

Young Women and Girls Project

The purpose of the Young Women and Girls Project delivered by Oxfordshire Youth (OY), is to provide a programme of support, of up-to 12 months, for young women and girls who have experienced or may be experiencing gang associated harms including violence and exploitation. Young women and girls aged 11-25 years old can be referred onto the programme.

The aim of the programme is to provide 1-1 support to reduce social isolation, involvement in criminal activity and behaviours and increase their wellbeing by engaging in positive activities.

**If you are referring a young person into the programme, please complete all sections of the referral form below in as much detail as possible. Failure to do so may cause delays, and failure to give detailed information on essential criteria (section 4, question 1) will result in the referral not being accepted.**

If the programme is suitable for the young person, they will be offered a place and will meet and communicate weekly/bi-weekly with the Young Women and Girls Project Coordinator through 1-1 activities. They may also be invited to group work sessions if appropriate.

Referral Process

1. The referrer should review essential programme referral criteria. **This is found on the referral form under section 4, question 1.**

2. If an individual meets referral criteria, the programme should be discussed with them before submitting a referral on their behalf. We also encourage that OY’s Privacy Notice is shared and discussed with young people at this stage.

3. If the young person gives their consent, submit the referral. Once your referral has been submitted, you should expect acknowledgement of your referral within 2 working days.

4. Following the receipt of a referral, OY will review the information internally to identify the suitability of the programme for the young person. **Please note:** A professional discussion may be arranged if additional information is required.

5. The referrer will be contacted and informed on the next steps of the referral. The referrer should expect to receive an update within 5 working days following acknowledgement of referral.

Programme offer:

1. If an individual meets the programme criteria, an assessment will be arranged with the referrer and young person. **Please note: To support the young person during the assessment process we require the presence of an appropriate professional (usually the referrer) at the initial meetings.**

2. Following the completion of the assessment, a young person will be offered a place on the programme. Engagement in the programme is voluntary and we will offer young people up-to 3 meetings to support them to understand if the programme is something they would like to engage with. If engagement from the young person is withdrawn within these 3 meetings the young person will need to be re-referred in order to engage in the project in future.

There is no time limit between referrals and no limit on the amount of times the same young person can be referred into the programme, however a young person needs to agree and be willing to engage.

Programme Capacity:

If a young person meets the criteria but the programme is working at full capacity, the young person will be placed on a waiting list until a space becomes available:

1. An assessment will not be completed with the young person. They will be placed on a waiting list.

2. When a place is available on the programme, the relevant professional will be contacted again to arrange the initial assessment following the steps outlined in the ‘Programme offer’ section above.

Programme not suitable

If the programme is not deemed suitable for the young person they will not be offered a place on the Young Women and Girls Programme. Referer’s will be notified of the decision and will have the opportunity to share additional information if they feel something has not been considered. A young person can always be re-referred into the programme (even if they have previously not been offered a place) if circumstances change for the individual.

If you have any queries or questions in relation to any of the information above or in the referral form below, please contact ywagcherwell.referrals@oxfordshireyouth.org.

**Please complete the referral form in as much detail as possible. Once complete please send the referral via secure email, using egress switch to:** **ywagcherwell.referrals@oxfordshireyouth.org**

Referral Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral:** |  | **Is the young person aware of the referral:** (please highlight the text to confirm that the young person is aware of the referral. Referrals made without a young person's consent will not be accepted) | Yes, the young person is aware of the referral  |
| 1. Referrer’s Information |
| **Full name:** |  | **Job Title:** |  |
| **Local Authority/ School/Organisation:** |  |
| **Phone Number:** |  | **Email address:** |  |
| **Are you the best person to contact about this referral:** | YES / NO |
| **Please state availability for professional discussion about the referral** |  |
| IF YOU ARE **NOT** THE BEST PERSON TO CONTACT ABOUT THE REFERRAL, PLEASE FILL OUT THE INFORMATION BELOW. OTHERWISE, PLEASE MOVE ON TO SECTION 2. |
| **Full name:** |  | **Job Title:** |  |
| **Local Authority/ School/Organisation:** |  |
| **Phone Number:** |  | **Email address:** |  |
| **Please provide availability for a professional discussion about the referral. Please provide 3 dates within 2 weeks of referral submission.** |  |
| **Please provide availability for initial assessment with relevant professional, referred individual and their parent/guardian (if under 13y/o). Please provide 3 dates within 4 weeks of referral submission.**  |  |
| 2. Young Person’s Information |
| **First Name:** |  | **Surname:** |  |
| **Any other name by which the young person is known:** |  | **Date of birth:** |  |
| **Age at the time of referral:** |  | **Gender identity:** |  |
| **Pronouns:** |  | **Ethnicity:** |  |
| **Full address:** |  | **Post Code:** |  |
| **Does the young person have any disabilities or health conditions that we should be aware of?** |  |
| **Does the young person have any dietary requirements?** |  |
| 3. Emergency Contact Information |
| **Full name:** |  | **Relationship to young person:** |  |
| **Phone Number:** |  | **Email address:** |  |

