# Family Support Assessment Referral Form referral forM

Case Name:

|  |  |
| --- | --- |
| Name or Referrer | Position |
|  |  |
| Managers Name | Local Authority / Council / Organisation  |
|  |  |
| Phone No. | Office Address |
|  |  |
| Fax No. |
|  |
| E-mail address | Purchase Order No. |
|  |  |
| Date of Referral |  |
|  |  |
| Family members to be assessed | M | F | D O B | Ethnicity | Language |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Children to be assessed | M | F | D O B | Ethnicity | Language |
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|  |  |  |  |  |  |
| Significant others | M | F | D O B | Ethnicity | Language |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Religion  |  |
| Any disabilities |  |

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| Nature of Instruction |
|  |
| NB: Work will not commence until we have been supplied with a letter of instruction and confirmation that funds or finance has been agreed. |
| What is the planned timescale? |  |
| Start date: |  | End date: |  |

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| Who does the work involve? |
| Child/ren’s address | Type of placement |
|  |  |
| Carer / key worker’s name |
|  |
| Phone No. |
|  |
| Significant others | M | F | Ethnicity | Relationship to child |
|  |  |  |  |  |
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| Additional family members that may need to be seen as part of the assessment | M | F | Ethnicity | Relationship to child |
|  |  |  |  |  |
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|  |  |  |  |  |
| Legal Status |  |
| Current orders |  |
| Date of next hearing |  |
| Date of final hearing |  |
| Date report required from Project West |  |
| Child in need | Yes:  | No: |
| Safeguarding plan | Yes:  | No: |
| Looked after | Yes: | No: |
|  |  |
| Referrer | Team Manager | Solicitor for LA |
| Name Profession & address | Name Profession & address | Name Profession & address |
|  |  |  |
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|  |  |  |
|  |  |  |
| Tel: | Tel: | Tel: |
| Fax: | Fax: | Fax: |
| Email: | Email: | Email: |
|  |  |  |
|  |  |  |
| Family (Main) | Family (Second) | Children’s Guardian |
| Name Profession & address | Name Profession & address | Name Profession & address |
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|  |  |  |
|  |  |  |
| Tel: | Tel: | Tel: |
| Fax: | Fax: | Fax: |
| Email: | Email: | Email: |
|  |  |  |
| GP | Health Visitor | Solicitor for child |
| Name Profession & address | Name Profession & address | Name Profession & address |
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|  |  |  |
|  |  |  |
| Tel: | Tel: | Tel: |
| Fax: | Fax: | Fax: |
| Email: | Email: | Email: |
|  |  |  |
|  |  |  |
| Solicitor for Mother | Solicitor for Father | Foster Carer |
| Name Profession & address | Name Profession & address | Name Profession & address |
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|  |  |  |
|  |  |  |
| Tel: | Tel: | Tel: |
| Fax: | Fax: | Fax: |
| Email: | Email: | Email: |
|  |  |  |
|  |  |  |
| Foster carer link worker | School details | School details |
| Name Profession & address | Name Profession & address | Name Profession & address |
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| Tel: | Tel: | Tel: |
| Fax: | Fax: | Fax: |
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| Where will the work take place? |
| Please indicate who’s address this is (e.g. Family centre, Parents home)  |
| Main address  |  |
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| How often will the work take place? |
| Please indicate the days / dates and times of each session required |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mon | Tue | Wed | Thu | Fri | Sat | Sun |  |  |  |  |
| Once a day |  |  |  |  |  |  |  | Start  |  | End  |  |
| Twice per day |  |  |  |  |  |  |  | Start  |  | End  |  |
| Days per week |  |  |  |  |  |  |  | Start  |  | End  |  |
| Once per week |  |  |  |  |  |  |  | Start  |  | End  |  |
| Twice per week |  |  |  |  |  |  |  | Start  |  | End  |  |
| Days per week |  |  |  |  |  |  |  | Start  |  | End  |  |
| Once per fortnight |  |  |  |  |  |  |  | Start  |  | End  |  |

|  |  |
| --- | --- |
| Other (please specify) |  |
|  |
| Any relevant Expert Reports / Assessments |
| Yes: | No: | Date Provided: |

