



Please send this completed referral to abrunton@eastlothian.gov.uk

Referral to East & Midlothian Family Support Project

Tick relevant project

East Lothian Family Support Substance Misuse			
East & Midlothian Family Support for Pregnant Substance Users			
Date of Referral (referrer)		Referral Received (PSP Staff)	

Referrer Details:

Name/Role	Agency and Address	Phone number/Mobile	Email Address

Family Details:

Parent Name <small>(mum/dad/step parent etc)</small>	DOB	Contact Number	Current Address	Contact Arrangements
<u>Parent/Carer</u>				
<u>Parent/Carer</u>				

<u>Parent/Carer</u>				
---------------------	--	--	--	--

Children's Details:

Name	DOB	AGE	Address	Ethnicity	School/nursery	Named Person	CPR status	Legal Status

Any other relevant information (Please include disability impact, additional persons living in the house, barriers to individuals engagement, relevant cultural information, language, religion. Include previous strategies used as well as information on addiction, domestic abuse, Offence/charges etc, as well as risk factors. Please also use this section to highlight the strengths and successes of the family)

Alternative Emergency Contact:

Name	Address	Landline/Mobile	Relationship to family

Team around the Family:

Role	Name	Address	Phone Number/Email	Who are they linked to?
GP				
Social Worker				
Health Visitor/Midwife				

Risk Assessment information:

Is a Risk Assessment necessary when working with this family?	If yes Why?	Is there a current RA?	Is lone working Safe within the family home? (If no why?)
YES/NO		YES/NO	YES/NO

Any other relevant documentation available:

Document Name	Author	Date compiled	Attached to referral
Childs Plan			Yes/No
Social Background report			Yes/No
			Yes/No

Wellbeing Indicators:

	SAFE	HEALTHY	ACHIEVING	NURTURED	ACTIVE	RESPONSIBLE	RESPECTED	INCLUDED
Summary of reasons for referral								

Any other additional information to support the referral (Please list priority of support required)							
1.							
2.							
3.							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Has the family agreed to this referral?</th> <th style="width:50%;">Has the family agreed to this information being shared?</th> </tr> <tr> <td style="text-align:center;">YES/NO</td> <td style="text-align:center;">YES/NO</td> </tr> </table>		Has the family agreed to this referral?	Has the family agreed to this information being shared?	YES/NO	YES/NO		
Has the family agreed to this referral?	Has the family agreed to this information being shared?						
YES/NO	YES/NO						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;"><u>Referrers Signature:</u></th> <th style="width:30%;">Date</th> </tr> <tr> <td>Confirming that the information given is accurate and you are aware that this will be shared with the family.</td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		<u>Referrers Signature:</u>	Date	Confirming that the information given is accurate and you are aware that this will be shared with the family.			
<u>Referrers Signature:</u>	Date						
Confirming that the information given is accurate and you are aware that this will be shared with the family.							

Please send this completed referral to abrunton@eastlothian.gov.uk