

South / East / NWC

FAMILIES TOGETHER PLUS REFERRAL APPRAISAL

|  |  |
| --- | --- |
| **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/NoIf 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:**