**Restricted when completed**

**REFERRAL FOR SOUTH GLOS MARAC**

**Please add completed form to South Glos professional choices website**

Please include completed DASH

**PLEASE COMPLETE ALL SECTIONS**

**HANDWRITTEN REFERRALS NOT ACCEPTED.**

**Always refer to referral guidance to ensure MARAC referral is appropriate.**

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| **All cases referred to MARAC must also be referred to Next Link for IDVA support.** |
| **Victim Information** |
| **Surname** |  |
| **Forename(s)** |  |
| **DOB:** |  | **Ethnicity** |  |
| **Employed Y/N:**  |  | **Name of Employer** |  |
| **Gender** |  | **Disability** |  |
| **Name of GP Surgery** |  |
| **Full address of victim** |  |
| **Telephone:** **Is it Safe to contact? Y / N** **(Please circle)**Not stated on NICHE if safe to contact | **Issues with drugs and/or alcohol?** |  |
| **Is this a repeat referral from your agency in the past 12 months?** |  |
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| **Perpetrator Information** |
| **Serial Perpetrator definition****An Offender who:*** **Is aged over 16 or over;**
* **Has had more than one domestic abuse incident;**
* **Has perpetrated against two or more different victims which can include partners/ ex partners, familial relationships and non-violent incidents over the last 2 years.**

**Repeat Perpetrator*** **An offender who has numerous offences/incidents against one victim.**
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| **Surname** |  |
| **Forename(s)** |  |
| **DOB** |  |
| **Gender** |  |
| **Disability** |  |
| **Ethnicity** |  |
| **Employed Y/N:**  |  | **Name of Employer** |  |
| **Full address of perpetrator** |  |
| **Contact Number** |  |
| **Status of Relationship to victim** |  |
| **Issues with drug and alcohol?** |  |
| **Additional Information** |
| **Why are you referring this person to the MARAC process?** |  |
| **Using your professional judgement, please indicate any further concerns you have regarding this person.** |  |
| **Do you have any further concerns that are not recorded on police information system?** |  |
| **If known, has there been any inter-agency work undertaken so far to mitigate and lower risk?****(e.g. involvement from mental health services, substance misuse services, etc?** |   |
| **What expectations do you have for MARAC actions?** |  |

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| **Is the person referred aware of the MARAC?**(Inform only if it is safe to do so) |  | **If not, why not?** |  | **Has the victim given consent?**If not, you can still refer without consent if this is high risk. |  |
| **Children****Names and Dates of Birth:** | **DOB** | **Address of children if different:** | **Relationship to victim** | **Relationship to Perpetrator** | **Disability or any other relevant info** | **Names of schools/Early Years Setting, if known.** |
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| **Identified risks to the victim** |  |
| **Identified risks to the children** |  |
| **Identified risks to the perpetrator** |   |
| **Date of D/V disclosure:** | **Date DASH risk assessment completed:** (Please include DASH with your referral) |
| **Has the victim been referred to specialist DV support agencies?**Please inform victim they will be referred to and may be contacted by Next Link to ensure that victims views are heard at the MARAC | If Yes which service? |
| **REFERRAL CRITERIA:****Follow attached guidance to avoid referral being returned to you.**MARAC process serves victims at risk of an imminent event which is life-threatening and/or traumatic, whether physical or psychological and where there are identifiable indicators of risk of serious harm. The potential event could happen at any time and could be serious. |
| **DASH Risk Assessment**There are identifiable indicators on the DASH of a risk of serious harm being inflicted in the immediate future. | **DASH Score:****Date DASH Completed:****DASH submitted with referral form Y/N** |
| **Professional Judgement**(please complete fully to avoid return of referral)As a professional you have a serious concern about a victim’s situation. | **Reason for concerns:****Evidence risk to victim:****Line management sign off required:** |
| **Potential Escalation**Increase in reported incidents. | Have there been 3 or more police callouts in a 12-month period? |
| **Repeat case to MARAC**Further incident of DVA has occurred between a couple previously discussed at MARAC within the last 12 months. | **Date of last MARAC multiagency discussion:****Reason for repeat:**Violence or threats of violence (including threats to property):pattern of stalking:Rape or sexual abuse:Controlling/Coercive abuse: |
| **Reason for referral: Summary of Incident/disclosure.**(250 words - use bullet points) |
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| **What actions have been completed to safeguard the victim and children?** |
| **The below are example actions that can be arranged without information sharing or discussion at a MARAC meeting.**

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| **Safety measure** |
| Victim engagement with IDVA |
| Emotional support |
| Liaise with agencies to gather information and discuss safety plan |
| Advise in social media privacy/Holly guard app |
| Letter for Legal Aid |
| Referral to children safeguarding, family support |
| Referral to Adult Social Care |
| Housing issues |
| School informed of DA |
| Police aware |
| Welfare check |
| Neighbours alerted |
| Home safety addressed/’target hardening’ |
| Victim updated on prosecution |
| Flag/marker on agencies system |
| Victim refuge/Safe house option explored |

* If the victim requires a MARAC letter for legal aid this can be written by any member of a MARAC group.

The victim may be referred to MARAC for this action without the need for information gathering.**Please only refer to MARAC if there is a need for information sharing and multi-agency action planning.** |
| **What action would the victim require from MARAC?**Victim’s Voice |  |
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| **Name** **of Referring Officer and Agency:** |  |
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| **Contact Details** |
| **Telephone:** |  |
| **Email:** |  |
| **Address:** |  |
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**Agency information upload section**

***UNDER NO CIRCUSTANCES IS ANYONE TO CHANGE INFORMATION PREVIOUSLY ENTERED.***

***If you identify a correction, please add it to your own information submission.***

All agencies should check if they have information on ANY of the case subjects on this form. Any relevant information pertaining to risk should be inputted on the below form prior to the **MARAC meeting** to allow information sharing.

**CONFIDENTIALITY STATEMENT**

**Information discussed by the agency representative, within the ambit of the meeting is strictly confidential and must not be disclosed to third parties who have not signed up to the ‘domestic abuse information sharing protocol’, without the agreement of the partners of the meeting. It should focus on domestic violence and child protection concerns and a clear distinction should be made between fact and opinion.**

**All agencies should develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.**

***CUT OFF FOR INFORMATION is 48 hours before the MARAC meeting.***

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| **AGENCY** | **KEY WORKER** |
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| **Completed regarding**  | Victim ☐ | Alleged Perpetrator ☐  | Other (please specify) ☐ |
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| **Is the case currently open to your agency:**  | Yes ☐ No☐ N/A ☐  |
| **Details of contact with person:** *(Please detail last contact and whether or not, if applicable, they have engaged with the service)*  |
| **Highlight any RELEVANT information relating to current risk:**  |
| **What are the greatest priorities in regard to this person’s safety?**  |
| **What actions has your agency taken to safeguard the victim?**  |
| **What action would you like from MARAC** | 1.  |
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