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Children and Young People's Early Intervention and Prevention
REFERRAL FORM

Please check services and criteria before filling out the referral. If you are looking to refer to our services, please complete the referral form below with as much information as you can provide and send it to CYPservice@solacewomensaid.org. Following this, a member of our team will contact you to confirm the referral and information provided and pass this on to the relevant service. Our services are supporting young people who have survived violence and abuse.

Please NOTE: We will not be able to accept referrals that are not sufficiently completed or that are not within the service criteria outlined below.

Please NOTE: While we aim to allocate cases in a timely manner to appropriate support as soon as possible, this is not an emergency service.

Through this form you can refer to:

- **General Advocacy**

Boroughs: Haringey and Islington
Age: 11-21 (24 if disability)
Background: Any
Gender: Any

- **CouRAGEus Counselling:**

Boroughs: Camden, Enfield, Greenwich, Haringey, Islington, Lambeth, Lewisham, Southwark.
Age: 14-24
Background: Black and Minoritised
Gender: Female

- **CouRAGEus Multi Disadvantage Advocacy (MDA):**

Boroughs: Camden, Enfield, Greenwich, Haringey, Islington, Lambeth, Lewisham, Southwark.
Age: 14-24
Background: Black and Minoritised
Gender: Female

- **General Counselling:**

Boroughs: Pan London (online)
Age: 8-21 (24 if disability)
Background: Any
Gender: Any

Please return this to cypservice@solacewomensaid.org
To Tick Boxes, please click on the chosen box and select 'ticked' in the pop-up options.

1. REFERRAL AGENCY DETAILS:

Name and Job Title:	**Organisation:**

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Address:	**Telephone:** **Email:**
Date of the referral:	
Is the Young Person aware of this referral and consented to it? (Please Note: We are unable to accept referrals made without the young person's consent)	☐ **Yes** ☐ **No**
Which service would you like to refer young person to?	☐ **General Advocacy** ☐ **CouRAGEus Multi-disadvantage Advocacy** ☐ **CouRAGEus Therapeutic support** ☐ **General Counselling**

2. YOUNG PERSON'S DETAILS

Young person's Name and Surname: (and Oasis number if applicable:)	
Young Person's Date of Birth and age:	
Borough:	
Fits CouRageUs criteria? (Check page 1)	☐ **Yes** ☐ **No**
Young Person's Contact number: (This should be the number that workers can use to reach the young person, please specify if parent's/guardian's)	
Safe to Contact?	
Assumed Risk Level: (Please note this is not a crisis or emergency service)	☐ **Standard** ☐ **Medium** ☐ **High**
Please briefly justify risk level: (If high please specify current provision)	

Email:	
Home Address (if Applicable):	
Who does the young person live with?	
School/College and Address (if Applicable):	

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Next of kin (parental responsibility) and relationship to Young Person:	
N.o.K. Contact details: Safe to contact?	

Are Child Services Involved?	☐ Yes ☐ No ☐ Don't know If yes: ☐ Child in need ☐ Supervision Order ☐ Child protection ☐ Voluntary Care Order ☐ Care Order ☐ Team Around the child ☐ Other, specify:
Any other services involved (YOT, CAMHS)? If Yes, specify.	☐ Yes ☐ No ☐ Don't know

Alleged Perpetrator Relationship to young person (if applicable):	
Young Person's care status:	
Contact with perpetrator:	
Conflict over contact:	

3. EQUALITIES MONITORING:

Gender:	
Transgender?	
Ethnicity:	
Relationship status:	
Religion:	
Sexual Orientation:	
Disability (illness, impairment, allergies)	☐ Yes ☐ No ☐ Physical disability ☐ Hearing disability ☐ Learning disability ☐ Vision disability ☐ Mental Health disability ☐ Other: Additional notes:

4. ACCESSIBILITY:

Young Person's primary language:	
Is interpreter needed?	☐ Yes ☐ No
Other accessibility requirements?	

5. REASONS FOR REFERRAL:

Status of Abuse:	☐ Current ☐ Historic ☐ N/A ☐ Unknown

Types of Abuse Experienced: (Tick all that apply)	☐ Domestic Violence ☐ Gang related violence ☐ Sexual abuse ☐ Rape ☐ Forced marriage ☐ Harassment and Stalking ☐ Honour based violence ☐ FGM ☐ Trafficking ☐ Child Sexual Exploitation ☐ Prostitution ☐ Grooming/Exploitation ☐ Other:
Strains of Abuse Experienced: (Tick all that apply)	☐ Physical ☐ Sexual ☐ Financial ☐ Emotional ☐ Coercive Control/Jealous behaviour. ☐ Other:

Has the CYP directly witnessed abuse of someone else? Yes ☐ No ☐

Has the CYP indirectly witnessed abuse of someone else? Yes ☐ No ☐

Please briefly outline reasons for referral and details of the case below, including any other relevant information:

6. ISSUES AND SUPPORT NEEDS

Current Issues:	☐ Challenging behaviour ☐ Struggling to express emotions ☐ Suicidality ☐ Struggling to express anger constructively ☐ Is withdrawn or continually unhappy ☐ Struggling with school attendance

	☐ Lack of aspiration and motivation ☐ Lack of interest into after school activities ☐ Lack of friends (social isolation) ☐ Low self-esteem and confidence ☐ Using substances ☐ Self-harming/ at risk of self-harming ☐ Struggling with bullying/cyber bullying ☐ At risk of offending ☐ Involvement with crime ☐ Risk of gang association ☐ Other:
Is the young person in conflict with any other person?	☐ Yes ☐ No ☐ Don't know
Level/nature of conflict	
Anything else that would impact young person's engagement with the service/programmes? (If Yes, please specify)	☐ Yes ☐ No ☐ Don't know