

# WithYou in Cornwall: YZUP Service

How to make a referral to the YZUP Service in Cornwall.

# Who are YZUP?

YZUP is the commissioned young person's drug and alcohol service in Cornwall. We offer a confidential and professional drug and alcohol service for young people aged 11–18 in Cornwall and the Isles of Scilly.

We offer support, advice and interventions to help young people stay safe and manage themselves around drugs and alcohol.

We not only offer support to young people directly involved in using substances, but we can also offer parental support and support for young people affected by a family member's substance misuse.

## How to access support

To refer a young person to YZUP for support, you will need to do the following:

To refer a young person who is affected by a family member's substance use, please continue to call **01872 300 816** and we will take the referral by phone.

For self-referrals, you can either use the [online referral form](#) or click on the [call-back link](#) and choose a convenient time for us to call you to take the referral via the phone.

For professionals and parents/carers, please use the [online referral form](#).

## How to make a good referral

It would be best practice as professionals to be with the young person when you make the referral using our new online referral form.

You will need all of the young person's basic information (name, DOB, age, address including postcode and contact details).

You will be asked about the young person's consent and that of their parents/carers (please be reassured that we will work with young people without parental consent).

You will also be asked about other professionals working with the young person. This is a free text box but please enter as much information as possible i.e. names, job titles/relationship to the young person and contact details.

There are then questions about their substance use. You will need to have a conversation with the young person about what they are using, how often, how they use it (i.e. smoked/snorted etc), who with and where. There are also questions about how they fund their use.

The substance use section of the form asks for basic information to start with and then for each substance being used or used in the last three months, asks for further information. The more detail you are able to give, the more able we are to assess risk and allocate to the most appropriate worker.

There are questions that we ask that are about other areas of the young person's life. Their social situations/behaviours and physical and emotional health.

The last questions relate to how the young person feels about their substance use and what they want to change. Please ensure that this conversation has been had with the young person you are referring to and that you give as much detail as possible.

If you are unsure of how to have this discussion, we would recommend attending our Young Person's Substance Use Screening Training which can be booked via the Safer Cornwall website:

<https://www.eventbrite.com/cc/young-peoples-substance-awareness-screening-966439?utm-campaign=social&utm-content=creatorshare&utm-medium=discovery&utm-term=odclxcollection&utm-source=cp&aff=escb>

If we receive a referral without all of the required information, this will mean we have to follow up with a phone call to get the required information and this will likely delay support for the young person.

## **YZUP Online Referral Form**

The live online referral form is available to view [here](#). Please complete each section of the form as accurately as possible.

However, if you would like to find out more information about the content of the form before you complete it, please take a look at the questions and topics covered in the next section of this guidance document.

## Referrer Details:

Are you a...?
Professional
Parent/Carer
Young Person
Learning (if applicable)

(Depending on the answer to this question, the rest of the forms questions will differ slightly based on who the referrer is).

## For self-referral only

Please confirm you have read and agree to our data protection policy to understand how your data will be used.
Yes
No

## Online referral questions (continued)

Are there any other agencies involved? If yes, please add their contact details below
Yes
No

If yes, the referrer will have to add details of the other services to be able to move forward with the form.

**Does the young person consent to this referral?**

Yes

No

**What is the young person's school/college/education provider?**

Please provide the name of the school/college or education provider in the space provided.

**Is the young person or their partner pregnant?**

Yes

No

**Have the young person's parents or guardian been informed of the referral?**

Yes

No

**Does the parent or guardian consent to the referral? (Parental consent is not essential for the referral)**

Yes

No

**Does the young person pose any significant risk to staff or others?**

Yes

No

**Has the young person been involved in violent or serious crime?**

Yes

No

**Is there any reason we shouldn't contact the parent or guardian?**

Yes

No

### **Name and contact number of parents/guardian (two names needed)**

We will only contact the parent/guardian for safeguarding purposes or on agreement from the young person but we do require this section to be completed.

### **When is the young person free for appointments?**

Please provide details of when and where the young person would be available for appointments. For instance, in school, only in the afternoons.

### **What would the young person prefer? (appointment type)**

Face-to-face

Telephone

Online

**(Please be aware we can only provide online sessions if the young person has access to the internet and a safe confidential space).**

### **Referral details (please note: these are mandatory fields)**

Referrer name

Referrer email

Contact number

Organisation

## Substance use

1. Ask the young person about every box in the section.
2. When asking about substance use, tick if the YP has current use (in the last 3 months) AND if there is any past use. Please tick all appropriate boxes.
3. For every substance you have ticked, on the next page, you will be prompted to provide additional information.
4. Each substance description can be viewed by hovering over the checkboxes
5. Please fill out how much and how often, and where drugs are taken and who with
6. Please ensure you ask the young person about how they are using their substances; e.g. smoking, eating, snorting and add this information in the text box provided.

## Social situation and behaviour

1. **Living situation:** drop-down box e.g. no problems with accommodation, some problems with accommodation i.e. insecure or inadequate housing
2. **Adult support:** drop-down e.g. supportive relationship with at least one adult, problematic relationships at home, no supportive relationships with adults.
3. **Occupation:** drop-down e.g. in education/employment/training, Truanting/at risk of exclusion, NEET
4. **Criminal involvement:** drop-down e.g. no criminal involvement, At risk of involvement in the criminal justice system. Involved with the criminal justice system or committing more serious crimes
5. **Sexual behaviour:** drop-down e.g. age appropriate/safe sexual activity, age-inappropriate/unsafe sexual activity, sexual exploitation.
6. **Other:** drug-related debt. Tick if the young person has a drug-related debt that you are aware of.

## Physical and emotional health

1. **General health:** list of options to tick e.g. young person reports no health problems, self neglect, stomach pains
2. **Psychological health:** list of options to tick e.g. self-harm, Young person reports no psychological problems, suicide attempts.
3. Depending on the answers given, additional questions may be asked.



## Activities around substance use

1. **Funding substance use:** drop-down e.g. from legitimate sources (e.g. work), As payment for favours for a friend, from illegal activity.
2. **Activities around supplying of substances:** drop-down e.g. no involvement in illegal activity, has been approached by others to be involved in illegal activity, at risk of illegal activity, active involvement in illegal activity.

## Additional questions

1. How does the young person feel about their substance use?
2. What does the young person want to change about their substance use?