



**HOLDING FAMILIES REFERRAL FORM** (pls tick area)

BLACKBURN with DARWIN      BOLTON      BURY      SALFORD      TRAFFORD  
ROCHDALE      OLDHAM

Family Information									
Name & Pronoun of Parent/Carer	Address and Postcode	DOB	GENDER	Tel No (Inc. Mobile)	Substance use	Parental responsibility	Ethnicity	Religion	English First Language
					Y N	Y N			Y N
					Y N	Y N			Y N
					Y N	Y N			Y N
					Y N	Y N			Y N
Names & Pronoun of Children	Address & postcode of child if different from parent	DOB	GENDER	Aware of parental substance use?	School/ Nursery	Ethnicity	Religion	Read/write	
				Y N				Y N	
				Y N				Y N	
				Y N				Y N	
				Y N				Y N	
Other Significant Adults/Carers: (please only provide contact details with their consent)									
Name & Pronoun	Address & postcode	DOB	GENDER	Tel No.	Relationship to child	Which child are they supporting?			
Referrer Details									
Name	Agency & Role	Team	Tel No.	Email	Team Manager				



**HOLDINGFAMILIES REFERRAL FORM** [pls tick area]

BLACKBURN with DARWIN    BOLTON    BURY    SALFORD    TRAFFORD  
ROCHDALE    OLDHAM

**Key Services involved**

Name	Agency & Role	Telephone Number	Email	Works with (family member)

**Please give details of parent/carer substance use  
[current/previous/substance being used/impact on parenting]**

**Please give details of children’s knowledge of parent/carers drug or alcohol use and the impact of parental substance use on them**



**HOLDING FAMILIES REFERRAL FORM** [pls tick area]

BLACKBURN with DARWIN    BOLTON    BURY    SALFORD    TRAFFORD  
 ROCHDALE    OLDHAM

<b>Risks &amp; vulnerabilities (state Y/N)</b>			
Risk assessment completed		Aggression towards professionals	Client suitable for groupwork with vulnerable clients
Risk to lone working		Risk to children	Mental health
Risk to home visiting		Served custodial sentence	Physical health
Domestic violence		Probation order	No known risk
Previous/current other violence		Recent police call-outs	Other
<b>Referrer goals (please select up to 3 goals)</b>			
Support children of substance users		Child placed back with parents	Retention or engagement in services
Family access support services		Reduction in substance use	Abstinence from substance use
Reduce police call outs		Improve family relationships	Managing own mental health needs
Establish child's opinion		Family stay together	Improved school attendance
<b>Checklist</b>			
Service explained, and referral completed with parents		Date of next Conference/Core Group/CIN	
Service explained to children		Safeguarding Status	Universal/CAF/CIN/CP/LAC
Parent in treatment for substance use?		If CP under what category?	Neglect/sexual abuse/emotional abuse/physical abuse
Social worker or lead person advised of referral		Current plan attached	Yes    No
<b>Information Sharing Consent Parent to sign</b>			
<p>"I freely, and without coercion, agree to relevant personal information being shared with involved agencies. I am fully aware of why my personal information is being shared and what that means to myself and my family. I understand I can discuss any future changes with my worker at any time. Reasons I do not consent to my personal information being shared are stated below."</p> <p>Signed:</p> <p>Dated:</p> <p>If not, please state why:</p>			
<b>I consent to this referral being made to the Holding Families service Please print and sign wherever possible for explicit consent.</b>			
Referrer:			
Consent:	I have received verbal consent from the family?    Yes    No		
Parent/Carer:			
Parent/Carer:			
Dated:			

Please complete electronically/scan using password protection and send to Holding Families to [info@earlybreak.co.uk](mailto:info@earlybreak.co.uk)  
 Early Break, Annara House, 7-9 Bury Road, Radcliffe M26 2UG. Telephone 0161 7233880

**Office Use:**

Date referral logged on system:

Family case number: