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| The DVA Navigators offers outreach, support and advocacy to survivors of gender-based violence. Our referral criteria is as follows:   * We support people who identify as women and non-binary (please note we are not a specialist LBTQ+ service) * Living in borough of Camden at the point of referral, may also be considered if they have a meaningful connection to Camden (to be discussed further) * **Experienced any form of violence against women and girls within the past 3 months** * Aged 16 and over * If they are a woman of colour or ethnically minoritized they need to have experiencing at last 3 or more types of Multiple Disadvantage, for non-ethnically minoritized women they need to have experienced 4 other types of multiple disadvantages.   **Multiple disadvantages includes but is not limited to:** mental health needs; physical health; substance (mis)use; homelessness; offending behaviour; migration needs; removal of children/care affected; English as a second language; involved in prostitution/safety sex; neurodiversity | | | |
| **Consent for this referral obtained from client?** | Choose an item. | **Referral Date:** | Click or tap to enter a date. |

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|  | **Referrer’s details:** | | | | | | | | | | | | | | | |
| Name: | | | Click or tap here to enter text. | | | | | | | | | Email: | Click or tap here to enter text. | | | | |
| Job Title: | | | Click or tap here to enter text. | | | | | | | | | Tel: | Click or tap here to enter text. | | | | |
| Agency (incl. department / team) | | | Click or tap here to enter text. | | | | | | | | | Mobile: | Click or tap here to enter text. | | | | |
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|  | **Client’s details** | | | | | | | | | | | | | | | | |
| First name | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Last name | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Previous Names / AKA | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Preferred name | | | | |  | | | | | | | | | | | | |
| Pronouns | | | | |  | | | | | | | | | | | | |
| Date of Birth | | | | | Click or tap to enter a date. | | | | | | | | | | | | |
| Address incl. Post Code | | | | | Click or tap here to enter text. | | | | | Is the client living with the alleged perpetrator (APTR)?  Yes  Sometimes  No  Don’t Know | | | | | | | |
| Interpreter Needed? | | | | | Yes  No  Not known | | | | | If yes, what language: Click or tap here to enter text. | | | | | | | |
| **Client contact details** | | | | | | | | | | | | | | | | | |
| Telephone Number(s) | | | | | Click or tap here to enter text. | | | Safe to call? Yes  No  Not known  Safe to text? Yes  No  Not known  Safe to leave voicemails? Yes  No  Not known | | | | | | | | | |
| Email address | | | | | Click or tap here to enter text. | | | Safe to email? Yes  No  Not known | | | | | | | | | |
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|  | **Diversity Information** | | | | | | | | | | | | | | | | |
| **How does the client describe their:** | | | | | | | | | | | | | | | | | |
| Ethnicity | | | | Choose an item.  If other, click or tap here to enter text. | | | | | Is the client pregnant? | | | | | | Choose an item.  **If yes, EDD:** Click or tap to enter a date. | | |
| Religion | | | | Choose an item. | | | | | Immigration Status | | | | | | Choose an item. | | |
| Country of origin | | | | | |  | | |
| Gender identity | | | | Choose an item. | | | | | Employment Status | | | | | | Choose an item. | | |
| Is their gender identity the same as they were assigned at birth? | | | | Choose an item. | | | | | Sexual orientation | | | | | | Choose an item. | | |

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|  | **Reason for referral** |
| **Please provide a brief description of the reason for the referral and details of recent incident of gender-based violence** | |
| **Background / History** | |
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| **Nature of VAWG** | **Please tick if applicable** |
| Domestic abuse |  |
| Sexual violence/rape |  |
| Female genital mutilation |  |
| Crimes committed in the name of so-called honour |  |
| Forced marriage |  |
| Affected by or at risk of prostitution/survival sex |  |
| Stalking |  |
| Trafficking |  |

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|  | **Alleged Perpetrator(s)** | | | | |
| **Please provide the following details for the APTR(s)** (you can add further rows, if necessary, by clicking ‘+’ below): | | | | | |
| **Full name** | | **Date of Birth** | **Gender** | **Address, if different to client's** | **Relationship to client** |
| Click or tap here to enter text. | | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Choose an item. |

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|  | **Information about multiple disadvantages experienced by client**  **(If yes- please provide as much relevant details as possible in the white box)** | | | | | | | | | | |
| **Homelessness**    **Yes  No  Unknown** | | |  | | | **Offending Behaviour**  **Yes  No  Unknown** | | |  | | |
| **Mental Health**  **Yes  No  Unknown** | | |  | | | **Immigration needs**  **Yes  No  Unknown** | | |  | | |
| **Physical Health**  **Yes  No  Unknown** | | |  | | | **Children removed from their care/at risk of**    **Yes  No  Unknown** | | |  | | |
| **Neurodiversity**  **Yes  No  Unknown** | | |  | | | **Involved in survival sex/prostitution**  **Yes  No  Unknown** | | |  | | |
| **Substance misuse**  **Yes  No  Unknown** | | |  | | | **English as a second language**  **Yes  No  Unknown** | | |  | | |
|  | | | | | | | | | | | |
|  | **Children in the household** | | | | | | | | | | |
| **Please list all children under 18 in the household** (you can add further rows, if necessary, by clicking ‘+’ below): | | | | | | | | | | | |
| **Full name** | | **Date of Birth** | | **Gender** | **Disability** | | **Relationship to client** | **Relationship to APTR** | | **Child resides with:** | |
| Click or tap here to enter text. | | Click or tap to enter a date. | | Choose an item. | Choose an item. | | Choose an item. | Choose an item. | | Choose an item. | |
| Click or tap here to enter text. | | Click or tap to enter a date. | | Choose an item. | Choose an item. | | Choose an item. | Choose an item. | | Choose an item. | |
| Click or tap here to enter text. | | Click or tap to enter a date. | | Choose an item. | Choose an item. | | Choose an item. | Choose an item. | | Choose an item. | |
| **Has your agency completed a referral to safeguard the children? Yes ☐ No ☐ PAC:** Click to enter text. | | | | | | | | | | | |
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|  | **Other agencies involved** | | | | | | | | | |

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| **Is the woman receiving support from other agencies?** | Yes  No  Unknown |
| *If yes, please provide details* |  |
| **Has the woman received support from other agencies in the past?** | Yes  No  Unknown |
| *If yes, please provide details* |  |
| **Has there been police involvement with the case?** | Yes  No  Unknown |
| *If yes, please provide details* |  |
| **Has this persons case been heard at the MARAC, or has it been referred to the MARAC?** | Yes  No  Unknown |

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| Referral outcome (to be used by DVA Navigator project lead only) | | | | |
| Referral accepted? If not please specify reason  Yes  No | | | | |
| Additional information (to be used by DVA Navigator) | | | | |
| Sleep sight |  | Unsafe areas |  |  |
| Begging spot |  | Known associates (initials only) |  |  |
| Description of appearance |  | Best way to engage SU |  |  |