**Bridging the Borders Referral Form**

**\*Croydon and Bromley only\***

**Bridging the Borders:**

This new 12 month tri borough project funded by Dept Communities and Local Government aims to improve support for marginalised No Recourse to Public Funds (NRPF) and European Economic Area (EEA) migrant women who are experiencing domestic violence and abuse in the London Boroughs of Bromley, Bexley and Croydon. The project also seeks to increase refuge spaces by improving turn over in refuge accommodation and improve resettlement support for women leaving refuge for up to 6 months.

The project is a partnership between Bexley Women’s Aid and Bromley and Croydon Women’s Aid.

**Referral criteria:**

Woman experiencing domestic violence who has NRPF and is a resident of one of the following London boroughs: Bromley or Croydon.

Woman experiencing domestic violence who is an EEA national and is a resident of one of the following London boroughs: Bromley or Croydon.

**How to complete your referral:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**How to submit this referral:**

For Bromley or Croydon cases submit your completed referral form to [bridgingtheborders.bcwa@bromleywa.cjsm.net](mailto:bridgingtheborders.bcwa@bromleywa.cjsm.net) If you can not use CJSM complete the referral form, password protect the document and email the referral form and password **separately** to [bridgingtheborders@bcwa.org.uk](mailto:bridgingtheborders@bcwa.org.uk)

If you have questions about Bridging the Borders and making a referral email [bridgingtheborders@bcwa.org.uk](mailto:bridgingtheborders@bcwa.org.uk) or phone 0208 313 9303.

|  |  |
| --- | --- |
| 1. **Information about the person making the referral** | |
|  | |
| Date of referral: |  |
| **Please enter your name and contact details:** | |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |  |
| Contact number |  |
| Contact email |  |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Are there any known risks to working with this client?** |
|  |

1. **Client contact information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | |
| First name | |  | | | |
| Last name | |  | | | |
| Other names | |  | | | |
| What do they like to be called? | |  | | | |
| DOB | |  | | | |
| Gender | |  | | | |
| NI Number (if known) | |  | | | |
| **Addresses** | | | | | |
| Current address | |  | | | |
| Current Local Authority | |  | | | |
| Local Authority of origin (if different) | |  | | | |
| Does the perpetrator live at this address? | | Yes ☐ No ☐ Don’t Know ☐ | | | |
| Is the tenancy agreement jointly with the perpetrator? | | Yes ☐ No ☐ Don’t Know ☐ | | | |
| Current living arrangements?  *(Living with partner, staying with friends, homeless…)* | |  | | | |
| Safe contact notes: | |  | | | |
| **Contact info** | | | | | |
| *Details Safe to contact?* | | | | | |
| Phone |  | | | ☐ | |
| Email |  | | | ☐ | |
| Safe contact notes:  *(Safe time/code word)* |  | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | |
| Name |  | | Relationship | |  |
| Contact information |  | | | | |
| Safe contact notes |  | | | | |

1. **Client support needs/vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health ☐  Substance misuse ☐  No recourse to public funds/Immigration ☐  Honour based violence ☐  Trafficking ☐ | Physical Health ☐  Offending ☐  Housing ☐  Harmful practices – FGM, breast ironing ☐  Forced marriage ☐  Language/literacy/numeracy difficulties ☐ |
| **Additional details:** | |
|  | |
| Does this client require an interpreter? | Yes ☐ No x☐  *If yes, please provide details:* |
| Are they pregnant? | Yes ☐ No ☐ Don’t know ☐  *Due date:* |
| Has the client previously been involved in prostitution/sex work? | Yes ☐ No ☐ Don’t know ☐  *If yes, please provide details:* |
| Are there any concerns around gang related violence or serious crime? | Yes ☐ No ☐ Don’t know ☐  *If yes, please provide details:* |

