  

**The Greenhouse, 1a West Pilton Place, Edinburgh, EH4 4DG**

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| **Date of Referral:** | |
| **Name & status of each family member (e.g., father, mother, child and D.O.B for each child):** | |
| **Address:** | **Parent/carer contact details:** |
| **Referrer details:** | **School details for each child including class or guidance teacher:** |
| **Detail any other services involved/or that have been involved as well as their role:** | **Has the family agreed to the support?** |
| **What is going well for the family? What are their strengths?** | |

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| **Please prioritise and outline the key issues that are affecting the family using the SHANARRI wellbeing indicators (please tick those applicable and give additional information) :**   |  |  | | --- | --- | | **Indicator** | **Additional Info.** | | **SAFE** |  | | **HEALTHY** |  | | **ACHIEVING** |  | | **NURTURED** |  | | **ACTIVE** |  | | **RESPECTED** |  | | **RESPONSIBLE** |  | | **INCLUDED** |  | |

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| **Please outline the desired outcomes for the family’s involvement in POP:** |

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| **Any additional information:** |