

**Referring family and friends
(carers) of substance misusers
to support**

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

**TACKLING
DRUGS
CHANGING
LIVES**

Norfolk Drug & Alcohol Partnership

When to use the referral form

The referral form is for use when referring to support, family and friends (carers) of substance misusers who have asked for help for themselves – for substance misuse problems and/or holistic needs.

The use of this referral form is not mandatory – but has been developed as a tool to help practitioners refer individuals for support. It links with the Family and Friends Assessment Form.

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.

Remember that a referral is just that – a referral – and not an assessment. Don’t be drawn into collecting too many details at this stage; that is the job of the assessment, should one be required.

Children and Young People

This form can be used with young people (as appropriate) who are caring for parents/siblings/friends, as well as adults.

For children and young people with additional needs whose parents/siblings or other significant people are substance misusers, you may need to commence the Common Assessment Framework (CAF). For more information please visit:-

www.everynorfolkchildmatters.org

Confidentiality

It is important that any referrals 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 a referral 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.

How to use the referral form

This section gives details on how to fill in the questions on the referral form where clarification may be useful.

Confidentiality and Child Protection Statement

It is vital that this is explained to the client before you begin the referral. You do not know what may be disclosed in the interview and the client must be fully aware of procedures.

Client reference / Name

Enter here a reference for the client if your agency uses a reference system. Otherwise, enter the client name so it is easy to see at a quick glance. Remember this is the carer – the family member or friend. **Not** the name of the individual they are caring for.

Is this referral for a person under 18 years of age? Yes / No

This is a referral 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.

-
- 1. Name of client + title**
This is the date on which you are carrying out this referral.
 - 2. Address**
 - 3. Postcode**
 - 4. Tel number**
 - 5. Mobile number**
 - 6. Email**
 - 7. How is it best to contact you?**
Can we leave you a message on any of these phone numbers? Y / N
This is very important to ask; the person you are referring may live in the same house as the person they care for and may not want them to know that they are seeking support for themselves.
 - 8. Referral date**
It is **very** important to state the date of the referral. It is a way of ensuring that the referral is dealt with promptly. Enter the date on which you are filling out the referral form.
 - 9. Date of birth**
 - 10. Gender: male/ female**

11. G.P: (name, address, phone)

(if not registered, please state)

It is important to ask if the client is registered with a GP. If they are not, they may need support in registering with a surgery.

12. Next of kin

(name, relationship to client and contact number)

This may be the person that is being cared for. However, it is important that someone is identified who can be contacted in an emergency. It is fine for this to be a friend – it does not have to be a family member.

13. Ethnicity

Tick one box only.

14. 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.

15. Reason for referral

State briefly what the client states is their reason for the referral. There is more space overleaf to add further details if necessary.

16. Agency referred to

Enter here the name of the agency you are sending the referral to. If you know the name of the worker in that agency the referral is for – please state this name as well.

17. Referring agency details

(please give name of worker completing this referral, agency contact name and contact details)

This means **your agency!** It is important to state your name and contact details; the agency you are referring to may need to get in touch with you.

18. Further details about clients needs:

eg: Does the client have substance misuse problem?

Is the client also looking after children?

Are there any diversity needs eg culture, disability?

You can mention here any details that may be useful in identifying support.

19. Are there any risk factors associated with this client? Yes / No

Remember this is about risk for the client, not the person they are caring for. Risk factors for the client might include:

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

If the client discloses information that you consider is a significant risk and needs to be acted upon, your explanation of your agency's confidentiality and child protection policy at the beginning of the interview should mean they understand why this is necessary.

You must inform your manager immediately if such action is necessary.

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 the monitoring purposes.

When the referral form has been completed as far as is possible or appropriate, check the details and forward to the agency appropriate for the client.

Produced by N-DAP, November 2008 Revised June 2010