

South / East / NWC

FAMILIES TOGETHER PLUS REFERRAL APPRAISAL

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| **Name of YP:**  **Eclipse I.D.**  **DoB:**  **Ethnicity:**  **Disability / Additional Needs**  **Language:**  **Interpreter Required:**  **EHCP Y N**  **Legal Status (please tick)**  **CIN CP LAC** | | **Date of Referral:**  **FT+ Staff Case Discussed With:**  **Referring Social Worker:**  **Team Manager:**  **Area Team:** |
| **Genogram:**  **Please include** | | |
| **Domestic Violence Mental Health Drugs / Substance / Alcohol Misuse**  **Offending / Criminality C CSE Concerns Missing Concerns**    **Parents Worklessness**  **One parent**  **Both Parents** | | |
| **Historic significant information only/ previous Interventions / accommodation / pre/proceedings** |  | |
| **Accommodated already Yes/No  If answer Yes then please follow the same format but thinking about whether the accommodation was preventable and what would need to happen for rehabilitation to be achieved?** |  | |
| **Current agencies involved and support given.** |  | |
| **What are the risks/concerns? And why? To include any Contextual Safeguarding concerns.** | **YP view (what are their views?):**  .  **Family view (what are their views?):**  **SW view (what are their views?):** | |
| **What is working well?**    **(To include family knowledge/expertise/ extended family and community support)** | **Family Strengths and Protective Factors:** | |
| **What needs to happen for the Young Person to remain in the home?** | **YP view (what are their views):**  **Family view (what are their views):**  **SW view (what are their views):** | |

**Families Together Plus Management Recommendations:**

**Signed:**