**Sefton MARAC and IDVA Referral Form**

**(Please tick box as required)**

MARAC is a regular meeting for local agencies to share information about high risk victims of domestic abuse. **MARAC does not replace existing safeguarding arrangements – professionals must take immediate action to safeguard victims of domestic abuse and their children.**

**MARAC Referral IDVA Referral**

**Referrer Details**

|  |  |
| --- | --- |
| **Referring Agency:** |  |
| **Contact Name:** |  |
| **Contact details:**  **Tel No / Email** |  |
| **Date completed:** |  |

**Victim Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Victims Name:**  **(Including aliases)** |  | **DOB:** |  |
| **Address:** |  | | |
| **Telephone Number:** |  | **Safe to Call?** | **Yes / No** |
| **Housing Provider:** |  | **Does the perpetrator know where the victim is living?** | **Yes / No** |
| **Gender:** |  | **Ethnicity:** |  |
| **Sexual Orientation:** |  | **Disabilities or limiting health conditions:** |  |
| **Mental Health Issues:** |  | **Substance Misuse Issues:** |  |
| **GP Details:** | |  | |
| **Any additional needs (e.g. interpreter or appropriate adult):** | |  | |
| **Does the victim pose a risk to professionals?** | |  | |

**Perpetrator Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Perpetrator’s Name:**  **(Including aliases)** |  | **DOB:** |  |
| **Address:** |  | | |
| **Relationship to Victim:** |  | **Does the Perpetrator have an occupation which involves children or vulnerable adults?**  If Yes give details |  |
| **Gender:** |  | **Ethnicity:** |  |
| **Sexual Orientation:** |  | **Disabilities or limiting health conditions:** |  |
| **Mental Health Issues:** |  | **Substance Misuse Issues:** |  |
| **Any additional Information: e.g. Bail Conditions / Non Molestation Order/DVPO/OCG links** | |  | |
| **Does the perpetrator pose a risk to professionals?** | |  | |

**Childrens Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Childrens Name (Including aliases & any unborn)** | **DOB / EDD** | **Relationship to Victim** | **Relationship to Perpetrator** | **School / Nursery** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other adults living in household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship to Victim** | **Relationship to Perpetrator** | **Are they vulnerable? (Y/N/DK)** |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| **Safeguarding Children and Adults** |
| Are the family already known to Children and/or Adult Services? |
| If **yes** what is in place (e.g. CP Plan / CIN Plan / care or support for family)? |
| If **no** has a Safeguarding Referral been made to either:    Children’s Services Adult Services |

**Reasons for Referral**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Referral** | **Please choose one of the following:** | | |
| Visible high risk | ☐ | ticks on DASH (14+) |
| Professional judgement | ☐ | **Comment:** |
| If risk assessment has not been completed, please state why: | | **Comment:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Repeat Cases** | **Please choose one of the following:** | | |
| Is this a repeat MARAC case (discussed within last 12 months) | ☐ | Comment: |
| Details of previous MARAC: | | Where and When: |

|  |  |
| --- | --- |
| **Consent** | |
| **Has the victim been made aware that the referral is being made?** | **Yes / No** |
| **Has the victim given consent for the referral to be made? PLEASE NOTE: Consent is not needed for a referral to be made** | **Yes / No** |

|  |  |
| --- | --- |
| **Background information** | |
| **Date of last incident:** |  |
| **Length of relationship:** |  |
| **Reasons for referral:**  **Please provide a brief summary of incident(s), risks identified and any known previous DV history/partners** |  |
| **Were children present during the incident or are they otherwise affected by the domestic abuse?** |  |
| **Actions completed by referring agency to safeguard the victim:** |  |
| **Actions completed by referring agency to address the perpetrator’s behaviour:** |  |
| **What will be the added value of the case being discussed by MARAC?** |  |
| **Please list what you believe to be the most prominent risk factors which need to be addressed by MARAC:** |  |

**Please forward the completed referral form and Sefton Risk Tool to the MARAC Coordinator via secure email on Louise.O’Rourke@sefton.gcsx.gov.uk**