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**CYP Referral Form**

Please complete all sections of this referral form. We ask you to identify what service you feel is required – the CYP team will screen each referral and may feel that a different service strand is more suitable.

**This form should be returned to** **cyp@edinwomensaid.co.uk**

**Service being requested**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CYP Outreach** |  | **Refuge support** |  | **CEDAR***Please complete additional section*  |  |
| **Art Therapy** |  | **Court advocacy**  |  | **Unsure** |  |

**Main parent / carer details**

|  |  |
| --- | --- |
| Name of main parent / carer |  |
| Are they a current /recent service user of EWA? | Yes/ No |
| Address of main parent / carer  |  |
| Is this address safe? | Yes / No  |
| Contact telephone number/s |  |
| Is the number/s safe? | Yes / No |
| Contact email address |  |
| Is the Email address safe? | Yes / No |
| Any relevant communication needs to be considered? |  |

**Background information**

|  |
| --- |
| Brief Family History and family make up: *Please include relevant history which has impacted on the child and family. It is also useful to describe who lives in the family home, the wider issues such as tenancies and support networks.* |
|  |
| Have there been recent Child Protection issues: Yes / No  |
| Risk Assessment *please include any relevant information for family safety and / or staff safety:* |

**Details of individual children being referred**

|  |  |
| --- | --- |
| Child’s Name |  |
| DOB |  |
| Gender |  |
| Nationality  |  |
| Address if different to above |  |
| ELC setting / School:* Setting name
* Setting Address
* Year / class
* School contact name & telephone / email
 |  |
| Additional Support needs |  |
| Relationship to perpetrator |  |
| Does the child have contact with perpetrator (specify) |  |
| Main Reason for referral  |  |
| What are the desired outcomes? |  |

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|  |  |
| --- | --- |
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| Relationship to perpetrator |  |
| Does the child have contact with perpetrator (specify) |  |
| Main Reason for referral  |  |
| What are the desired outcomes? |  |

**Agencies currently involved**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please tick | Who is the involvement with (family unit / parent/ individual child) |  |
| Children and Families Social Work |  |  | *Please specify is allocated or duty*  |
| Police |  |  |  |
| NHS (not universal provision) |  |  | *Please specify service* |
| CAMHS |  |  |  |
| Reporters Office |  |  |  |
| Education (not universal provision) |  |  | *Please specify service* |
| Third Sector  |  |  | *Please specify service* |
| Other |  |  |  |

**Referrers Details**

|  |  |
| --- | --- |
| Name of Referrer |  |
| Agency and role |  |
| Contact telephone number |  |
| Contact email address |  |
| Please tick to confirm this referral has been discussed with the main carer/ mum and CYP – If not please explain why |  |
| Signature |  |
| Date of referral  |  |

**CEDAR Additional Information**

To further enhance the therapeutic nature of groups for children and young people, women are invited to participate in a Women’s Group that runs in parallel with the Children/Young People’s Group. Themes and concepts introduced to children are incorporated into women’s group sessions with an emphasis on supporting women to help their children begin to recover from the impact of domestic abuse

|  |  |
| --- | --- |
| Is the mother interested in participating in the Women’s Group? |  |
| If not interested, please indicate why |  |
| Please indicate any additional support needs |  |