**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.

The YW service works with Young Women aged **11 - 18 years old** (up to 21 years old for care leavers) with a connection\*\* to **Brent, Ealing, H&F, Westminster, K&C, Harrow, Hillingdon and Hounslow.**

Our **CouRAGEus Project** offers Specialist 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 Advocate (1:1 Support)

Group Work

Counselling

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | |
| If so, please provide emergency contact details for parent(s)/guardian(s).  Specify the relationship with the young woman if they are not the parent(s)/guardian(s) | | Name, address and contact details: | |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 services | 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 | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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): | | |