

What is The Family & Carer Service?

The Corner now has a Families and Communities Development Worker who will provide information and support for parents and carers who are affected by their child's substance misuse. The Service offered will be flexible, non-judgmental, confidential and accessible. The support offered will be person-centred; meaning that it will be led by the needs of parents and carers. We aim to provide information, support and signposting to relevant services to address the specific needs of the parents and carers, both practical and emotional. We ensure that affected parents and carers have access to a confidential platform to reflect their own needs and wellbeing.

What Do We Offer?

One-to-one person-centred interventions which are led by the needs of the parent/carer. This can include advice and information on drugs, practical advice around parenting, harm reduction advice supporting you to keep you child safe and signposting to services.

Group work sessions for Parents and Carers which provide advice and information around basic drugs awareness and practical advice around parenting. These sessions are run from the Corner and are tailored to meet the needs of each individual.

We offer telephone advice and information to Parents and Carers. Call for more information and ask to speak to one of our workers – 0114 275 2051/07760559108

How Do I Make A Referral to The Corner?



For information or queries please contact us on :- 0114 275 2051





Email completed referral forms to :- thecorner.sheffield@cgl.org.uk





Post completed referral forms to :- 91 Division Street, Sheffield, S1 4GE



How Do I Access Social Media?

Visit our Website, Facebook and Twitter accounts where you will find further advice, information and support:



https://www.facebook.com/TheCornerSheffield





https://twitter.com/TheCornerCGL





www.thecornersheffield.com











About Family Member / Parent / Carer								
Name:	ADOUT Family	Member / Parent / C	D.O.B	/	/			
Address:			Can we write?	/ / /	N			
Contact number:			Can we write:	Y	N			
Email:			Can we email?	+ ·	N			
Dependant Details:			Can we ama					
Preferred time of contact:	Morning	Afternoon	Specify	.				
	, months and a specific							
Please provide an	Please provide an overview of the reasons for this referral (substances / amount							
being used / how long / who with / impact of substance use)								
Please provide co		any other agencie		invol	ved			
	(MAST / CA	MHS / Social work	er)					
			1:6 / 1		,			
Any further in		el relevant (school		sical /				
	emotional ne	ealth / learning nee	:as)					
r								
	What substance(s) is the person using?							









Are they cur	ently receiving supp	oort? If yes, please pro	ovide details:			
What is their relationship to the person being referred?						
Referring Person Basic Details						
Name		Relationship to YP				
Contact		Email				
	Inclusio	n Details				
		ove our service availability and				
as possible. If the informa		rral stage, it helps with our fut mation later in the journey.	ure planning and saves us			
Gender		Sexuality				
Ethnicity		Country of Birth				
Mental Health Concerns		Physical Health Concerns				

Thank you for completing a referral for The Corner.

This form can now be returned to us using the contact information on the front page.

If you have any further queries or would like some further advice, please call us on 0114 275 2051.



Language /

Communication

Any Other Info

(i.e. English as second language braille / sign language)