

Created by Nottingham City Council Glen Jarvis
Nottingham Drug Treatment System
Child & Family Support Form
(Please refer to guidance notes for completion of this document)

★ YOU MUST CONSIDER THE ‘**CHECKLIST FOR SAFE PRACTICE**’ IN CONJUNCTION WITH THIS FORM

Name of Client:

DOB:

1. Information regarding unborn baby and children

This information must be gathered as part of the assessment process for all new clients and filed with the assessment

Estimated due date of client/partners baby	
Child 1	Child 2
Surname:	Surname:
Forename(s):	Forename(s):
DOB/Age:	DOB/Age:
Child's ethnicity	Child's ethnicity
Address:	Address:
Child's relationship to client:	Child's relationship to client:
Child's primary carers name/address/relationship to child (do they have parental responsibility) :	Child's primary carers name/address/relationship to child: (do they have parental responsibility)
Child's GP &/or Health Visitor/Midwife/School Nurse details:	Child's GP &/or Health Visitor/Midwife/School Nurse details:
Nursery/School:	Nursery/School:
Does child have any disabilities?	Does child have any disabilities?
Child 3	Child 4
Surname:	Surname:
Forename(s):	Forename(s):
DOB/Age:	DOB/Age:
Child's ethnicity	Child's ethnicity
Address:	Address:
Child's relationship to client:	Child's relationship to client:
Child's primary carers name/address/relationship to child: (do they have parental responsibility)	Child's primary carers name/address/relationship to child: (do they have parental responsibility)
Child's GP &/or Health Visitor/Midwife/School Nurse details:	Child's GP &/or Health Visitor/Midwife/School Nurse details:
Nursery/School:	Nursery/School:
Does child have any disabilities?	Does child have any disabilities?

2. Support services involved with the child and family

Agency (contact details)	Details of support

3. Assessment of child's needs

<p>General Health Does the parent have any worries about the child's health? Does the child have a G.P? If the client or their partner is pregnant are they accessing antenatal services?</p>	
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<p>Behavioural and Emotional Development Is the parent worried about their child's development? Is the parent worried about the child's behaviour?</p>	
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<p>Learning Is the child attending nursery/school regularly, on time? How does the parent feel the child is doing at school/nursery?</p>	
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4. Parents and carers

<p>Do they have additional needs related to mental/physical health, disability or domestic violence (past or present) what does this mean for the child/unborn does it increase risk?</p>	
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<p>What do they think is going well? What are they struggling with?</p>	
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5. Basic care, ensuring safety & protection

<p>What are the clients' views on the impact of substance use on their parenting? Are they able to ensure the child is safe and meet their basic care needs, have they had previous or current Children's Social Care involvement. Consider domestic violence & mental health issues, child taking on caring responsibilities, child worried about parent, moody behaviour. Is the parent stable?</p>	
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<p>What things does the parent put in place to lessen the impact of their drug/alcohol use on the child? Setting routines and boundaries, keeping disagreements away from the child, ensuring child up to date with health & dental checks, ensuring child attends nursery/school, contact with extended family and services</p>	
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<p>What plans does the parent put in place to ensure that the child is safe when using/obtaining drugs/alcohol? Non using adult available, appropriate care in place, where and when they use etc</p>	
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<p>What plans are put in place for the safe storage of drugs, medicines, drug related paraphernalia and alcohol? <i>Offer a safe storage box and go through the keep safe leaflet</i></p>	
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<p>What might the impact for the child be with the parent accessing treatment? Separation, more caring responsibilities, difficulty getting to and from school, child care needed, seeing parent go through home detox, possible increase in domestic violence, poor mental health</p>	
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6. Guidance boundaries & stimulation

<p>What are the clients views on their drug/alcohol use and it's affect on their child[ren] and family? How does the substance use affect their ability to provide routines, boundaries and stability (school, nursery, housing etc). Is the parent able to set boundaries do these change when parent intoxicated and withdrawing? What's the impact on the child?</p>	
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7. Family & Environmental & Social Community

Are there any relatives/friends offering support to the child or family (what does this look like) Is there a history of substance misuse in the wider family?	
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Current family and home situation Family structure, private fostering arrangement, other significant adults who live with, or have contact with, the child. Do others in the home use substances?	
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8. Housing, Employment & Financial Considerations

Is the substance use impacting on the parent's finances and housing stability? Is the parent involved in criminal activity?	
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What support would the client like for their child and family?	
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9. Conclusions, Solutions and Actions

Strengths/resources
Needs worries & goals (What are the parent/carer's aims, what would they like to achieve)

Actions	Required?	Date
Child Protection Concerns?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discussed with Child Protection lead or line manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Checked with Safeguarding Children Information Management Team (Child Protection Register)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Already a existing social worker, worker contacted	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referral made to Children's Social Care Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Private fostering arrangement Children's Social Care Services Notified	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Client pregnant referral made to specialist midwife?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child has additional needs which require support? Is CAF open?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If CAF open, liaise with CAF initiator or Lead Professional	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no CAF open make a referral in to a family community team using this assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
No current additional needs but support need identified? Parent/child/partner referred onto support services? (Consider WAM, Action for Young Carers, Regents House & Stronger Families programme) Specify	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family support to be included in treatment care plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
No action required – ongoing monitoring	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Agreed Actions

Action	By who	Timescale

10. Consent to store and share information

The client understands that the information recorded on this form will be stored and used to provide support services. **Yes** **No**

I have had the reasons for information storage and sharing explained to me and understand them **Yes** **No**

I agree for information to be shared with the following services:

I do not want information shared with the people below (include family members if appropriate)

Signed	Name	Date
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Assessors Signature	Name	Date
Date of Review		

<p>If at any time during the course of your assessment you are concerned that a child has been harmed, abused or is at risk of being harmed or abused you must follow your Local Safeguarding procedures</p>

11. Checklist for Safe Practice (Children & Young People)

The child and family support form is accompanied by a checklist of issues for practitioners to consider and refer to in all their contacts with clients.

- Is the client pregnant? If so, are they accessing health care, including a midwife?
- Is the client to become a parent?
- Is there a supportive non using adult for the child
- Is the child / young person accessing universal services? (E.G. Health Visitor, Nursery, School, Connexions, Play, Youth).
- During home visits, is there appropriate toys and adequate food and is the child dressed appropriately. Is the home environment adequate?
- Do you have any worries about the relationship between the client and their child?
- Does the parents/carers behaviour under the influence of drugs /alcohol pose a risk to the child?
- Does the child have caring responsibility for themselves, siblings or parent?
- Who looks after the child/young person when the client is using or obtaining drugs/alcohol?
- If the child were to wake up in the night would the parent/carer be able to meet the child's need
- Is drugs/medication/alcohol stored safely away from the child/young person?
- Is the client struggling with parenting?
- Is there any domestic violence in the adult's relationships?
- Both parents/carers using alcohol or substances.
- Severity and length of substance use.
- Absence of a stable adult figure.
- Disruption to, or lack of contact with, universal services.
- Prioritising drugs/alcohol over children.
- Domestic Violence.
- Mental health issues.
- Dealing taking place in the home
- Children isolated from extended family/community
- Drug/alcohol related violence or intimidation.
- Parents/carers struggling with child's behaviour.
- Parents/carers drop out of treatment
- Babies, small children who are physically dependent on care
- Child has a disability
- Unknown adults visiting the house

Unplanned Exits from treatment

An unplanned exit from treatment could be a risk trigger for the client and their child. In the event of an unplanned discharge review what you know about the child's circumstances, refer to the above list. If you re unable to establish contact with the client and are concerned about the child, contact a service involved with the child.