## **LBN Substance Use Complex Needs Panel**

## **Referral Form - Client Information**

## Please send completed form to newham.SUCNP@cgl.org.uk

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| **Referrer Details** |
| **Name** (of person making a referral) |  |
| **Role** |  |
| **Referring Service/ Agency** |  |
| **Email** |  |
| **Telephone number** |  |
| **Date of referral** |  |

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| **Details of Person being referred** |
| **Name** (and any nicknames the client goes by) |  |
| **Date of Birth** (or approximate age) |  |
| **Ethnicity** |  |
| **Gender/ Gender Identity** |  |
| **Address** (current or last known) |  |
| **Housing Provider** (if applicable) |  |
| **Language Needs/ first language** |  |

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| **Reason for Referral** The indicators and information below can highlight client complexities and help demonstrate impact on public services. It is important that you provide comprehensive and detailed information throughout the referral form; if information is unavailable or not known, please ensure this is noted. |  |
| **Key Risks or Concerns** | **Time period** | **No.** |  |
| No. and nature of police crime and ASB reports | in 6 months |  |
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| No. and nature of arrests  | in 6 months |  |
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| No. and nature of 999 callouts (specify whether ambulance or fire) | in 6 months |  |
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| No. and nature of hospital attendances (A&E) | in 6 months |  |
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| No. and nature of hospital admissions  | in 6 months |  |
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| No. of overdoses  | in 12 months |  |
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| No. of failed tenancies | in last 3 years |  |
| No. and nature of adult safeguarding concerns raised (including domestic abuse, adults’ or children’s safeguarding) | in 6 months |  |
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| No. and nature of adult social care referrals | in 6 months |  |
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| No. of breaches / failed appointments (probation/ CJS) | in 6 months |  |
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| Declining or refusing engagement with support services *(this refers to discussions or attempts made to engage the client with support services, e.g. drug treatment, mental health, domestic abuse etc. which were rejected by the client. This could also include declining to complete an assessment, declining to go to hospital etc.)* |
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| Episodes of disengagement with support services *(this refers to the client starting engagement but dropping out or failing to return to the service)* |
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| Self-neglect or self-harm *(this could include poor self-care, suicidal ideation or other concerns)* |
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| Risk of harm to others *(please provide details and example of any incidents)* |
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| Unsafe environment *(e.g. hoarding, fire risk, cuckooing)* |
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| Brief summary of homelessness, unstable, or insecure accommodation issues in the last 24 months |
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| Is the client currently at risk of homelessness/ eviction? Please provide details. |
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| Brief summary of current and recent drug and alcohol use *(include – where known – type of substance used, quantity, frequency, injecting behaviour)* |
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| How many time has the client been referred to Newham Rise substance misuse service in the last 6 months? *(Outline outcome of referral e.g. never engaged, dropped out)* |
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| Brief summary of engagement with Newham Rise substance misuse service (in last 12 months) |
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| Does the client have a support network? |
|  |
| Does the client have family members who require support? |
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| Is the client known to or being managed by another Panel or problem-solving meeting? |  |
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| *Any other information you think maybe relevant to this referral:* |  |

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| Has the service user given consent to share information | Yes/ No |
| If No - which framework is being used to support information sharing |
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| Please outline support you’re seeking from referral to the Substance Use Complex Needs Panel |
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