



**AFRICA
ADVOCACY
FOUNDATION**

Bede
Believing in community.



EXTERNAL REFERRAL FORM

Date of referral: Click or tap to enter a date.

NAME OF REFERRING AGENCY			
REFERRER'S NAME		REFERRER'S CONTACT NUMBER	
REFERRER'S EMAIL ADDRESS			
HAS THE PERSON YOU ARE REFERRING CONSENTED TO THIS REFERRAL BEING MADE? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please indicate which service you are referring to (please note that Gaia will be overseeing and processing all referrals. <u>You can indicate more than one service: an overview of all services is provided below</u>)			
Gaia <input type="checkbox"/> Africa Advocacy Foundation (AAF) <input type="checkbox"/> Bede* (Referrals from Gaia only) <input type="checkbox"/> Respeito <input type="checkbox"/> Spires <input type="checkbox"/>			

Referral Criteria to Gaia:	Referral Criteria to Spires:	Referral Criteria to Bede:	Referral Criteria to Africa Advocacy Foundation:	Referral Criteria to Respeito:
<p>Gaia supports anyone who lives, works and studies in Lambeth who has experienced or who might be at risk of experiencing any forms of gender-based violence including:</p> <p>Domestic abuse and violence Female genital mutilation/cutting Forced marriage So called 'honour' based abuse Sexual exploitation including Child Sexual Exploitation Sexual violence Stalking and harassment</p> <p>Gaia supports all gender 16+. We also provide support to children and young people of all genders 0-25 who have witness or experience any strands of VAWG.</p>	<p>Spires Streetlink provides a pre-emptive and preventative service supporting women who are homeless or engage in street-based sex working only.</p> <p>Spires will deliver centrally located, accessible weekly morning drop-in for women met on street-based outreach who are at risk of domestic abuse and violence, sexual exploitation, sexual abuse or other forms of VAWG, to provide support and signpost to relevant services.</p>	<p>Bede provides 121 therapeutic support to children and young people age 5-17 years old to process past or current trauma that has been brought on by VAWG issues.</p> <p>Therapist can use various tools to support the child/young person to engage such as:</p> <p>Messy play Paint/sand work. Talking therapy</p> <p>Girls and boys over 16+ will need to have an allocated social worker/guardian or carer and give a consent to be referred.</p> <p>*Only the Gaia Centre can refer to Bede.</p>	<p>Africa Advocacy Foundation (AAF) is a culturally specific service supporting women and girls who are from African diaspora.</p> <p>AAF provides confidential tailored and trauma-informed support including those with no recourse to public funds.</p> <p>16+ who is at risk of any forms of VAWG, Black-African diaspora, and at risk or/and has undergone female genital mutilation/cutting.</p> <p>AAF is a community-led initiative that aims to equip diaspora communities and marginalized people with the tools they need for better health, safety, prosperity, and the opportunity to lead a fulfilling life.</p>	<p>Respeito provides holistic recovery support for Portuguese-speaking victims/survivors of domestic abuse including:</p> <p>Welfare support Counselling in Portuguese Interpreting and chaperone services for survivors of domestic abuse and violence. Wellbeing activities such as workshops for all Portuguese-speakers Community Outreach activities for information and raising awareness on issues related to domestic abuse and violence in Lambeth.</p> <p>Only for Portuguese speaking clients.</p>

NAME OF CLIENT			MARITAL STATUS	
GENDER	Please select from the list		DOB/AGE	
Pronoun	Please select from the list			
CONTACT NUMBER(S)		SAFE CONTACT ARRANGEMENTS	(Safe to leave voicemail at this number? Agreed code word/strategy for contact?)	
ADDRESS				
DANGER AREAS				
RACE/ETHNICITY	Please select from list			
SCHOOL DETAILS (if referral is for a young person)				
IMMIGRATION STATUS	Please select from list			
MAIN LANGUAGES SPOKEN				
INTERPRETER REQUIRED?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please specify which language)			
RELIGION? (if any)	Please select from list			
SEXUAL ORIENTATION?	Please select from list			
DISABILITY	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify: Please select from the list			
Additional Barriers/Needs	Mental ill-health <input type="checkbox"/> Substance Misuse <input type="checkbox"/> No recourse to Public funds <input type="checkbox"/> Language Barrier <input type="checkbox"/> FGM <input type="checkbox"/> Young Person <input type="checkbox"/> 60+client <input type="checkbox"/> Involvement in sex work or Prostitution <input type="checkbox"/> Black Asian Ethnic Minority Refugee <input type="checkbox"/> Lesbian Gay Bisexual Transgender Queer Intersex Asexual +other (LGBTQIA+) <input type="checkbox"/> "so called" Honour Based Violence and abuse <input type="checkbox"/>			

	Forced marriage <input type="checkbox"/> Stalking (Non Domestic Abuse <input type="checkbox"/> Sexual Violence (Non Domestic Abuse) <input type="checkbox"/> Homelessness <input type="checkbox"/> Immigration <input type="checkbox"/> <u>Other Please specify:</u>			
Are there any other agencies involved? (Provide details)				
CHILDREN/ DEPENDENTS' NAMES	D.O.B / AGE *Include pregnancy and due date when appropriate	M/F	WHERE DO THE CHILDREN CURRENTLY LIVE AND WHO WITH?	Are the children with the alleged perpetrator?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Is there current involvement with Children Social Care?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes please provide:</i></p> <p>Contact details of Social Worker:</p> <p>What borough?</p> <p>Is there current involved of Adult Social Care?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes please provide:</i></p> <p>Contact details of Social Worker:</p>

GP Details	(Name of GP and surgery details)
-------------------	---

Housing Status	
Type of tenancy	Joint tenancy <input type="checkbox"/> Sole tenancy <input type="checkbox"/> Perpetrator name only <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
Name of Landlord and contact details	(Please specify if Local authority, Housing Association, private rented, home owner etc)

Income		
Working?	Yes <input type="checkbox"/> No <input type="checkbox"/>	P/T <input type="checkbox"/> or F/T <input type="checkbox"/>
Are they receiving Benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes what type of benefit?	
	How much?	
	Paid to whom?	

Existing Court Orders? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, Please select from list</i>

Alleged Perpetrator Details:	(please state if the alleged perpetrator is a spouse, ex-partner, family member etc)
Name:	
Relationship to client:	
Address: (if known)	
D.O.B:	

Is there any police involvement? **Yes** ☐ **No** ☐

If yes, please provide details of Officer in Charge and Crime reference numbers if known.

Please provide reasons for this referral (including details of the most recent incident) and also the type of support that is required.

The Gaia Centre's address is confidential.

How to make a referral

The Gaia Centre accepts self and agency referrals.

Referral forms are to be completed by the referring agency. We will follow this up with the client – either on the telephone or face-to-face, according to their preferences, to offer support.

Inappropriate Referrals will be referred /sign posted onto appropriate service.

Please e-mail completed form to: lambethvawg@refuge.org.uk.

Tel: 020 7733 8724



**AFRICA
ADVOCACY
FOUNDATION**

Bede
Believing in community.

