**Young Women’s Service Referral Form**

The Young Women’s Service is a specialist Young Women (YW\*) only service at Women and Girls Network. Services available are Advocacy, Group Work and Counselling.

Our **CouRAGEus Project** offers Multiple Disadvantaged Advocacy support to Black and Minoritized YW (BME, LGBT+ and Disabled YW) **aged 14 – 24 years old**, with a connection\*\* to **Brent, Croydon, Bromley, Lambeth & Southwark**. CouRAGEus Counselling is available to YW across West and South London.

We work with young women who have experienced/at risk of any form of Gendered Violence, such as Domestic Violence, Sexual Violence, Child Sexual Exploitation, Gang Associated Violence, Forced Marriage, etc.

\* YW = Self Identifying Young Women (including Trans\* & Intersex YW) and Non-Binary Young People who feel the service would best meet their needs/experiences.

\*\* The young women either lives, works or is educated in the borough.

*Please complete all compulsory information in as much detail as possible. You are encouraged to complete this form with the young person so she knows what is being shared with us about her situation.*

***\* Without the Young Women’s consent we will not accept or process a referral \****

**Which service(s) does the young woman require?**

 [ ]  Young Women’s Multiple Disadvantaged Advocate (1:1 Support)

 [ ]  Group Work

 [ ]  Counselling

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| **Referrer Details** |
| Name of referrer | Click or tap here to enter text. | Contact number(s) | Click or tap here to enter text. |
| Role/position | Click or tap here to enter text. | Email address | Click or tap here to enter text. |
| Agency/ team | Click or tap here to enter text. | Postal address *including borough* | Click or tap here to enter text. |
| Referral date | Click or tap here to enter text. |
| Has the young woman consented to this referral? \* |  [ ]  Yes \* ***Without consent we will not be able to process this referral\**** |
| Has the parent(s)/guardian(s) of this young woman consented to this referral? **(if under 13)**  |  [ ]  Yes [ ]  No |
| Is the young woman happy to give emergency contact details for her parent(s)/guardian(s)? |  [ ]  Yes [ ]  No |
| Please provide emergency contact & relationship to young woman | Name, address and contact details: |

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| How did you (referrer) find out about our service? | Click or tap here to enter text. |

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| **Young Woman’s Details** |
| Name | Click or tap here to enter text. | Known as/preferred name | Click or tap here to enter text. |
| Age | Click or tap here to enter text. | Date of birth | Click or tap here to enter text. |
| Interpreter required  | Click or tap here to enter text. | Preferred language/ dialect | Click or tap here to enter text. |
| Contact number(s) | Click or tap here to enter text.Safe method of contact? [ ]  Yes [ ]  No |
| Email address(es) | Click or tap here to enter text.Safe method of contact? [ ]  Yes [ ]  No |
| Address *including borough* | Click or tap here to enter text.Safe method of contact? [ ]  Yes [ ]  No |
| Preferred method(s) of contact |  [ ]  Call [ ]  Text [ ]  Email [ ]  Letter [ ]  Via Parent/ Carer  [ ]  Prefer initial meeting with referrer |
| Is there anything we can do to ensure the service is more accessible? (Physical access, language and literacy, etc.) ***If so, provide details.*** | Click or tap here to enter text. |
| Is the young woman pregnant? *If yes, provide details.* | Click or tap here to enter text. |
| Does the young woman have any children or other caring responsibilities? *If yes, provide details.* | Click or tap here to enter text. |
| **Violence Types Present/ At risk of**Please tick all that apply to the young woman that you are referring, and provide further details in the **Reasons for Referral** section below.  |
| [ ] Abdominal injuries during pregnancy [ ]  Attempted or threatened murder [ ]  Coercive control [ ]  Domestic servitude [ ] Discriminatory abuse (based on race, gender, sexuality, disability, homophobia or transphobia: please describe)[ ]  Emotional/ psychological abuse [ ]  Female Genital Mutilation [ ]  Financial abuse[ ]  Forced Marriage [ ]  Grooming [ ]  So called “Honour” Based Violence | [ ]  Hate Crime Imposed isolation [ ]  Imprisonment [ ]  Neglect[ ]  Obstruction of English language development[ ]  Online abuse/ harassment [ ]  Prostitution [ ]  Physical abuse[ ]  Spiritual abuse[ ]  Sexual abuse Sexual Bullying [ ]  Serious youth violence/ Gang related violence | [ ]  Sexual exploitation [ ]  Stalking and Harassment[ ]  Trafficking[ ]  Use of immigration status to exert control [ ]  Use of religion to exert control[ ] Use of sexuality to exert control [ ]  Use of gender identity/ perceived identity to exert control [ ] Use of disability to exert control [ ]  Verbal[ ]  Other, please specify:  |
| **Presenting Issues and Concerns**Please tick all that apply to the Young Woman that you are referring, and provide further details in the **Reasons for Referral** section below.  |
| [ ] Periods of being missing from home/care/school [ ] Care leaver[ ] Repeated STIs[ ] Recent bereavement/loss[ ] Suicidal ideation[ ] Criminalised behaviours[ ] Estranged from family[ ] Young carer[ ] Self-harming behaviour[ ] Suicide attempt(s)[ ] Concerns of substance use[ ] Associated with others who are sexually exploited[ ] Low self-esteem/confidence[ ] Mental health needs |
| **Living situation:**[ ] Homeless[ ] LAC[ ] In hostel/temporary accommodation |   **Family/ Home Environment:** [ ]  Experienced/concerns of neglect[ ]  Witnessed other forms of violence[ ]  Parent substance use [ ]  Witnessed domestic violence[ ] Parent/family member experienced sexual violence[ ]  Living with perpetrator  |
| **If There Are Experiences of Violence** |
| When did the violence occur? |  [ ]  Current/ at risk / less than 6 months [ ]  Over 6 months ago |
| Who were/are the perpetrators? Tick all that apply. |
|  [ ]  Partner | [ ]  Ex-partner |  [ ]  Relative/family member |
|  [ ]  Peer/school colleague | [ ]  Gang-member |  [ ]  Acquaintance |
|  [ ]  Stranger | [ ]  Other, provide details:  |
| **Reasons for Referral** Please outline the reasons for your referral and provide any further details around the above presenting issues and concerns, particularly in relation to safeguarding. **Please also include Young Woman’s Strengths and protective factors.** |
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| **Reporting to Police** |
| Have any incidents of violence (perpetrated against the young woman) been reported to the police? |
|  [ ]  Yes |  [ ]  No |  [ ]  Unknown |
| Crime Reference No. | Click or tap here to enter text. |
| Police name and contact details | Click or tap here to enter text. |
| If court process ongoing, provide court date if known. | Click or tap here to enter text. |