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| 4. Individual Context |
| **1. Reason for referral:** (Please provide details of their experiences of gang violence and/or exploitation. Please include dates where possible). **Please note this is essential criteria for each referral, and failure to provide detailed information will result in the referral being declined.** |
|
| **2. We would like to understand the presenting risks towards this young person. Please indicate the level of risk for each factor for the young person. If a risk is present, please provide further details.** |
|  | **FACTOR**  | **NONE** | **LOW** | **MED** | **HIGH** | **VERY HIGH** | **PLEASE PROVIDE INFORMATION AROUND RISK FACTOR AND RISK LEVEL** |
| Risk to self/ Risk to others  | Gang involvement *(Are they part of a gang? Are they associating with known gang members? Have they experienced gang violence?)* |  |  |  |  |  | Risk to self:  |
| Risk to others: |
| Exploitation involvement *(Are they being exploited? Have they experienced exploitation in the last 6 months? Type of exploitation e.g. gang/sexual)* |  |  |  |  |  | Risk to self:  |
| Risk to others: |
| Missing episodes *(Frequency of episodes? Where are they being found?)* |  |  |  |  |  | Risk to self:  |
| Risk to others: |
| Offending behaviors *(Are they committing offenses? Is this associated with exploitation/gang involvement?)* |  |  |  |  |  | Risk to self:  |
| Risk to others: |
| Anti-social behaviors *(Is this associated with exploitation/gang involvement? Are they engaging in behaviors making them vulnerable? Are they associating with known offenders?)* |  |  |  |  |  | Risk to self:  |
| Risk to others: |
| Aggression towards others (adults/peers/staff) *(Is his a new behavior? When did it start?)* |  |  |  |  |  | Risk to self:  |
| Risk to others: |
| Please include other factors affecting risk to self or risk to others if not stated in the above (in relation to gang violence and exploitation).  | Please detail if this is a risk to self or a risk to others. Please advise the level of risk if applicable.  |
| **3. What factors are affecting their vulnerability to exploitation and gang violence?**  |
|  | **FACTOR**  | **NONE** | **LOW** | **MED** | **HIGH** | **VERY HIGH** | **PLEASE PROVIDE INFORMATION AROUND RISK FACTOR AND RISK LEVEL** |
| Health  | Mental health concerns *(including self-harm and triggers)* |  |  |  |  |  | Please advise details of diagnosis.Please advise how their disabilities or health conditions affect their risk. |
| Learning needs  |  |  |  |  |  |
| Physical health concerns  |  |  |  |  |  |
| Wellbeing  | Substance use |  |  |  |  |  |  |
| Known Trauma/Adverse experiences  |  |  |  |  |  |  |
| Sexual activity/harmful sexual promiscuity  |  |  |  |  |  |  |
| **4. Please give a description of the young person’s family composition. (Who do they live with, who has parental responsibility, has there been any significant events e.g. house moves, separation, loss, trauma, illness?) Please give as much detail as possible.**  |
| **5a. What is the individual’s education history? (Please include timeline of changes to education placements, exclusion dates)****b. What is the current situation? (If they are attending Education, Employment or Training provisions please can you specify.)** **c. If they are attending school or college, please advise if they are on a reduced or part-time timetable? (Please provide details around how many days a week they attend school/college/work).****d. Is the individual NEET? If yes, how do they use their time?** |
| **6. What services is the young person engaging in?**  |
| Service Engagement  | YOT/YJES/Probation services  |
| Caseworker: Reason for involvement:Start of Intervention:Proposed end date:Have they received support or completed work around gangs and exploitation? What work was completed?:Contact Information: |
| Social services |
| Caseworker: Reason for involvement:Start of service involvement: Proposed end date:Have they received support or completed work around gangs and exploitation? What work was completed?:Contact Information: |
| Psychological services e.g. CAMHS |
| Caseworker: Reason for involvement:Start of Intervention:Proposed end date:Have they received support or completed work around gangs and exploitation? What work was completed?:Contact Information: |
| **7. To identify the best support, is there any other information that you feel we should know?** |
| Other  |  |
| **Privacy and data protection** |
| In this form we will be asking for information about you and about the person you are referring. By completing this form you agree to us collecting and holding information about you and the young person you are referring.We are committed to protecting and respecting your privacy - by clicking [here](https://files.smartsurvey.io/2/0/F8C7KRB6/Youth_Voice_Network__Young_PeopleFriendly_Privacy_Notice__17.02.22.pdf)you can see our young person friendly privacy notice that describes when and why we collect personal data about you and this young person, how the information is used, the conditions under which it may be disclosed to others and how it’s kept secure and yours and their rights. |
| **Please confirm that you have read Oxfordshire Youth’s privacy notice and agree to us collecting and holding information about you:** | YES / NO |
| **Please confirm that you have accessed Oxfordshire Youth young person friendly privacy notice to share with the young person you are referring:** | YES / NO |