solace for young people

REFERRAL FORM

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?	☐ **Yes** ☐ **No**
Which service would you like to refer young person to?	☐ **Young Person's Advocacy** ☐ **Multi-disadvantage Advocacy** ☐ **Therapeutic support** ☐ **Resilience support group**

2. YOUNG PERSONS DETAILS:

Young person's Name and Surname	
Address of young person (if applicable)	
Borough YP resides in:	
School and address:	
D.O.B and Age:	
Gender:	
Ethnicity:	
Religion:	
Disability (illness, impairment, allergies)	☐ **Yes** ☐ **No** ☐ **Physical disability** ☐ **Hearing disability** ☐ **Learning disability** ☐ **Vision disability** ☐ **Mental Health disability** **Additional notes:**
Is the interpreter needed?	☐ **Yes** ☐ **No** **Which language?**
Child Primary Language	
Child or Carer Contact details (mobile or email) if applicable	
Is it safe to contact?	☐ **Yes** ☐ **No**
Who has parental responsibility? (provide first and last name)	
Who young person lives with?	
Any contact arrangements or difficulties?	☐ **Yes** ☐ **No** **Please detail:**

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3. REASON FOR THE REFERRAL?

What is the main reason for the referral?	
Is the abuse current?	☐ Yes ☐ No
Is the abuse historic?	☐ Yes ☐ No
Alleged perpetrators relationship to young person?	
Any contact with the perpetrator?	☐ Yes ☐ No Please detail:

4. TYPES OF ABUSE EXPERIENCED?

Please indicate types of abuse experienced (Please tick relevant box)

- ☐ Domestic Violence
- ☐ Sexual abuse and exploitation
- ☐ Forced marriage
- ☐ Honour based violence
- ☐ Trafficking
- ☐ Prostitution
- ☐ Other _____
- ☐ Gang related violence
- ☐ Rape
- ☐ Harassment and Stalking
- ☐ FGM
- ☐ Child Sexual Exploitation

Types of abusive behaviour experienced- please tick all that apply

Physical	Yes ☐	No ☐	Emotional	Yes ☐	No ☐
Sexual	Yes ☐	No ☐	Jealous/controlling behaviour	Yes ☐	No ☐
Financial	Yes ☐	No ☐	Harassment/Stalking/Surveillance	Yes ☐	No ☐

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

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

5. PLEASE INDICATE ANY CURRENT ISSUES AND SUPPORT NEEDS

FOR THE YOUNG PERSON (please check relevant box):

- ☐ Challenging behaviour
- ☐ Struggling to express emotions
- ☐ Struggling to express anger constructively
- ☐ Is withdrawn or continually unhappy
- ☐ Struggling with school attendance
- ☐ Lack of aspiration and motivation for schoolwork and progression
- ☐ 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

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6. SAFEGUARDING

Are children's services involved in this case?	☐ Yes ☐ No ☐ Don't know
Level/nature of involvement	☐ Child in need ☐ Supervision Order ☐ Child protection ☐ Voluntary Care Order ☐ Care Order ☐ Team Around the child ☐ Other
Any other services involved (YOT, CAMHS)	☐ Yes ☐ No ☐ Don't know
Level/nature of involvement – notes	
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?	☐ Yes ☐ No ☐ Don't know
If so please give more details	
Please include any other relevant information	

PLEASE RETURN REFERRALTO: cypservice@solacewomensaid.org