

**YUVA Young People’s Service Surrey**

**Referral Form**

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| **Date of Referral:**  **Name and role of referrer:**  **Address:**  **Phone(s):**  **Email:**  **Please be aware that a referral to Yuva cannot be made without the consent of the client.** |

**Referral guidance:**

* If a young person is under 16, we require a signed consent form from the parent/carer before accepting the referral. See document below.
* If a young person is over 16, please contact young person for consent and inform parent before accepting the referral. See document below.
* Before we undertake work with the young person, we ask that the parent/carer engages in an assessment to allow us to obtain an overview of the parent’s perspective, risk and any safeguarding concerns. Parent consultation will be completed with another member of the Yuva team.
* If a young person does not wish to engage with the service, the parent/carer can access our Yuva Surrey parent group and/or five 1-1 telephone support sessions.
* The referrer will be expected to gain an overview of the young person’s perspective, risk, and any safeguarding concerns.

**It is important to advise Yuva if a family is in or will be in court proceedings and at what stage, so that we can discuss expectations around reporting on outcomes with the family.**

**CLIENT DETAILS**

(Please include details of the family member or (ex) partner identified as being affected by young person’s violence/abuse)

**Who do you want to refer?** (Please tick all relevant boxes)

**Young person using violence against ex/partner **

**Young person using violence against parent/family member **

**Survivor who has experienced young person’s violence i.e. (ex) partner/family member **

**Please complete all information requested:**

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|  | **Young person using violence** | **Parent/ Carer /family member (s) affected (survivor) that would like to engage with Yuva** |
| **First Name(s)/preferred pro-noun:** |  |  |
| **\*Family Name:** |  |  |
| **\*Date of Birth:** |  |  |
| **Gender:** |  |  |
| **\*Address:** |  |  |
| **Housing Status & Borough:** |  |  |
| **Phone(s):** *Indicate preferred contact if known* |  |  |
| **\*Email:** |  |  |
| **Relationship Status:** |  |  |
| **Ethnicity:** |  |  |
| **Sexual orientation:** |  |  |
| **First Language:**  Interpreter Required? |  |  |
| **Religion:** |  |  |
| **Employment Status:** |  |  |
| **Relationship to Young person** |  |  |
| **Disability (diagnosed /undiagnosed) & Access requirements:** (mobility, hearing loops, literacy etc) |  |  |
| **Drug/Alcohol Misuse and treatment:** |  |  |
| **Mental Health Difficulties** (diagnosed /undiagnosed) and treatment: |  |  |
| **Parental responsibility:**  *Where client being referred is under 18 years* |  |  |

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| **Who lives in the household(s)? If the client(s) has children who are not living in the same household please include them below and state who they reside with:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **First Name** | **Family Name** | **Date of Birth** | **Gender** | **Relation to client being referred** | **Who does this child/young person reside with?** | | *e.g. John* | *Smith* | *01/01/01* | *Male* | *Brother* | *paternal grandmother – Jane Smith* | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| **History of Domestic Violence** (include violence abuse used by the young person and any other violence within the family – for example, if the young person has witnessed domestic violence between parents): |
| **Current and previous convictions, including youth, criminal and/or civil justice involvement** (attach relevant paperwork)**:** |
| **Child protection/safeguarding status.**  Is there a recently completed/current Initial Assessment, Core Assessment, Child in Need plan, Care Plan, CAF or any other plan/assessment concerning the young person and their family? (please attach) : |
| **Risks to professionals/others:** |
| **Address of where you would like the sessions with the young person to take place (e.g., their school, social services, youth centre etc) Please note: Yuva do not work in the home setting.** |

**PROFESSIONALS’ DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role of professional** | **Name** | **Address** | **Phone(s)**  (office & mobile) | **E-mail** |
| **Social Worker** |  |  |  |  |
| **GP** |  |  |  |  |
| **Other Professional**  (Please state role) |  |  |  |  |
| **Other Professional**  (Please state role) |  |  |  |  |
| **Other Professional**  (Please state role) |  |  |  |  |

**Please send the completed referral by email and note that the service administrator works part time**

**Email:** [**dvip.yuvasurrey@waythrough.org.uk**](mailto:dvip.yuvasurrey@waythrough.org.uk)

DVIP-Yuva service,

80 Holloway Road

Highbury East

London, N7 8JG

Tel: 020 8741 8020

**Please complete consent form below prior to emailing/ submitting referral.**

**CONSENT TO REFERRAL TO YUVA**

I consent to Yuva collecting and storing personal and sensitive data regarding myself or my child’s referral. I understand that this data will be stored securely within the requirements of the Data Protection Act 2018, and that I can apply for access to personal data by submitting a Subject Access Request.

The Yuva Surrey service is operating as part of the Domestic Abuse “Surrey Steps to Change Hub” which requires data being shared with the professional agencies that form this multi-agency service. For more information contact: [enquiries@surreystepstochange.com](mailto:enquiries@surreystepstochange.com)

**Parent/ carer signed**………………………………..  **Date**…………………….

Please sign relevant consent form below relating to working with young person under 16.

**CONSENT TO WORK WITH A CHILD UNDER 16**

(Please obtain parent’s signature)

I give the YUVA Service permission to assess my child and work with them on a one-to-one basis.

**Child’s Name**……………………………………………….

I also agree to the following:

* If a child protection/safeguarding issue emerges during sessions, information may have to be shared with other external agencies in order to safeguard my child. I understand that should this occur, I would be informed about the process by a Yuva member of staff.
* That the specific content of sessions between my child and his/her worker will remain confidential and that my child has the right to request that information about his/her treatment not be shared with me.
* That the Yuva service will keep records of my child’s engagement to track their progress and better meet their needs.
* My child has the right to withdraw from the service.
* All information concerning danger to my child will be shared with me. General feedback about my child’s progress will also be shared with me.

**Signature of parent/carer**………………………………………………  **Date**………………………

**If young person is 16 years or older, please obtain their consent below prior to referral.**

**CONSENT TO WORK WITH A YOUNG PERSON 16+**

(Please obtain young person’s signature)

I give the YUVA Service permission to assess and work with me on a one-to-one basis.

Name…………………………………………………………………………………….

I also agree to the following:

* If a child protection/safeguarding issue emerges during sessions, information may have to be shared with other external agencies for safeguarding purposes. I understand that should this occur, I would be informed about the process by a Yuva member of staff.
* That the specific content of sessions will remain confidential and that I have the right to request that information about my treatment not be shared with my parent/carer.
* That the Yuva service will keep records of my engagement to track my progress and better meet their needs.
* I have the right to withdraw from the service.
* All information concerning danger to me will be shared with my parent/carer. General feedback about my progress will also be shared with my parent/carer.

**Signature of young person**……………………………………………. **Date**……………………