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| |  |  |  | | --- | --- | --- | | **Family name:** | | **Children’s Age/s:** | | **Azeus ID:** | | **Primary Language:** | | **Social worker/ Families First Practitioner’s name:** | | **Interpreter Required: Y/N** | | **Your Practice Lead’s name:** | **Team:** | **For Whom:** | |
| **What NewDAy intervention support would you like?**   |  |  | | --- | --- | | **NewDAy can offer you any of the following:** | **Tick your preference** | | 1. Direct work with children and young people (NewDAy deliver 3 sessions with children 121). |  | | 1. Direct work with users of domestic violence/abuse (NewDAy delivers 3 sessions or we can co-work with the lead practitioner). |  | | 1. Direct work with primary carer and children, when other carer is absent (NewDAy delivers 3 sessions). |  | | 1. Group work for fathers (NewDAy facilitates Caring Dads groups, 17 week programme). |  | | 1. Therapeutic work with both parents (NewDAy delivers with parents, plus carries out direct work with children. SW must attend first meeting (IFM) with parents and agree co-working arrangement).   *Please note we can only offer this for CIN/CP cases. This is a long term invention, up to 6 months.* |  | | Agreed with practice lead: (tick to confirm) | | 1. NewDAy Education Offer (can go with any of the above or as standalone service, where there are particular education concerns i.e. attendance, attainment, progress, punctuality.) |  | |
| |  | | --- | | **Do the family tick the following criteria: (highlight applicable)** | | **Case type?** Families First / Child in Need / Child Protection | | **Domestic abuse prominent factor?** Yes / No | | **You have spoken with the person(s) you would like to access this intervention. They are willing to meet with NewDAy and understand this is a domestic abuse service?** Yes / No | | **They consent to us undertaking any enquiries with partner agencies?** Yes / No | |
| **Worries:**  Provide a synopsis of what you are worried about. What are your concerns, what are the risks for this family? What is the impact on the family? |
| **Synopsis:**  Tell us about;  The referral. What happened? Be as specific as you can. (*What is the nature of the domestic violence/abuse?, when, who referred, were police involved, who called them?, injuries, weapons, were the children present during the incident?****,*** *how long has this case been open to social care/ families first? Etc.*)  Please describe the last incident of domestic violence /abuse? |
| **Tell us more about:**  Parent(s) mental health concerns (are these supported by a professional assessment?)  Parent(s) alcohol or substance misuse (do you have any concerns?)  Any previous convictions/ injunctions (Non-molestation orders, bail conditions, known to MARAC). Is there any court action pending (family or criminal)?  Use of weapons (what weapons? When?)  Children’s educational concerns (attendance, attainment, S.E. well-being, behaviour, etc.)? |
| **Documents:**   |  |  |  | | --- | --- | --- | | **Do you have these documents:** | Is this uploaded on Azeus? | Date it was completed? | | Single assessment |  |  | | CIN/ CP/ FF plan |  |  | | Chronology |  |  | |
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| **Feedback to referrer with rationale: (NewDAy to complete)** |