**Referral form – Maia service for young women and girls (aged 13 to 25)**

The Maia & LIFT programme is a multi-faceted programme of support for young women and girls (aged 9 to 25) at risk of Violence Against Women and Girls and criminal justice interaction through abuse and exploitation. In partnership with specialist organisations, the Maia service is also able to provide employability and mental health support delivered by Working Chance and Woman’s Trust. **This form is for referring into the Maia service.** Girls aged 9 to13 can access support via the LIFT programme, delivered by Chance UK. To learn more about or refer to LIFT, please visit this link: <https://www.chanceuk.com/make-a-referral/>

**Who can be referred to the Maia service?**

* Self-identified young women and girls and non-binary young people assigned female at birth (aged 13 to 25)
* **Residing in Westminster, Hackney, Camden, Islington, Tower Hamlets or Newham**
* At risk of or experiencing domestic abuse

**What kind of support does the Maia service provide?**

The Maia service is designed to enable young women and girls to escape harm and thrive in their lives and aspirations through providing:

* 1-2-1 advocacy support
* Mentoring
* Prevention and awareness-raising groups and workshops

**How can I refer to the Maia service?**

Once you have completed this form, please return it to [**maia@advancecharity.org.uk**](mailto:maia@advancecharity.org.uk) (non-secure) or **maia@advance.cjsm.net**. If returning a completed form to our non-secure email address, please ensure it is password-protected.

**CONSENT**

The young woman/girl being referred has consented to the sharing of their personal information with Advance **Please confirm that you have received appropriate consent and that they are aware they will be contacted by Advance to arrange an initial conversation**.

When the young woman/girl being referred engages with the service, further consent will be sought in relation to data sharing with Maia partners, data sharing with other relevant external agencies, and for evaluation purposes, in line with our privacy statement. **If you are referring someone to the Maia service who is under the age of 18, please check the box below to confirm that the girl you are referring is competent to consent and is fully informed about and understands the referral process. If this is the case, consent is *not* needed from a parent, carer, or guardian to refer to the Maia service.**

The person being referred is:

under the age of 18

over the age of 18

If the person being referred is under the age of 18, please confirm the below:

**The girl being referred is competent and fully informed and understands the process of being referred to the Maia service**

Please note that this referral will only be accepted if appropriate consent has been obtained.

**Data protection statement**

Please ensure that the young woman/girl you are referring is aware that the information gathered and included in the referral form is confidential and will be kept on file. This information will be shared with other members of the Advance team, according to the needs of the young woman/girl referred to the Maia service. The information will only be disclosed to third parties without consent if there is a significant risk of harm to a child or an adult.

|  |  |
| --- | --- |
| **REFERRER’S DETAILS** | |
| Name |  |
| Agency /Title |  |
| Borough |  |
| Phone number |  |
| E-mail address |  |
| Case Consultation completed |  |

|  |  |
| --- | --- |
| **VICTIM/SURVIVOR’S DETAILS** | |
| Name |  |
| Date of birth |  |
| Address/ Borough |  |
| Telephone number/ Safe to leave messages |  |
| Email address/ Safe to leave messages |  |
| Other safe communication |  |
| Nationality |  |
| Ethnicity |  |
| Primary Language/ interpreter required |  |
| Recourse to Public Funds |  |
| Gender |  |
| Sexuality |  |
| Disability |  |
| Please describe the reason for your referral: | 1-2-1 advocacy support  Mentoring  Prevention and awareness-raising groups  Workshops |
| What areas would the young woman/girl like to receive support around? | Risk of domestic abuse  Risk of exploitation  Risk of offending  Mental health (16-25 only)  Employability (18-25 only)  Other: please specify |
| Please let us know any details of current or previous social care involvement with the young woman/girl | Child in need  Child protection plan  Looked after child  Care leaver |
| Please share details of any safeguarding concerns you have including risk to self, risk from others and risk to others. |  |
| Please let us know how we can best support the young woman/girl. I.e. does she have support needs around drug or alcohol use, mental health, or disability, does she have any other access needs? |  |
| Please provide contact details of any other agencies’ involvement (e.g., schools, mental health services, youth offending teams/probation. |  |

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| --- | --- |
| **ALLEGED PERPETRATOR’S DETAILS- OVER AGE OF 18 ONLY** | |
| Name |  |
| Date of birth |  |
| Address |  |
| Relationship to victim/survivor |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILDREN’S DETAILS**  Does the young woman/girl you are referring have any children | | | | |
| Name |  |  |  |  |
| Date of birth |  |  |  |  |
| Address |  |  |  |  |
| Relationship to Perpetrator |  |  |  |  |
| Unpaid caring responsibilities | Y | N |  |  |

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| **REASON FOR REFERRAL/ ADDITIONAL INFORMATION** |
| **Please note: All high risk cases should be referred to MARAC/SAFEGUARDING or the local IDVA service by your agency** |