

**Assessing support for
family and friends of
substance misusers**

**Guidance for Using the
Family and Friends
Assessment Form**

**TACKLING
DRUGS
CHANGING
LIVES**

Norfolk Drug & Alcohol Partnership

When to use the assessment form

The assessment form is to use when assessing family and friends (carers) of substance misusers who have asked for support.

This form can be used with young people (as appropriate) who are caring for parents/ siblings/ friends, as well as adults. However, a specific young people's form will be developed in the near future.

The use of the assessment form is not mandatory – but is there as a tool to help practitioners assess individuals for support.

Whilst its emphasis is substance misuse, the form can be used generically as it assesses the holistic needs of the client.

A significant number of the questions are similar or the same as those in the Models of Care (2007) referral and assessment forms that Norfolk substance misuse agencies are using. Thus, many practitioners will be familiar with some of the sections.

'Substance misuse' means drugs and alcohol and misuse of medication.

Confidentiality

It is important that any assessments completed are done so within your own agency's confidentiality and child protection procedure. Please outline as early in the process as possible, your agency's confidentiality policy, and when you might have to pass on information without their consent.

Points to remember

This is an assessment of the family member or friend who is caring for someone who is a substance misuser. It is important to concentrate on the carer and their needs! It is very easy to lapse into talking about the substance misuser being cared for rather than the carer.

Guidance has **only** been added for questions that may need clarification.

For children and young people with additional needs whose parents/siblings or other significant people are substance misusers, please use and work within the Common Assessment Framework (CAF) processes. For more information please visit www.everynorfolkchildmatters.org

N 20. Nationality:
As well as ethnicity, it is important to know nationality. For example, if someone identifies themselves as 'Other White' this might mean Polish, Welsh, Italian etc, which may have implications for how they view the situation they are in and treatment offered.

N 21. Do you have any cultural needs?
Prompt: Is Interpretation (INTRAN) required?
Cultural needs may also include translation, timetabling, sensitivity around the gender of the practitioner etc.

22. How can we help you?

23. What is your current family situation/or situation that brought you here?

N 24. Are you using any support networks already?
Prompt: eg social worker, community mental health nurse, friends, family

These three questions focus on what the situation is like currently for the person you are assessing. It is very important to ensure that they talk about themselves ...not just the person they are caring for.

It may be that they talk about issues that are asked about in later sections. It is up to you whether you note what they say here or in other sections.

The following may have been answered in the last section

N 25. Do you have any concerns about your physical health?
This is a subjective question, in that what might matter to one person doesn't necessarily matter to another. It is about their 'concerns'.

N 26. Have you any concerns about mental health/psychological issues?
(Now or previously? Any history of self-harm or suicide attempts?)
This question, as well as including information on self-harm and suicide attempts, also is about any treatment they are receiving, for example, depression or anxiety. This may be from a GP or a mental health team. It is important to know if they are suffering, but are not receiving help.
The client may be self-medicating - this may be raised in the following question.

N 27. Do you use or misuse alcohol or drugs?
The person being assessed may use or misuse alcohol or drugs as a response to the current situation, or this pattern may have existed for a long time. They may be in treatment already.

28. How best would you describe your current accommodation?
(Circle what best describes accommodation)

Stable	Unstable	Council/ Housing Assoc	Rough sleeper	
Rented	Private occupier	Squat	Traveller	Other

N 29. Who do you live with?
The 'carer' may or may not live with the person they are caring for. It is useful to know if others in the household are also carrying some of the caring role.

N 30. Are there any issues with your housing situation?
These may be financial, emotional or physical, for example.
It may be that you need to refer the person being assessed to a housing advisor.

N 31. Do you have you any debt or finance issues?
You may need to refer on to a debt/finance advisor.

N 32. Have you ever been affected by domestic violence?
(If so, how?)
This means as a victim, perpetrator or as a witness. Domestic violence may, of course, be associated with substance misuse.

N 33. Have you any legal concerns?
This may or may not link with the following question.

34. Do you have any criminal convictions?

N 35. Do you care for any children?
(This maybe carer's own or others)
This may include children that are living with the person that is being cared for.

