



External Referral Form

Referral

Date of referral:

Referring Agency: Click or tap here to enter text

Referrer's contact number: Click or tap here to enter text

Referrer's email: Click or tap here to enter text

Has the person you are referring consented to this referral being made? No Yes

Please indicate which service you are referring to:

(Please note that Gaia will be overseeing and processing all referrals. You can indicate more than one service: an overview of all services is provided below)

Gaia

Africa Advocacy Foundation (AAF)

Bede* (Referrals from Gaia only)

Respeito

Spires

Referral Criteria to Gaia:	Referral Criteria to Africa Advocacy Foundation:	Referral Criteria to Bede:	Referral Criteria to Respeito:	Referral Criteria to Spires:
<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> <ul style="list-style-type: none"> • 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>Gaia supports all gender 16+. We also provide support to children and young people of all genders 0-25 who have witnessed or experienced any strands of VAWG.</p>	<p>Africa Advocacy Foundation (AAF) is a culturally specific service supporting women and girls who are from the African diaspora.</p> <p>AAF provides confidential tailored and trauma-informed support including for those with no recourse to public funds.</p> <p><u>16+ who is at risk of any forms of VAWG, Black-African diaspora, and at risk of/and has undergone female genital mutilation/cutting.</u></p> <p>AAF is a community-led initiative that aims to equip diaspora communities and marginalised people with the tools they need for better health, safety, prosperity, and the opportunity to lead a fulfilling life.</p>	<p>Note: Only the Gaia Centre can refer to Bede.</p> <p>Bede provides 121 therapeutic support to <u>children and young people age 5-17 years old</u> 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> <ul style="list-style-type: none"> • Messy play • Paint/sand work. • Talking therapy <p>Girls and boys over 16+ will need to have an allocated social worker/guarding or carer and give a consent to be referred.</p>	<p>Note: Only for Portuguese speaking clients.</p> <p>Respeito provides holistic recovery support for Portuguese speaking victims/survivors of domestic abuse including:</p> <ul style="list-style-type: none"> • 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>Spires Streetlink provides a pre-emptive and preventative service supporting <u>women who are homeless or engage in street-based sex working only.</u></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>

Client

Name: Click or tap here to enter text

Marital status: Click or tap here to enter text

DoB (dd/mm/yyyy)/Age:

Gender: Please select from the list

Pronoun: Please select from the list

Client's contact number:

Safe contact arrangements: Click or tap here to enter text

(Safe to leave voicemail at this number? Agreed code word/strategy for contact?)

Address: Click or tap here to enter text

Postcode: Postcode

School details: Click or tap here to enter text
(if referral is for a young person)

Danger areas Click or tap here to enter text

Characteristics

Race/ethnicity: Please select from the list

Immigration status: Please select from the list

Main languages spoken: Please select from the list

Interpreter required? No Yes
Please specify which language

Religion?: Please select from the list

Sexual orientation?: Please select from the list

Disability No Yes
Please select from the list

Additional barriers/Needs Mental ill-health Substance misuse

No recourse to public funds Language barrier Homelessness

Young person 60+ client Black Asian Ethnic Minority Refugee

Immigration

Lesbian Gay Bisexual Transgender Queer Intersex Asexual + other (LGBTQIA+)

FGM

Forced marriage

Involvement in sex work or prostitution

So called 'honour based' violence and abuse

Stalking (non-domestic abuse)

Sexual violence (non-domestic abuse)

Other (please specify)

Click or tap here to enter text

Are there any other agencies involved? (Provide details)

Click or tap here to enter text

Dependents

Are there any children/dependents' who live in the household?

No

Yes

If yes, please include children/dependents' names:

DoB/age:
*Include pregnancy and due date when appropriate

Gender (M/F):

Where do the children/dependents currently live and with whom?

Are the children/dependents with the alleged perpetrator?

Name

No Yes

Name

No Yes

Name

No Yes

Name

No Yes

Name

No Yes

Is there current involvement with Children Social Care?

No

Yes

If yes please provide:
Contact details of Social Worker:

Click or tap here to enter text

What borough?

Click or tap here to enter text

Is there current involved of Adult Social Care?

No

Yes

If yes please provide:
Contact details of Social Worker:

Click or tap here to enter text

What borough?

Click or tap here to enter text

GP Details:
(Name of GP and surgery details)

Click or tap here to enter text

Housing Status

Type of tenancy

- Joint tenancy
 Sole tenancy
 Perpetrator name only
 Other (please specify)
Click or tap here to enter text

Name of Landlord and contact details

(Please specify if Local authority, Housing Association, private rented, home owner etc)

Click or tap here to enter text

Income

Working?

- No Yes F/T P/T

Are they receiving Benefits?

- No Yes

If yes what type of benefit?

Click or tap here to enter text

How much?

Click or tap here to enter text

Paid to whom?

Click or tap here to enter text

Alleged perpetrator details

Name of perpetrator:

Click or tap here to enter text

Relationship to client:

(Please state if the alleged perpetrator is a spouse, ex-partner, family member etc)

Click or tap here to enter text

Address: (if known)

Click or tap here to enter text

DoB (dd/mm/yyyy)/Age:

Existing Court Orders?

- No Yes

If yes, please select from list:

Click or tap here to enter text

Is there any police involvement?

- No Yes

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

Click or tap here to enter text

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

Click or tap here to enter text

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