|  |
| --- |
| **BASIS SUPPORT YOUNG PERSON REFERRAL FORM**  |

Basis Young People’s Service supports:

* Children and Young People aged 10 to 18yrs (up to 24yrs if care experienced or have Learning Difficulties)
* Children and Young People who are at risk of Sexual Abuse and Exploitation
* Children and Young People who are experiencing Sexual Abuse and Exploitation
* Children and Young People who have experienced Sexual Abuse and Exploitation

**Note to the young person:**

**Although you are being referred to us because you may have experienced sexual abuse or, because you or others around you might be concerned you may experience harm, your support doesn’t just have to cover this. We can talk about, and try to help with anything you want. Here are some examples of what we have supported young people around:**

* **Friendships at School**
* **Accessing Healthcare**
* **Discussions around sexuality and gender identity**
* **Help accessing other services like drugs and alcohol counselling, housing and education**

Support from Basis Young People’s team is young person led, confidential, tailored to each individual, trauma aware and not time limited.

All referral forms and risk assessments should be sent to ypreferrals@basisyorkshire.org.uk. **We will not accept referrals unless the young person has consented, or without an up to date risk matrix.**

Has this person given their consent for this referral? Yes [ ]  No [ ]

Has a CE Risk Identification Tool been completed? Yes [ ]  No [ ]

|  |
| --- |
| PERSONAL DETAILS OF PERSON BEING REFERRED |
| **Full Name:**  | **Known as:** |
| **Date of Birth:** | **Phone number:** |
| **Address:****Postcode:** |
| **Current living situation:** |
| **Preferred Pronouns:** | **Ethnicity:** |
| **Gender:** | **Sexuality:** |
| **Are there any additional needs/risks we need to be aware of? (ie literacy issues, hearing issues, learning disabilities, English as an additional language.** |
| EMERGENCY CONTACT DETAILS |
| **Full Name** | **Phone number:** |
| **Relationship to young person:** |

|  |
| --- |
| REFERRER DETAILS (if agency referral) |
| **Name:** | **Agency:** |
| **Email address:** | **Phone number:** |
| **How long have you worked with the person being referred?** |

|  |
| --- |
| REFERRAL DETAILS |
| **Reason for referral:** |
| **Please tick proposed areas of support needed:** [ ]  1:1 Awareness Raising SessionsFor any young person who are at Moderate to Significant risk of experiencing Child Sexual Abuse and Exploitation. [ ]  1:1 Intensive SupportFor young people experiencing or believed to be experiencing Child Sexual Abuse and Exploitation. [ ]  1:1 Post Abuse SupportFor young people who have experienced Child Sexual Abuse or Exploitation. [ ]  1:1 Girls and Gangs Support or Group workProviding preventative 1:1 work with girls and young women who are at risk of entering the criminal justice system due to associations and links with known and emerging Urban Street Gangs/or members, whose risks are further compounded due to experience or risk of sexual abuse and exploitation.[ ]  Lionesses - **Leeds area only**Voice and Influence group for young people who have accessed Basis Services (internal referrals only) |

|  |
| --- |
| OTHER PROFESSIONALS |
| **Children’s Safeguarding involvement:** Yes [ ]  No [ ] **Name of allocated social worker:****Phone number:****Email address:****Safeguarding status:** Choose an item. |
| **School Status:** **Name of School attended:****Contact name:****Contact phone number:** |
| **Please provide names of any other professional who have involvement:**Name:Agency:Contact:Name:Agency:Contact: |

**Please fill out the below section with the young person where possible:**

****

Although you have been referred to us because you may have experienced sexual abuse or, because you or others around you might be concerned you may experience harm, **your support doesn’t just have to cover this.**

We can talk about, and try to help with anything you want. Here are some examples of what we have supported young people around:

* Friendships at School
* Accessing Healthcare
* Discussions around sexuality and gender identity
* Help accessing other services like drugs and alcohol counselling, housing and education

**I /The Young Person needs:**

* Support with understanding trauma/The Impact of traumatic experiences
* Support with practical issues (housing/health etc.)
* Support to help me stay safe
* Someone I can trust and talk to
* Help to not feel alone
* To meet other young people with similar experiences
* To become more confident

|  |
| --- |
| REFERRAL DETAILS |
| **Here are some areas that you might be struggling with, please let know which ones are relevant to you:*** Difficulty at school (inc. behaviour/friendships)
* Alcohol use
* Drug use
* Difficult relationships with parents/carers
* Mental health issues
* Parental substance misuse
* Difficult relationship with other professionals
* Lots of time spent online/Concerns over online use
* Experiencing flashbacks
* Self-harm
* Suicidal thoughts
* Low school attendance
* Low self-esteem/Self-image
* Disordered eating
* Housing issues/Sofa surfing
* In the care of the local authority
* Learning difficulties
* Domestic violence (Myself/In family home)
* Missing from home
* Questioning gender identity or sexuality

**Is there any other support would you like from Basis?** |