36. Can you tell me their names and your relationship to them?
(Please use this table to add details)

Child's name	Date of birth	What is the carer's relation to child?	Who does this child live with?	School	GP	Other agencies involved? Which?	Child Protection issues? Y/N

N 37. Do any of the children have additional needs?

Prompt: Does this need a CAF assessment?

If possible, please use the table provided. Within this section of the assessment it may become obvious that a Common Assessment Framework (CAF) for the child(ren) and/or the wider family may be useful. If so, please follow county CAF procedures. For more information please visit www.everynorfolkchildmatters.org

38. Are you looking after any other dependants eg elderly relative

39. Employment and training:

(Please circle as appropriate)

Full/part-time employment

Pupil/student

Full/part-time carer with benefits

Full/part-time carer without benefits

Retired

Unemployed

Other

40. If currently not in employment or training, would this be something you would be interested in?

N Please give brief details of the person you care for:

This is where the focus moves from the person sitting in front of you being assessed, to discussing the person they are caring for.

41. Name:

42. Address:

43. Postcode:

44. Gender: male/female/transgender

45. Date of birth/or age:

46. What is their relationship to you?

(eg partner, other family member, friend)

N 47. Is the person you care for aware that you have made contact with us?

This is very important to ask. The person you are assessing may not want them to know that they are seeking support for themselves.

48. What are their substance/support issues?

Prompt: This may include:

- type of substance
- amount used, route and frequency
- are they in treatment?

49. Do they have any physical or mental health issues?

Prompt: Is any harm reduction information required for example on:

- needle use/ needle exchange
- BBVs
- sexual health

N 50. Are there any other people affected by their substance misuse or support needs?

This clearly includes children and may have been discussed in questions 35 and 36. Question 37 may have also mentioned those affected.

Summary section

This is a way of summarising what has been discussed so far in the assessment; it helps to highlight areas of concern.

N 51. Using a scale of 1 – 4, how are you managing with the following areas of your life? (1) = excellent (2) = good (3) = not very good (4) = awful

Area of life	Score (circle)			
health	1	2	3	4
finances	1	2	3	4
relationships	1	2	3	4
work	1	2	3	4
legal	1	2	3	4
control	1	2	3	4
housing	1	2	3	4

Risk assessment

N 52. From the information discussed, please summarise any risk areas for the client:

- self-harm
- suicide
- substance misuse
- mental health
- physical health/disabilities
- accommodation
- neglect
- learning difficulties
- violence
- abuse/exploitation by others
- criminal convictions
- other

Risk information may have come out already in the assessment. This section is to ensure that potential risk areas are noted. **NB:** this is about risk areas for the client – not the person they are caring for.

Initial care plan/Identified support needs

This section is to identify what support is required and how to get it underway. This does not constitute a comprehensive care plan – rather the initial stages of getting to a comprehensive care plan.

53. What is/are the goal(s) and support needs of the person assessed?

54. How will these be reached?

55. Who will help them reach these goals?

Prompt: State name of agency if it is necessary to refer on

N 56. Keyworker name if known:

If a keyworker has not been allocated, name the person who will 'hold' the case until this is agreed.

Prompt: if the client provides regular and substantial care they may be entitled to a Carer's Assessment. For more information regarding Carer's Assessment –call Crossroads Norfolk Carers Helpline on 0808 808 9876

Is a full Carer's Assessment required? Yes / No
If yes, state who will carry this out

N Consent to share information

This section must be filled in for all clients. Please note that two signature points exist. It is important to make clear to clients that the first signature is their agreement to share information with other agencies for care. The second signature is their agreement to have their information anonymised and used for monitoring purposes.

This section **must** be filled in for all referrals.

'I consent to the details contained in this form to be shared, where appropriate, with the agency/agencies and individuals below if this is required for my future care. I understand that I can withdraw consent at any time; these details will be checked with me at a maximum length of time of 3 months.'

Organisation	Staff contact name	Client initial	Review date

Name of client:

Signature of client:

Date:

I understand that details without my name/ address will be used to monitor service levels and quality and may be shared with N-DAP (Norfolk Drug and Alcohol Partnership)

Signature of client:

Date:

Signature of individual filling in this assessment:

Produced by N-DAP, March 2008.