

3. Please identify/give name of legal guardian and relationship to child/ren if different from above _____

4. Please identify child/ren's carers and relationship to child/ren if different from above. E.g. Other Partner/Foster Carers/Grandparents /Carers etc _____

5. Are all parents of child/ren aware of referral to NCFP? Yes No

If no, please explain why not: _____

6. Please give details of family's:

(a) Country of Origin: _____ (b) Ethnicity: _____ (c) 1st/2nd Language: _____

7. What are the reasons for referring to NCFP at this time? (Please give as much information as is available)

8. Are any of the following agencies currently involved or have been involved with this/your family? (Please give details including contact names, telephone numbers and dates involved)

<i>Social Worker</i>	<i>Public Health Nurse</i>	<i>Schools</i>	<i>Child Guidance</i>	<i>Community Welfare Officer</i>
<i>Vincent de Paul</i>	<i>Money Advice & Budgeting Services (MABS)</i>	<i>Mental Health Service</i>	<i>Family Mediation Service</i>	<i>Juvenile Liaison Officer/Garda</i>
<i>Probation Service</i>	<i>Court/Legal Service</i>	<i>Addiction Service</i>	<i>Speech & Language Service</i>	<i>Other</i>

9. (a) Can you in your own words, tell us what you would hope to gain from your involvement with the project?

(b) What are your fears and concerns about attending the project? _____

10. As the referring agent, what support do you think the family needs? _____

Parent/Carer Signature: _____

Date: _____

Parent/Carer Signature: _____

Date: _____

Referral Agent: _____

Date: _____

Project Leaders Signature: _____

Date: _____

FOR N.C.F.P. USE ONLY

Date Referral Received: _____

Date Referral Accepted: _____

Date Referral Allocated: _____

Allocated to: _____

Family I.D. No: _____

Naas Child and Family Project

Introduction

The Naas Child and Family Project works in partnership with families to bring about better outcomes and solutions for parents and children. The project requires a high level of commitment and co operation from parents in order to support them in their parenting. The project does not work with children in isolation of their parents and other family members. The project acknowledges that families themselves have many strengths and therefore takes a family approach to look for solutions.

Information for families and referrers on the referral process

A referral committee will manage the referrals of families to the project.

The Referral committee will include the Principal Social Worker HSE, the Regional Director of Kildare Youth Services, a school principal and the Project Leader. They will meet at least five times a year and when need determines.

All referrals to the project must be in writing and a project referral form must be completed. When completing the referral form please give details of all children in the family, not just the referred child. Please ensure that all contact details are provided and that correct and up to date phone numbers are written clearly on the referral form under section 2 (family details).

The referral form must be signed by the referring agent and by the family being referred. In line with best practice we would encourage referring agents to complete the referral form together with the family being referred.

In the event that a family is self referring to the project they can complete a referral form. If the family requires help in completing the form they can arrange to meet the Project Leader who will assist them in completing the form. Please phone 898623 for an appointment

Detailed information about the family is required from the referring agent or family in order to make an informed decision as to the suitability of the referral. Please answer all questions and give as much information as possible about the reasons for referring.

Where possible it is important to get both parents and or guardians/carers to sign the referral form.

Once the form has been completed please send it to the Project Leader.

The Project Leader presents the referral to the referral committee

The referral committee will discuss the referral and agree if it is suitable for the service.

If the referral is accepted both the referring agent and the family will be notified in writing by the Project Leader of this decision. The family will be placed on the project waiting list to await allocation.

Should the referral not be considered some recommendations may be made by the referral committee to refer the family on to another service.

More information may be requested from referring agents in the unlikely event that a referral form does not provide adequate information.

Families placed on the waiting list will be contacted two months after the referral has been accepted for an update.

A family will be notified in writing when allocated a family worker. The family worker makes contact with the family by telephone and arranges a time to meet them to begin the engagement process.