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| Additional information: |
| Please give all relevant details about those involved in the piece of work, indicating what risks are involved including any episodes of violence, emotional, mental or behavioural difficulties, any health issues (including allergies or dietary requirements) and offending behaviour, plus any additional history or information we should be aware of, including issues to avoid. *nb failure to detail information that may put staff and others at risk could result in the contract being terminated with no financial loss to Project West. any damage to property or staff caused as a result of not disclosing information at the time of referral will be the responsibility of the referring agency.* |
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| **Before any work can proceed:** |
| **It is essential that you complete the Risk Assessment**  |

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| Risk Assessment |
| Please indicate which of the following have affected or are continuing to affect the family you are referring and what is the current level of risk: |
| Safeguarding children | Yes/No/Allegation | High | Low | None |
| Physical Abuse Sexual Abuse: |  | **🗆** | **🗆** | **🗆** |
| Emotional Abuse: |  | **🗆** | **🗆** | **🗆** |
| Neglect: |  | **🗆** | **🗆** | **🗆** |
| Risk of Abduction: |  | **🗆** | **🗆** | **🗆** |
| Other potential concerns |  | **🗆** | **🗆** | **🗆** |
| Domestic abuse:  |  | **🗆** | **🗆** | **🗆** |
| Conflict between adults:  |  | **🗆** | **🗆** | **🗆** |
| Alcohol abuse:  |  | **🗆** | **🗆** | **🗆** |
| Drug/substance abuse:  |  | **🗆** | **🗆** | **🗆** |
| Mental health issues:  |  | **🗆** | **🗆** | **🗆** |
| Cultural issues: |  | **🗆** | **🗆** | **🗆** |
| Religious issues:  |  | **🗆** | **🗆** | **🗆** |
| Immigration / asylum: |  | **🗆** | **🗆** | **🗆** |
| Financial issues:  |  | **🗆** | **🗆** | **🗆** |
| Medical condition adult/child:  |  | **🗆** | **🗆** | **🗆** |
| Physical impairments adult/child:  |  | **🗆** | **🗆** | **🗆** |
| Learning difficulties adult/child:  |  | **🗆** | **🗆** | **🗆** |
| Parenting skills:  |  | **🗆** | **🗆** | **🗆** |
| Involvement of other family members in the contact: |  | **🗆** | **🗆** | **🗆** |
| Risk of violence towards staff:  |  | **🗆** | **🗆** | **🗆** |
| Risk of self-harm: |  | **🗆** | **🗆** | **🗆** |
| Other (please specify): |  | **🗆** | **🗆** | **🗆** |

## Additional Information

Where you have identified an area of concern please provide information relating to:

* The nature and extent of the concern;
* The families/parties awareness of the concern;
* The families/parties motivation to change;
* The families/parties capacity to change;
* The involvement of any other agencies;
* The impact of the concern upon the child(ren) in relation to any contact or services being provided.

## Area of concern 1

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| --- |
| Nature and extent of concern: |
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|  |
| Families/parties awareness of concern:  |
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|  |
| Families/parties motivation to change: |
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| Families/parties capacity to change: |
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|  |
| Involvement of other agencies: |
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|  |
|  Impact upon the child(ren) in relation to contact and or services being provided |
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## Area of concern 2

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| Nature and extent of concern: |
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| Families/parties awareness of concern:  |
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| Families/parties motivation to change: |
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| Families/parties capacity to change: |
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| Involvement of other agencies: |
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|  |
|  Impact upon the child(ren) in relation to contact and or services being provided: |
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## Area of concern 3

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| --- |
| Nature and extent of concern: |
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|  |
| Families/parties awareness of concern:  |
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| Families/parties motivation to change: |
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|  |
| Families/parties capacity to change: |
|  |
|  |
| Involvement of other agencies: |
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|  |
|  Impact upon the child(ren) in relation to contact and or services being provided: |
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| Additional information relating to the referral, proposed contact or services being provided: |
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| Additional information: |
|  |

## Declaration:

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| Finance agreed by (Manager, Solicitor / Court Order etc) | Signature |
|  |  |

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| I understand the information on this form to be true and correct to the best of my knowledge.I have read, understood and agree with the terms and conditions set by Project West. |
| Name |  signature | Job title | Date |
|  |  |  |  |

##### **PLEASE EMAIL THIS FORM TO:** info@projectwest.co.uk **OR FAX TO: 020 8711 3220**