

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 ensure you fill in each section to the best of your knowledge and specify whether information is unknown!

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:

<ul style="list-style-type: none"> • CouRAGEus Counselling: <ul style="list-style-type: none"> ○ Boroughs: Camden, Enfield, Greenwich, Haringey, Islington, Lambeth, Lewisham, Southwark. ○ Age: 14-24 ○ Background: Global Majority and Minoritised ○ Gender: Female <p>To Learn More: https://www.solacewomensaid.org/our-services/courageus-project/</p>
<ul style="list-style-type: none"> • CouRAGEus Multi Disadvantage Advocacy (MDA): <ul style="list-style-type: none"> ○ Boroughs: Camden, Enfield, Greenwich, Haringey, Islington, Lambeth, Lewisham, Southwark. ○ Age: 14-24 ○ Background: Global Majority and Minoritised ○ Gender: Female <p>To Learn More: https://www.solacewomensaid.org/our-services/courageus-project/</p>

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

1. REFERRAL AGENCY DETAILS:

Name and Job Title:	Organisation:
Address:	Telephone:
	Email:
Date of the referral:	
Is the Young Person aware of this referral and consented to it? <small>(Please Note: We are unable to accept referrals made without the young person’s consent)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which service would you like to refer young person to?	<input type="checkbox"/> CouRAGEus Multi-disadvantage Advocacy <input type="checkbox"/> CouRAGEus Counselling

Young person’s Name and Surname: <small>(and Oasis number if applicable:)</small>	
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Young Person's Date of Birth and age:	
Borough:	
Fits CouRageUs criteria? (Check page 1)	<input type="checkbox"/> Yes <input type="checkbox"/> 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? (Please indicate if there are safety barriers to contacting the young person)	
Assumed Risk Level: (Please note this is not a crisis or emergency service)	<input type="checkbox"/> Standard <input type="checkbox"/> Medium <input type="checkbox"/> High
Please briefly justify risk level: (If high please specify current provision)	

2. YOUNG PERSON'S DETAILS

Young Person's Email:	
Home Address (if Applicable):	
Who does the young person live with?	
School/College and Address (if Applicable):	
Next of kin (parental responsibility) and relationship to Young Person:	
N.o.K. Contact details: Safe to contact?	

Are Child Services Involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	If yes: <input type="checkbox"/> Child in need <input type="checkbox"/> Supervision Order <input type="checkbox"/> Child protection <input type="checkbox"/> Voluntary Care Order <input type="checkbox"/> Care Order <input type="checkbox"/> Team Around the child <input type="checkbox"/> Other, specify:
Any other services involved (YOT, CAMHS)? If Yes, specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	
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Transgender?	
Ethnicity:	
Relationship status:	
Religion:	
Sexual Orientation:	
Disability (illness, impairment, allergies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Physical disability <input type="checkbox"/> Hearing disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Vision disability <input type="checkbox"/> Mental Health disability <input type="checkbox"/> Other: Additional notes:

4. ACCESSIBILITY:

Young Person's primary language:	
Is interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is Young Person British National? <small>(we will be able to support the YP regardless of status and recourse, this will help us identify additional risks as well as services/grants available to the YP)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has Recourse to Public Funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other accessibility requirements?	

5. REASONS FOR REFERRAL:

Status of Abuse:	<input type="checkbox"/> Current <input type="checkbox"/> Historic <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
Types of Abuse Experienced: <small>(Tick all that apply)</small>	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Gang related violence <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Rape <input type="checkbox"/> Forced marriage <input type="checkbox"/> Harassment and Stalking <input type="checkbox"/> Honour based violence <input type="checkbox"/> FGM <input type="checkbox"/> Trafficking <input type="checkbox"/> Child Sexual Exploitation <input type="checkbox"/> Prostitution <input type="checkbox"/> Grooming/Exploitation <input type="checkbox"/> Other:
Strains of Abuse Experienced: <small>(Tick all that apply)</small>	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Emotional <input type="checkbox"/> Coercive Control/Jealous behaviour. <input type="checkbox"/> Other:
Has the CYP directly witnessed abuse of someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Unknown
Has the CYP indirectly witnessed abuse of someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Unknown
Please briefly outline reasons for referral and details of the case below, including any other relevant information:	

6. ISSUES AND SUPPORT NEEDS

Current Issues/Needs:	
<p>Physical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to Physical healthcare <input type="checkbox"/> Managing health/medication <input type="checkbox"/> Substance-related <input type="checkbox"/> Accessing/managing sexual health <input type="checkbox"/> Pregnancy related <p>Mental Health and Wellbeing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low self-esteem and confidence <input type="checkbox"/> Struggling to express emotions <input type="checkbox"/> Challenging behaviour <input type="checkbox"/> Is withdrawn or continually unhappy <input type="checkbox"/> Lack of aspiration and motivation <input type="checkbox"/> Self-harming/ at risk of self-harming <input type="checkbox"/> Suicidality <input type="checkbox"/> Accessing MH support <input type="checkbox"/> Trauma/abuse-related <p><input type="checkbox"/> Other (specify):</p>	<p>Social:</p> <ul style="list-style-type: none"> <input type="checkbox"/> School attendance/leisure activities engagement <input type="checkbox"/> Social isolation <input type="checkbox"/> Family relationships <p>Risks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ongoing Abuse <input type="checkbox"/> Struggling with bullying/cyber bullying <input type="checkbox"/> At risk of offending <input type="checkbox"/> Involvement with crime <input type="checkbox"/> Risk of gang association <p>Practical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Housing <input type="checkbox"/> Financial <input type="checkbox"/> NRPF <input type="checkbox"/> Education/Employment/Training
Is the young person in conflict with any other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Level/nature of conflict	
Anything else that would impact young person's engagement with the service/programmes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	If Yes, please specify:

For any questions or information please contact our duty line at cypservice@solacewomensaid.org