**Gloucestershire Young People’s Substance Misuse Referral Form**

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| **Contact us:**Youth Support Team, The Vibe,Druids Lane, Stanway Road, Gloucester, GL4 4RETel - 01452 415707 |
| **email this completed form to:** sas.referrals@prospects.co.uk |

The Young Person

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Sex |  |
| Ethnicity |  |
| Mobile No |  |
| e-mail |  |
| Address |  |

 Referrer Contact Details

|  |  |
| --- | --- |
| Name |  |
| ID |  |
| Organisation |  |
| Phone |  |
| email |  |
| Lead Professional |  |
|  |  |
| **I consent to this information being shared with services for the purpose of this referral.** |
| **Young person’s signature………………………………………….. Date:**  |
| **In normal operating conditions the Referral Hub and associated service providers are available from Mon-Fri, 9am - 5pm. In the event of an emergency, please act in accordance with your normal emergency procedure** |
| **Please complete the next page with the last 4 weeks in mind. Use the box on page three to provide us with other relevant information and historical use you think relevant.**  |

Section 2

Total:

|  |  |  |
| --- | --- | --- |
| **U12** | **12+** | **Drug type** |
| 5 | 2 | Alcohol |
| 8 | 4 | Amphetamine |
| 10 | 5 | Cannabis |
| 10 | 5 | Cocaine |
| 10 | 5 | Crack |
| 8 | 4 | Ecstasy |
| 10 | 5 | Heroin |
| 8 | 4 | LSD |
| 10 | 5 | Xanax |
| 8 | 5 | Solvents/Gas/NOS |
| 7 | 4 | Ketamine |
| 6 | 2 | Others- Opioids/ Prescription/ new hallucinogens |
|  |
| **U12** | **12+** | **Contact with other users** |
| 9 | 7 | Lone use |
| 6 | 1 | Some friends who use drugs/alcohol, some who don’t |
| 8 | 4 | All friends use drugs/ alcohol |
|  |
| **U12** | **12+** | **Smoking** |
| 5 | 2 | Tobacco |
| 5 | 2 | Vaping |
|  |
| **U12** | **12+** | **Injecting** |
| 10 | 8 | Currently/recently injecting |
|  |
| **U12** | **12+** | **Intoxication** |
| 10 | 4 | Use with loss of consciousness or aggression or attendanceat hospital (A&E} |
|  |
| **U12** | **12+** | **Frequency** |
| 5 | 1 | Occasional drug/ alcohol use |
| 8 | 3 | Regular drug/alcohol use |
| 10 | 5 | Daily use |
|  |
| **U12** | **12+** | **Family substance use** |
| 6 | 4 | Known drug/alcohol misuse among close family/carers |
| 10 | 8 | Significantly affected by someone else's drug/ alcohol misuse |

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| **U12** | **12+** | **Living situation** |
| 5 | 2 | Problems with housing, insecure or inadequate |
| 4 | 4 | Looked after by LA |
| 10 | 6 | Homeless |
| 10 | 6 | Going missing |
|  |
| **U12** | **12+** | **Adult support** |
| 3 | 2 | Conflict at home |
| 7 | 4 | Has no supportive relationships with adults |
| 9 | 6 | Witnesses or has known abusive relationships |
|  |
| **U12** | **12+** | **Sexual behaviour** |
| 6 | 2 | Inappropriate/unsafe sexual behaviour |
| 10 | 6 | Abusive sexual relationship(s) |
| 10 | 8 | At Risk of Child Sexual Exploitation (CSE) |
|  |
| **U12** | **12+** | **Criminal involvement** |
| 10 | 4 | At risk of offending/ gang affiliation/criminal exploitation |
| 8 | 4 | Involved with the criminal justice system |
|  |
| **U12** | **12+** | **Education/ employment** |
| 4 | 2 | Truanting and/or erratic attendance |
| 6 | 4 | Not in further education/training |
| 4 | 2 | Exclusion fixed/ permanent |
| 10 | 5 | Not in mainstream education/home educated |

Section 1 Substance use over last 4 weeks

Section 2

Social situation/behaviour

Section 3

Total: Health and wellbeing

|  |  |  |
| --- | --- | --- |
| **U12** | **12+** | **General health** |
| 4 | 3 | Frequent visits to the GP/hospital |
| 4 | 3 | Difficulty sleeping |
| 6 | 5 | Constantly tired |
| 6 | 5 | Severe sleep problems |
| 8 | 5 | Not looking after yourself/personal care |
| 10 | 8 | Sudden weight loss |
| 10 | 10 | Pregnancy-recent/ current |
| 10 | 10 | Blackouts/memory loss |
| 10 | 10 | Fitting/seizures |
| 10 | 10 | Accidental/planned overdose |
|  |
| **U12** | **12+** | **Emotional health and well-being** |
| 6 | 2 | Low self esteem |
| 5 | 4 | Poor sense of belonging |
| 3 | 2 | Insecure sense of identity |
| 4 | 3 | Hopes for the future |
| 8 | 4 | Eating disorder/poor appetite |
| 8 | 8 | Frequent bouts of low mood |
| 3 | 3 | Memory loss |
| 4 | 2 | Inability to concentrate |
| 8 | 8 | Self-harm |
| 8 | 8 | Severe anxiety/panic attacks |
| 10 | 10 | Severe paranoia |
| 10 | 10 | Suicide attempts |
| 10 | 10 | Living in fear |
| 10 | 10 | Hallucinations (when not intoxicated) |

Section 3

Total:

Section 1

Total:

|  |
| --- |
| **Section 1: Substance use** |
| **Score 0-6** | **Score 7-20** | **Score 21+** |
| **LOW RISK**Consider offering advice/ information on substances | **MEDIUM RISK**Take advice from experienced staff/services. Refer to levels of interventiondocuments | **HIGH RISK**Refer for specialist support |
| **Section 2: Social situation / behaviour** |
| **Score 0-2** | **Score 3-8** | **Score 9+** |
| **LOW RISK**Consider offering advice/ information | **MEDIUM RISK**Take advice from experienced staff/services. Refer for targeted support/graduated pathway | **HIGH RISK**Refer for specialist support |
| **Section 3: General health and wellbeing** |
| **Score 0-5** | **Score 6-14** | **Score 15+** |
| **LOW RISK**Consider offering advice/ information | **MEDIUM RISK**Take advice from experienced staff/services. Refer for targeted support, GP | **HIGH RISK**Refer for specialist support |

If you have any other relevant concerns not covered by this screening tool, please enter in the box below. Please let us know about other professionals involved and if you have referred to other agencies.