**Youth Substance Misuse Referral Form**

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| **Name of Young Person:** |  | **Date of Birth:** |  |
| **Name of Parent/Carer:** |  |
| **Address:** |  |
| **Contact Tel Number & Name:** |  |
| **Post Code:**  |  | **Email:** |  |
| **Ethnicity**  | **Asian/Asian British** |  | **White** |  |
| **Black, Black British, Caribbean or African** |  | **Other ethnic group** |  |
| **Mixed or multiple ethnic groups** |  | **Not known/not stated** |  |
| **Is the young person open to or working with other Services? (i.e. Social Worker, Youth Justice Service, Early Help etc…)** | **Yes/No** |
| **Professionals contact details:** |  |
| **Permission to contact other professional?** | **Yes/No** |
| **Reason for Referral:** |

Is the young person aware of the referral: YES/NO

Has the young person/parent/carer given permission for H&W Officer to work with them/their child: (Please do not let lack of permission be a barrier to referring) YES/NO

|  |  |
| --- | --- |
| **Referring Professional:** |  |
| **Referring Agency Address:** |  |
| **Date:** |  | **Contact Number:** |  |

**Please send completed referrals to:** **YouthSubstanceMisuse.WAF@cumbria.gov.uk**

**Youth Substance Misuse Officer Role Profile**

**Purpose**

To achieve positive outcomes for young people in Westmorland and Furness

1. To assess and engage young people aged up to 18 who present with substance misuse needs

2. To act as a first point contact for young people in crisis, in relation to substance misuse, who present to A&E, come to the attention of the police, or are known to other organisations through non-statutory work.

3. To act as an advisor to professionals working with young people in a statutory /formal capacity (e.g. Children in Need, Child Protection and Children in Care) and, as appropriate, offer time limited direct support to the young people.

4.  Deliver information and harm reduction advice, relating to substance misuse and related risk-taking behaviour. To support change and the maintenance of change.

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