Family Case No:

Office Use Only

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| **Family Information** | | | | | | | | | | | | | | | | | | | | | | |
| Name of Parents | Address and Postcode | | | DOB | | | M/F | | Telephone  No  (Inc.  Mobile) | | | | | Parental responsibility | | | | Ethnicity | | Religion | | Read/  Write/  Speak English |
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| Parent’s drug/alcohol use |  | | | Immediate risk issues | | | | | Details | | | | | | | | | | | | | |
| Names of Children | Address & postcode of child if different from parent | | | DOB | | | M/F | | School/  Nursery | | | | | | | | | Ethnicity | | Religion | Read/write | |
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| **Referrer Information** | | | | | | | | | | | | | | | | | | | | | | |
| Name of Referrer |  | | | | | | | Email Address | | | | |  | | | | | | | | | |
| Contact Number |  | | | | | | | Team | | | | |  | | | | | | | | | |
| Address |  | | | | | | | Team Manager | | | | |  | | | | | | | | | |
| Date of Referral | | | | |  | | | | | | | | | |
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| **Checklist (please ensure all are completed)** | | | | | | | | | | | | | | | | | | | | | | |
| Service explained to parents? | | | | | | | Yes/ No | | | | | | | | | | | | | | | |
| Service explained to children? | | | | | | | Yes/ No | | | | | | | | | | | | | | | |
| Parent in treatment for substance use? | | | | | | | Yes/ No/ Treatment complete | | | | | | | | | | | | | | | |
| Safeguarding Status | | | | | | | Universal /CAF/ CIN or TAC/ CP Plan/ LAC | | | | | | | | | | | | | | | |
| CAF/Initial/Core Assessment attached & plan? | | | | | | | Yes/ No/ Not completed | | | | | | | | | | | | | | | |
| Date(s) of Next Conference, Core Group or Child in Need Meeting: | | | | | | |  | | | | | | | | | | | | | | | |
| If CP, under what category? | | | | | | | Neglect/ sexual abuse/ emotional abuse/ physical abuse | | | | | | | | | | | | | | | |
| **Social Worker/Lead Professional & Drug and Alcohol worker details** | | | | | | | | | | | | | | | | | | | | | | |
| Social Worker/Lead Professional & contact no: | | | | |  | | | | | | | | | | Informed Y/N | | | | |  | | |
| Drug or alcohol worker & contact no. | | | | |  | | | | | | | | | | Informed Y/N | | | | |  | | |
| **Other Agency Involvement:** | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Agency | | | Telephone | | | | | | | Email | | | | | Works with (family member) | | | | | |
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| **Significant Adults:** Include all that have regular contact with family including grandparents, aunts, uncles and friends | | | | | | | | | | | | | | | | | | | | | | |
| Names | Address & contact no: | | | | | DOB | M/F | | | | Relationship to child/YP | | | | | | Ethnicity | Religion | Read/write | | | |
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| **Parent/Carers Substance Use** | | | | | | | | | | | | | | | | | | | | | | |
| What? | Method of use? | | Where used? | | | | | | | Frequency? | | | | | | Who with? | | | Weekly cost? | | | |
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| **Additional information regarding substance use including own parents/family substance use** | | | | | | | | | | | | | | | | | | | | | | |
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| **Children’s knowledge of parent/carers drug or alcohol use**  Children must have a basic understanding of their parents drug or alcohol use and of the Holding Families Service | | | | | | | | | | | | | | | | | | | | | | |
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| **Impact on Children/ Young People**  Please include details of support provided by parents, non-substance misusing adults & children’s views wherever possible | | | | | | | | | | | | | | | | | | | | | | |
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| **Vulnerabilities (please tick any relevant to family)** | | | | | | |
| Exploitative Relationship |  | Domestic Violence/ Abuse | |  | MARAC |  |
| No GP |  | No Dentist | |  | SEN |  |
| Pregnant |  | Sexual Health/Issues | |  | Sex Worker |  |
| Mental Health |  | Self-Harm | |  | Suicidal Ideation/attempts |  |
| Not in Education/Training/Employ. |  | Sexual Exploitation | |  | Offending Behaviour |  |
| At Risk of Losing Property |  | Debt | |  | Overweight |  |
| Underweight |  | Physical Health Issues | |  | Homeless |  |
| Please give details if other: | | | | | | |
| **Referrer goals (please tick any relevant to family)** | | | | | | |
| Engage in education, training or employment |  | Support children of substance users | |  | Retention or engagement in services |  |
| Child placed back with parents |  | Reduction in substance use | |  | Abstinence from substance use |  |
| Family access support services |  | Improve family relationships | |  | Improve parenting |  |
| Reduce police callouts |  | Family stay together | |  | Managing money |  |
| Establish child’s opinion |  | Cooking and cleaning | |  | Improved school attendance |  |
| Improved mental health |  | Housing status improved | |  | Other |  |
| Please give details if other: | | | | | | |
| **Information sharing**  Information will be shared with all agencies involved with the family from receipt of referral unless reasons not to are stated below: | | | | | | |
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| If both parents/carers and children are aware of the Holding Families Service and this referral, and you have explained the Holding Families programme information, please sign below  **Please go through completed referral with families before submitting** | | | | | | |
| Referrer: | | |  | | | |
| Parent/Carer: | | |  | | | |
| Parent/Carer: | | |  | | | |
| Date: | | |  | | | |

Please complete electronically/scan and send to Holding Families to [info@earlybreak.co.uk](mailto:info@earlybreak.co.uk) or post to

Bury/Rochdale - Early Break, Annara House, 7-11 Bury Road, Radcliffe M26 2UG Contact 0161 7233880

***Office Use:***

*Date referral logged on system:*

*Family case number:*