1. **Immigration details**

|  |  |
| --- | --- |
| What is this client’s nationality? |  |
| When did they enter the UK? |  |
| What visa did they enter the UK on? |  |
| What is their current immigration status?  *(Tick all that apply)* | UK National ☐  EEA National X☐  Indefinite Leave to Remain ☐  Limited Leave to Remain ☐  Discretionary Leave to Remain ☐  Refugee ☐  Humanitarian Protection ☐  Asylum Seeker Awaiting Decision ☐  Student Visa ☐  Work Visa ☐  Spousal Visa ☐  Undocumented ☐  Over stayer ☐  Don’t know ☐ |
| Has this client received any immigration advice? If so, who from? | No |
| Do they have access to Public Funds? | Yes ☐ No ☐ Don’t know ☐ |
| How is this client supporting herself? | Employed ☐  Full-time ☐ Part-time ☐ Unemployed ☐  Benefits x☐  *If so, details of which ones:*  Support from family/friends/church ☐ |
| The client’s average weekly or monthly income? |  |

1. **Children**

|  |  |  |  |
| --- | --- | --- | --- |
| **If the person being referred has children, please provide details below:** | | | |
| Name | Gender | DOB/AGE | Immigration status |
|  |  |  |  |
| Living arrangements?  *(including who has parental responsibility)* |  | | |
| Are social services involved in this case?  *(please give details)* |  | | |
| Name of social worker:  *(If relevant)* |  | | |
| Does the perpetrator have access to the children and/or pose a risk to the children? |  | | |
| School/nursery details |  | | |

1. **Alleged perpetrator/s**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name |  |
| Relationship to survivor |  |
| DOB |  |
| Perpetrators immigration status |  |
| Address |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Client equalities monitoring**

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| --- | --- | --- |
| How would this client describe their gender? | | Female ☐  Male ☐  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender different to the sex they were assigned at birth? | | Yes ☐  No x☐  Don’t know ☐ |
| Do they consider themselves to have any kind of disability?  (Please tick any that apply) | | Physical ☐  Learning ☐  Mental Health ☐  Deaf/hearing impaired ☐  Blind/visually impaired ☐  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ☐ |
| How would they describe their ethnicity? | | |
| White British ☐  White Irish ☐  White Gypsy or Irish Traveller ☐  Any other White background ☐  Asian British ☐  Asian Indian ☐  Asian Pakistani ☐  Asian Bangladeshi ☐  Any other Asian background ☐  Chinese ☐  Arab ☐ | | White and Black Caribbean ☐  White and Black African ☐  White and Asian ☐  Any other mixed/ multiple background ☐  Black British ☐  Black African ☐  Black Caribbean ☐  Any other Black background ☐  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ☐ |
| Do they have a faith/ religion? | | |
| No religion ☐  Bahai ☐  Buddhist ☐  Christian ☐  Hindu ☐  Jewish ☐  Jain ☐ | | Muslim ☐  Shinto ☐  Sikh ☐  Zoroastrian ☐  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ☐ |
| What is their relationship status?  (tick one option) | | Civil partnership ☐  Married ☐  Divorced ☐  Separated ☐  Cohabiting but not married/CP ☐  In a relationship (not cohabiting) ☐  Widowed ☐  Single ☐ |
| What is their sexual orientation?  (tick one option) | | Heterosexual/straight ☐  Gay woman/Lesbian ☐  Gay man ☐  Bisexual ☐  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ☐ |
|  | | |
| ***OFFICE USE ONLY*** | | | |
| ***Referral outcome*** | | | |
| Referral accepted? | | Yes ☐  No ☐ | |
| Allocated to: | |  | |
| **Please complete if the referral was rejected** | | | |
| Reason for rejection | | Unable to contact client ☐  Client does not want support ☐  No space/ capacity to support ☐  Ineligible for support (age) ☐  Ineligible for support (borough) ☐  Ineligible for support (service description) ☐  Identified as unsafe to work with ☐  Identified as perpetrator ☐  Unable to meet support needs around language ☐  Unable to meet support needs around large family ☐  Unable to meet support needs around mental health ☐  Unable to meet support needs around disability ☐  Unable to meet support needs around NRPF ☐  Unable to meet support needs around drug and alcohol ☐  Previous convictions for violent/sexual offences/ arson ☐  Other ☐ | |
| Referred/ signposted on to: | | Another refuge ☐  Another specialist VAWG service ☐  NDVH ☐  Non-VAWG organisation/ service ☐  Other ☐ | |