact details** | **Who are they linked to?** |
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| **Has the family agreed to this referral?** | **Has the family agreed to this information being shared?** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |

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| **Are there any known risks for a worker undertaking a home visit? If yes, please provide details.** |
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| **Referral accepted by:**  | **Date:** |
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