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| **Involvement with Other Agencies**Please indicate the young woman’s involvement with the following services.  |
| **Agency** | **Past Involvement** | **Present Involvement** ***If yes,* *provide contact details for named worker.*** |
| GP/health servicesWe cannot accept referrals without GP information | [ ]  Yes | [ ]  Yes  |
| Social care | [ ]  Yes | [ ]  Yes  |
| Police  | [ ]  Yes | [ ]  Yes  |
| CAMHS/ Mental health/ Counselling services | [ ]  Yes | [ ]  Yes  |
| Education | [ ]  Yes | [ ]  Yes  |
| Other significant services  | [ ]  Yes | [ ]  Yes  |
| Is this Young Woman subject to:  |
| Child in Need [ ]  Child Protection [ ] Multi-Agency Risk Assessment Conference [ ]  |  |

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| **Monitoring Information - *\*If this section is not completed the referral will be returned*\*** |
| **Gender** |
|  [ ]  Female  [ ]  Intersex  [ ]  Trans\*  | [ ]  Non-binary [ ]  Gender-queer [ ]  Prefer not to say | [ ]  Other, please specify |
| **Sexual Orientation** (if known)  |
| [ ]  Heterosexual [ ]  Lesbian[ ]  Gay  | [ ]  Queer [ ]  Asexual [ ]  Bi-sexual  | [ ]  Not sure [ ]  Prefer not to say[ ]  Other, please specify:  |
| **Ethnic Background**  |
| [ ]  Asian British | [ ]  Black British | [ ]  Chinese | [ ]  White British |
| [ ]  Asian Bangla | [ ]  Black African | [ ]  Latin American | [ ]  White Irish |
| [ ]  Asian Indian | [ ]  Black Caribbean | [ ]  Middle Eastern | [ ]  White European |
| [ ]  Asian Other | [ ]  Black Other | [ ]  Multiple Heritage (please tick other boxes) | [ ]  White Other |
| [ ]  Roma/Traveler | [ ]  Prefer not to say | Other (specify):  |
| Does the client have any **Disabilities**? Please tick **all** that apply. |
| [ ]  **Yes (please specify below)** | [ ]  **No** |  |
| [ ]  Blindness/visual impairment | [ ]  Deaf/hearing impairment | [ ]  Learning disability/difficulty |
| [ ]  Mental health | [ ]  Mobility difficulty | [ ]  Long term health condition/Chronic illness  |
|  [ ] Prefer not to say Other (specify): |
| **Religion** |
| [ ]  Agnostic | [ ]  Atheist | [ ]  Baha’i | [ ]  Buddhist |
| [ ]  Christian | [ ]  Hindu | [ ]  Humanist | [ ]  Jain |
| [ ]  Jewish | [ ]  Muslim | [ ]  Rastafarian | [ ]  Sikh |
| [ ]  None | [ ]  Prefer not to say | [ ]  Other (specify):  |