



The  
Corner  
Sheffield

FREE, FRIENDLY,  
CONFIDENTIAL SUPPORT  
ON DRUGS AND ALCOHOL

### What is The Corner?

The Corner is Sheffield's young people's substance misuse service. We provide support and treatment to **young people** under 18 in the Sheffield area who are experiencing problems with drugs and alcohol. We offer a **flexible, non-judgmental, confidential and accessible** service. We also provide **advice and guidance** to family members and significant others who may be **worried** about or **affected** by a young person's **substance misuse** – as well as **group work** and **free training** for Sheffield based professionals.

### What Do We Offer?

One-to-one **young person-centred** interventions which promote **positive change**. This can include **advice and guidance** on drugs, harm reduction and structured psychosocial sessions. We have a prescribing service and we offer prescribing treatment to young people where required as part of a clinical treatment plan.

**Group work** sessions for young people, which provide **education and advice** to prevent and reduce the harm of **drugs and alcohol**. These sessions are run across the city in a wide range of venues and are **tailored** to suit the needs of each client group.

**Training courses** for professionals working with young people in Sheffield. These are available **free of charge** to anyone supporting young people in our city. We have a rolling programme of training days and we can also provide **in-house training** tailored to the needs of each organisation. If you want something more informal such as attending your services team meeting, please **get in touch**.

We offer telephone **advice and information** to young people, their families and workers. Please call us for more information – **0114 275 2051**

### How Do I Make A Referral to The Corner?

Please remember to explore any referral with the young person, making sure that they agree and understand what is involved.

**We cannot accept referrals where a young person hasn't given their consent**



**For information or queries please contact us on :-** 0114 275 2051



**Email completed referral forms to :-** [thecorner.sheffield@cgl.org.uk](mailto:thecorner.sheffield@cgl.org.uk)



**Post completed referral forms to :-** 91 Division Street, Sheffield, S1 4GE



### How Do I Arrange Training from The Corner?

Visit our website where you will find dates for our next available training sessions, including Basic Substance Misuse Awareness and more specialised subjects :-

**[www.thecornersheffield.com](http://www.thecornersheffield.com)**



Referral Validation		
Has the young person agreed to this referral?	Yes	No - We are unable to accept
Is the parent / carer aware of this referral?	Yes	No - Please provide details

Young Person Basic Details			
Name		D.O.B	/ /
Address			
Contact Number			

**Please provide an overview of the reasons for this referral** (substances / amount being used / how long / who with / impact of substance use)

**Please provide contacts details of any other agencies / professionals involved with young person** (MAST / CAMHS / Social worker)

**Any further information you feel relevant** (school / home life / physical / emotional health / learning needs)

Safeguarding Information				
Is the YP a LAC?	Y	N	Does the YP have a CPP?	Y N
Is the YP a CIN?	Y	N	Is the YP involved w / social care?	Y N
Further details including name and contact details of social worker(s)				



**Parent / Carer Basic Details**

Name		Relationship to YP	
Contact		Can we contact	Yes No

**Referring Person Basic Details**

Name		Relationship to YP	
Contact		Email	

**Logistic Details**

Where to meet with YP			
Who is the initial appointment to be made with? Please tick to indicate and provide contact details	Referrer	<input type="checkbox"/>	Contact
	Y.P	<input type="checkbox"/>	Contact
	Other	<input type="checkbox"/>	Contact

**Young Person Inclusion Details**

The following information is collected in order to improve our service availability and ensure we are as inclusive as possible for Sheffield's young people. If the information can be provided at referral stage, it helps with our future planning and saves us from collecting the information later in the young person's journey.

Gender		Sexuality	
Ethnicity		Country of Birth	
Mental Health Concerns		Physical Health Concerns	
Language / Communication	(i.e. English as second language braille / sign language)		
Any Other Info			



**Thank you for completing a referral for The Corner.**

**This form can now be returned to us using the contact information on the front page. If you have any further queries or would like some further advice, please call us on 0114 275 2051.**

**We look forward to hearing from you.**