Peer to Peer Support Referral Form

\*\*For Professionals use\*\*

The Women’s Peer to Peer Support Service is about groups in a safe environment for women wanting to gain confidence, independence and connection with other women through peer support.

**Referral process**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Step | **1** | **2** | **3** | **4** | **5** |
| **What** | Referral form | Phone conversation | Additional information shared (group agreement, location etc) | Forms completed (data privacy consent, equalities and evaluation form) | Start group |
| **Who** | Professional | BWC P2P & Service User | BWC P2P | Service User | Service User |

**Who are our peer support groups for? Those who:**

* are self-identifying women, age 18 years+
* have supporting strategies for managing their mental or emotional (biopsychosocial) distress
* are able to participate and share in a group setting
* are interested in learning and exploring as a group
* are OK hearing different opinions and potentially witnessing some distress
* are able to commit to a weekly attendance

**Who are they not for? Those who:**

* have acute mental needs
* require 1:1 support to engage in groups
* have high 1:1 needs whether housing, mental & physical ill-health, substance/alcohol misuse, family or current/historical offending
* are uncomfortable within a group setting
* are currently struggling with their emotional and psychological regulation (easily triggered)

(Continue…)

**Please complete this form and send securely (password encrypted) to** **janemoore@womenscentre.org.uk**

|  |  |
| --- | --- |
| Date |  |
| Full name |  |
| Contact details |  |
| Preferred method of contact? |  |
| Why are you referring this Service User (SU) to P2P? |  |
| Any known challenges for the SU engaging in groups? |  |
| Any known safety and risk factors? |  |
| What other support does this SU have in place? |  |
| Is there anything else you think we should know about this SU? |  |
| What city/district is the SU located in? |  |

|  |  |
| --- | --- |
| Referrer’s name |  |
| Referrer’s role & organisation |  |

**Thank you. We aim to respond within 5 working days.**