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**Bromley & Croydon Women’s Aid**

**Outreach Referral Form: Croydon BAME Domestic Abuse Service**

**About the project:**

The Croydon BAME Domestic Abuse project is a new service designed to give BAME victims better access to safe and professional domestic abuse information and services relevant to their to their experience. This project will provide clients with awareness and advice on issues surrounding domestic abuse, 1:1 support for up to 12 weeks and access to a secure social network.

**How to complete this 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:**

To submit your completed document, please email the completed referral form to info@bcwa.org.uk. Before you send the referral, please check that your referral meets the criteria set out on the first page of this document.

If you have any queries, please contact 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. **Client contact info**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | |
| First name | |  | | | |
| Last name | |  | | | |
| Other names | |  | | | |
| What do they like to be called? | |  | | | |
| DOB | |  | | | |
| 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 ☐ | | | |
| Safe contact notes: | |  | | | |
| **Contact info** | | | | | |
| *Details Safe to contact?* | | | | | |
| Phone |  | | | ☐ | |
| Email |  | | | ☐ | |
| Safe contact notes |  | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | |
| Name |  | | Relationship | |  |
| Contact information |  | | | | |
| Safe contact notes |  | | | | |

1. **Client equalities monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 ☐  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 ☐  Prefer not to say ☐ | |
| 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 ☐  Prefer not to say ☐ | |
| Do they have a faith/ religion? | | | |
| No religion ☐  Bahai ☐  Buddhist ☐  Christian ☐  Hindu ☐  Jewish ☐  Jain ☐ | | Muslim ☐  Shinto ☐  Sikh ☐  Zoroastrian ☐  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ☐  Prefer not to say ☐ | |
| What is their sexual orientation?  (tick one option) | | Heterosexual/ straight ☐  Gay woman/ Lesbian ☐  Gay man ☐  Bisexual ☐  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know ☐  Prefer not to say ☐ | |
| 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 ☐  Prefer not to say ☐ | |
| **Accessibility requirements** | | | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes ☐  No☐  Don’t Know ☐  Prefer not to say ☐ | | *If yes, please provide details:* |
| Does this client require an interpreter? | Yes ☐  No☐  Don’t Know ☐  Prefer not to say ☐ | | *If yes, please provide details:* |

1. **Client Vulnerabilities**

|  |  |
| --- | --- |
|  | |
| Are they pregnant? | Yes ☐ No ☐ Don’t know ☐ |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health ☐  Physical Health ☐ | Substance misuse ☐  Offending ☐ |
| **Additional details:** | |
|  | |
| What is this client’s nationality? |  |
| *(If not British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes ☐ No ☐ Don’t know ☐ |

1. **Children**

|  |  |  |
| --- | --- | --- |
| **If the person being referred has children, please provide their names and DOBs below:** | | |
| Name | | DOB |
|  | |  |
| Are social services involved in this case?  *(Please give details)* |  | |
| Name of social worker *(if relevant)* |  | |

1. **Reason for referral/Client Support Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Clients Domestic Abuse Status:** | | | |
| Victim (last incident within past 6mths) | | Survivor (last incident between 6mths-2yrs ago) | |
| **Please indicate which service you would like to refer to:** | | | |
| DA Awareness & Advice | Support Networks/Groups | | 1:1 Support |
| **Why are you making this referral – how could this client benefit from our support?** | | | |
|  | | | |
| **Please identify any additional support needs of your client:**  Emotional Wellbeing  Children  Social Networks  Immigration  Housing  Finances  Criminal/Civil Justice  Work,Training & Education  Safety | | | |
| **Are there any known risks to working with this client?** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of any known professionals currently supporting your client:** | | | |
| Professional 1 |  | Professional 2 |  |
| Title |  | Title |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| **Previous requests for support** | | | |
| Before being accepted here, did you try unsuccessfully to access any other domestic abuse services? | | Yes ☐ No ☐ | |
| How many did you try to access? | |  | |
| Is this an exact figure or an estimate? | | Exact ☐ Estimate ☐ | |

|  |  |
| --- | --- |
| ***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 ☐ |