

Referral From

Please send to: refresh@hullcc.gov.uk



The ReFRESH Offer

ReFRESH – Early Intervention	ReFRESH – Treatment
<p>The ReFRESH Early Intervention Team offer support to Young People aged 11-18 who may be experimenting/beginning to use substance or are not using at all but are vulnerable to substance use due to their circumstances. This may include Young People not attending education, involved in offending, at risk of exploitation, difficulties with mental health, at risk of homelessness/homeless or whose parents/families use substances.</p> <p>We offer up to 8 sessions of skills training on prevention, education and wellbeing. The sessions will include topics such as drug and alcohol education, smoking cessation, resilience building, peer influence, healthy relationships.</p>	<p>The ReFRESH Treatment offer support to young people aged 11-18 who are using substances on a regular basis. This may be daily or a few times a week. Their drug and/or alcohol use is causing problems and they require more structured support to make changes to their circumstances.</p> <p>The support will include completion of a comprehensive substance use assessment to assess the needs of the young person, person centred care-planning and the delivery of evidence based psychosocial interventions to help promote, motivate and sustain change. It also includes delivery of specialist harm reduction strategies.</p>

Please indicate which team you are referring to:
(please choose one of the following options)

Referrer Details

Date of referral:

Name:		Position:	
Organisation:		Contact Number:	
Email Address:		Office Address:	

Young Person's details

Name:		Age & Date of birth:	
Address and Postcode:		Contact number:	
Gender: (please choose one of the options)		Ethnic Origin:	
OK to be contacted by: (please choose one of the options)		G.P Practice:	
In education: (please choose one of the options)		Education Provider: (Name, address, contact number)	
Best time of the day to contact:		Best Place to see YP:	

Young Person Consent

ReFRESH is a consent based service. The young person is required to be informed of the referral before it has been made and agree to it. They do not need to agree to ongoing support but agree to have a conversation with a ReFRESH Worker. This is required for both Early Intervention and Treatment.

Consent gained from the Young Person:

(please choose one of the following options)

Does the Young Person want their parents/carers to be informed:

(please choose one of the following options)

Reason for Referral

Drugs and alcohol: please include details around their drug and/or alcohol use, substances used, frequency and amounts, concerns that have been raised and how this was brought to your attention.

Safeguarding and risk: Please include the concerns you have, details of any events/risky behaviours that have been of concern, detail any social care involvement, CCE/CSE concerns, peer associations etc.
Please include any risk to others and/or staff in this section

Health and Wellbeing: Please highlight any health related concerns, mental, physical or sexual.
Please state any disability, physical and or mental health diagnosis, current/historical self-harm or suicide attempts, any medication prescribed etc.

Family Dynamics: Please indicate who they live with and describe the relationship between the YP and main care giver. If the young person does not live with their parents, please state if they have contact and why they are not residing with them.
Please indicate if there is parental substance misuse.

Agency/Professional Involvement

Name:	Agency:	Contact Number:	Aware of Referral:

Parent/Carer details

Please provide details of the main care giver.

Name:		Address and Postcode:	
Contact number:		Email Address:	

Any other information

Please provide any other relevant or additional information in the box below.

