**Guidance for referring to YDAP**

**Identifying Need**

* YDAP is a specialist substance misuse service that provides targeted intervention and treatment. Young people requiring targeted intervention or treatment generally will frequently use alcohol/substances and/or have a regular pattern of use. It is also likely that the young person’s use of alcohol/substances has the potential to place the young person in significant danger (such as hospital admission) or is having an impact on other areas of their life such as family, education, close relationships, physical and mental health.
* If you wish to make a referral you are welcome to ring to discuss with us before you make the referral. This could include us talking to the young person about our service. If the young person is happy just to go ahead with a referral please include as much information as possible i.e. , What is it about the young person’s use that is causing concern? Consider frequency of use, levels of use, risk factors compounding use or arising out of use, is it linked to his/her behaviour, family dynamics and the young person’s view on what is worrying them and what they want from a service. We also know that certain young people who have experienced trauma or who have additional needs/ are over – represented in certain groups are more likely to be at risk of problematic substance misuse (disproportionality) therefore we ask if you have the information to identify if the young person you are working with has certain characteristics or if there is any additional information we should be sensitive to.
* If at this stage the young person does not need or is not waning a specialist service, then it is still useful to provide some information education/advice about the risks involved and how to keep themselves as safe as possible. We are happy to discuss individual cases and to provide support on how universal services can best provide this.
* If you are unsure, please contact us by email or phone to support you in making this decision.

**Referral Form**

|  |  |
| --- | --- |
| Date |  |
| Has young person consented to referral | Yes [ ]  |
| No [ ]  |

**Young Person’s Details**

|  |  |
| --- | --- |
| Name |  |
| Age and Date of Birth |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Tick as Appropriate | School [ ] College [ ] Training [ ] NEET [ ] Employment [ ]  |
| School/college/training provider name: |  |

**Parent/Carer Details**

|  |  |
| --- | --- |
| Name |  |
| Relationship to young person |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Are they aware of this referral? | Yes [ ] No [ ]  |

**Referrer Details**

|  |  |
| --- | --- |
| Name |  |
| Relationship to young person |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |

**Who else is supporting the young person/family?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name  | Telephone Number  | Email Address |
| GP Practice |  |  |  |
| Social Worker |  |  |  |
| School Contact |  |  |  |
| CAMHS/CYPS |  |  |  |
| Other professional |  |  |  |
| Family member/friend |  |  |  |

**Young Person’s Alcohol/Substance use**

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| Describe the young person’s alcohol/substance use – Type, how often, how much, who with – alone or with peers? Why do they use – what is the reason they say they drink?  |

**What are the worries?**

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| Describe the worries – offending behaviour, exploitation concerns, self-harm/suicidal ideation, mental health, physical health, instability at home, behaviour at home or school, school attendance, negative peers etc. Are these worries specifically linked to alcohol/substance use? |

**What is going well?**

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| Describe the young person’s strengths. What are they good at? What do they enjoy? What are the protective factors that will help the young person resist substances? Positive friends, activities, family support. |

**Over- represented groups and situations**

|  |  |
| --- | --- |
|  Over-represented groups. Tick all that apply.  | Care experienced young person [ ] Excluded from school/low attendance [ ] Involved with youth justice system [ ] Subject to Early Help plan [ ] Subject to Child in Need plan [ ] Subject to Child Protection plan [ ] Has a learning disability or developmental disorder [ ] Family member known to misuse substances [ ]  |
| Situations of potential risk for the young person. Tick all that apply. | Homeless , no settled address [ ] Being involved in anti social behaviour or crime [ ] Involved in an accident or who repeatedly presents with a minor injury [ ] Under the influence of a substance at school or other setting [ ] Behaving in ways which raise concerns about risk [ ] Regular attendance at a genito-urinary medicine clinic or repeatedly seeks emergency contraception [ ]  |

**Is there anything else we should know?**

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| --- |
| i.e has the young person hurt themselves or others, any wider risk in their environment including family home. Does the young person have any SEN, physical or neuro-diversity needs? |

**On completion, please email to** ydap.project@togetherforchildren.org.uk