**London Whole Housing Service Partnership (LWHSP)**

The London Whole Housing Service Partnership (LWHSP) will address and enhance the pathways of housing support for women experiencing domestic abuse. Working together, we will mitigate immediate harm, provide safe and sustainable woman and borough specific support around housing needs and aid to recovery and resettlement for women with all levels of need.

LWHSP comprises 6 agencies working together across Brent, Camden, Ealing, Hackney, Hammersmith and Fulham, Harrow, Havering, Hillingdon, Hounslow, Kensington and Chelsea and Westminster to address and enhance the pathways of housing support for women experiencing domestic abuse inclusive and with an emphasis on LGBTQ+ and minoritised communities.

Advance are the lead agency for LWHSP - collaborating with Al-Hasaniya, Asian Women’s Resource Centre, Galop, Latin American Women’s Resource Centre and the Woman’s Trust. Jointly this partnership ensures additional specialist support is available to different groups of survivors. This includes LGBTQ+ survivors, survivors with additional language or mental health support needs, and those who wish to access other culturally specific services. Specific languages and support for different cultures are covered within the partnership.

The support workers comprise housing: IDVAs, advocates, counsellors, a Carer’s Advocate, Finance & Debt Coordinator, Housing Sanctuary Coordinator.

If you wish to refer to London Whole Housing Service Partnership, please complete this form and send it to: LWHSP@advancecharity.org.uk

**Please password protect and send password in a follow-up email or call**.

All London Whole Housing Service partners will attempt to contact all new referrals within 24 working hours of receipt and will update you if and when contact is successful. If this form is not fully completed it may be returned to you before contact can be attempted.

**DATA PROTECTION STATEMENT**

**Please ensure that the victim/survivor is aware that the information included in the referral form is confidential and will be kept on file. The information in this referral form will be shared with relevant LWHSP partners (Al-Hasaniya, Asian Women’s Resource Centre, Galop, Latin American Women’s Resource Centre or the Woman’s Trust) according to the needs of the victim/survivor. The information will only be disclosed to third parties without the victim/survivor’s consent if there is a significant risk of harm to a child or adult.**

**CONSENT**

Has the victim/survivor consented to this referral?

Yes [ ]

No [ ]

(Please note that the referral will only be accepted if consent has been obtained)

Please inform the victim/survivor that they can withdraw consent at any time. To withdraw consent they should contact DPO@advancecharity.org.uk. Please also share our privacy notice for more information about how we process personal data and their rights: www.advancecharity.org.uk/privacy-policy

|  |
| --- |
| **REFERRER’S DETAILS** |
| Name |  |
| Agency |  |
| Borough  |  |
| Phone number  |  |
| E-mail address  |  |

|  |
| --- |
| **VICTIM/SURVIVOR’S DETAILS** |
| Name |  |
| Date of birth |  |
| Primary Language |  |
| Gender identity |  |
| Sexuality |  |
| Address |  |
| Borough |  |
| Telephone number  |  |
| Please specify if it is safe to leave a message i.e does her partner check her voicemails- does he work during the day, do they live together or are they separated |  |
| Email address |  |
| Please specify if it is safe to send an email |  |
| Specific needs of victim/survivor -(e.g. does the victim/survivor need an interpreter, are there specific times of day that are safest for the victim/survivor to be contacted, does the victim/survivor have supports needs around drug or alcohol misuse, mental health or disability?) |  |

|  |
| --- |
| **Immigration Status** |
| Nationality |  |
| Country of Origin |  |
| **If not UK Resident:** |
| Nationality |  |
| County of Origin |  |
| Immigration Status |  |
| Recourse to public funds in UK? |  |

**Please ensure that, where possible, all relevant victim/survivor details are provided. This allows LWHSP partner agencies to respond and offer support most effectively.**

|  |
| --- |
| **ALLEGED PERPETRATOR’S DETAILS** |
| Name |  |
| Date of birth |  |
| Address |  |
| Relationship to victim/survivor  |  |

|  |
| --- |
| **CHILDREN’S DETAILS** **(Please complete for each child)** |
| Name |  |  |  |  |
| Date of birth |  |  |  |  |
| Address |  |  |  |  |
| Relationship to Perpetrator |  |  |  |  |

|  |
| --- |
| **SPECIFIC CLIENT REFERRAL NEEDS IN ADDITION TO HOUSING****(if more than one please list in numerical order)** |
| Housing |  | *(please tick housing, where relevant, to ensure that this is the appropriate service for the client)* |
| Domestic Abuse |  | Rape |  | Honour Based Violence |  | Female Genital Mutilation |  |
| Sexual Abuse |  | Sexual Exploitation |  | Forced Marriage |  | Stalking and harassment |  |
| Criminal & Civil Justice  |  | Counselling  |  | LGBT and experiencing gender based abuse/violence |  | Additional vulnerabilities- Please list |  |

|  |
| --- |
| **REASON FOR REFERRAL** |
| **Please note: All high-risk cases should be referred to MARAC/SAFEGUARDING by your agency**  |

|  |
| --- |
| **FOR INTERNAL USE ONLY** |
| Date of receipt of referral |  |
| Agency referral received by  |  |
| Agency/staff member referral allocated to |  |