**1:1 Support Service**

**Pilton Youth and Children’s Project**

**The Greenhouse, 1A West Pilton Place**

**EH4 4DG 0131 332 9815**



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| **Date of Referral:**  |
| **Name of young person:**  | **Date of birth:**  |
| **Address:** | **Parent/carer contact details:** |
| **Referrer details:** | **School:** **Guidance/ class teacher:** **Contact number:**  |
| **Detail any other services involved/or that have been involved as well as their role:**  | **Has the young person and family agreed to the support?****Young person’s agreement (please tick)** **Parent/ carer permission if under 16 (please tick)**  |
| **What is going well for the young person? What are their strengths?** **Could the young person benefit from supported small group work rather than 1:1?**  |

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| **Please outline the key issues that are affecting the young person using the SHANARRI wellbeing indicators (please tick those applicable and give additional information) :**

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| **Indicator** | **Additional Info.** |
| **SAFE** |  |
| **HEALTHY** |  |
| **ACHIEVING** |  |
| **NURTURED** |  |
| **ACTIVE** |  |
| **RESPECTED** |  |
| **RESPONSIBLE** |  |
| **INCLUDED** |  |

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| **Please outline the desired outcomes for the support work:**  |
| **Any additional information:** |
| **Supporting documents attached:****Child Planning** **Assessment of Need** **Other Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |