**North Somerset Domestic Violence Multi Agency Risk Assessment Conference - Referral Form**

***Please Remember the MARAC Does Not Replace Any Established Protection Procedures***

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| **Date of Referral** | **SafeLives DASH Score *(or professional judgement)*** | **Has Victim Previously Been Referred to MARAC?** | **If Yes – Date of Previous MARAC** |
|  |  | **Yes** [ ]  **No** [ ]  **Don’t Know** [ ]  |  |
| **Victim Details** |
| **Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Name of GP Surgery *(if known):*** |  |
| **Ethnic Origin and / or Religion:** |  |
| **Any Known Disability:** |  |
| **Victim’s Preferred Method of Contact:** | **Mobile** [ ]  **Landline** [ ]  **Text** [ ]  **Letter** [ ]  **Email** [ ]  **Third Party** [ ]  |
| **Victim’s Contact Details – including any safe time to contact:** |  |
| **Is victim aware of referral to MARAC?** | **Yes** [ ]  **No** [ ]  | **If No give reason** |
| **Is victim aware that an IDVA will contact them to offer support:**  | **Yes** [ ]  **No** [ ]  | **If No give reason** |
| **Has victim given consent to share information:** | **Yes** [ ]  **No** [ ]  | **If No can you satisfy requirement to share information without consent: Yes** [ ]  **No** [ ]  |
| **Does the victim require Police contact regarding this disclosure:** | **Yes** [ ]  **No** [ ]  |

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| **Alleged Perpetrator Details** |
| **Name:** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Relationship to Victim:** |  |
| **Child 1 Details** |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Address of Child**  |  |
| **Child 2 Details** |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Address of Child:** |  |

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| **Child 3 Details** |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Address of Child:** |  |
| **Child 4 Details *(add additional boxes as required)*** |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Address of Child:** |  |
| **Additional Information** |
| **Are there any child protection issues?** | **Yes** [ ]  **No** [ ]  |
| **Are there any adult safeguarding issues:** | **Yes** [ ]  **No** [ ]  |
| **If you have answered Yes to either of the above questions have you made the appropriate referral:** | **Yes** [ ]  **No** [ ]  | **If No give reason** |
| **Referred on:** | [ ]  **Actual Risk** [ ]  **Escalation** [ ]  **Professional Judgement** |
| **Re-referred due to incident of:** | [ ]  **Violence or threats of violence**[ ]  **Stalking or harassment**[ ]  **Rape or sexual abuse** |
| **Overview – Reason for Referral** |
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| **Background Information** |
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| **Specific Risks Identified Through DASH** |
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| **Additional Information** |
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| **What actions have been completed to safeguard the victim and children?** |
| Victim engagement with IDVA | **Yes** [ ]  **No** [ ]  |
| Emotional support | **Yes** [ ]  **No** [ ]  |
| Liaise with agencies to gather information and discuss a safety plan | **Yes** [ ]  **No** [ ]  |
| Advise on social media policy / Hollie Guard App | **Yes** [ ]  **No** [ ]  |
| Letter for Legal Aid | **Yes** [ ]  **No** [ ]  |
| Referral to Children’s Safeguarding / Family Support | **Yes** [ ]  **No** [ ]  |
| Referral to Adult Social Care | **Yes** [ ]  **No** [ ]  |
| Housing Issues | **Yes** [ ]  **No** [ ]  |
| School informed of domestic abuse | **Yes** [ ]  **No** [ ]  |
| Police made aware | **Yes** [ ]  **No** [ ]  |
| Welfare check | **Yes** [ ]  **No** [ ]  |
| Neighbours alerted | **Yes** [ ]  **No** [ ]  |
| Home safety addressed – target hardening | **Yes** [ ]  **No** [ ]  |
| Victim updated on prosecution | **Yes** [ ]  **No** [ ]  |
| Flag / Marker on agency system | **Yes** [ ]  **No** [ ]  |
| Victim refuge / safe house option explored | **Yes** [ ]  **No** [ ]  |
| **Referring Practitioner:** |  |
| **Referring Agency:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |
| **Secure Email Address:** |  |

**Please send your completed Referral Form and SafeLives DASH SECURELY to your Agency MARAC representative to be forwarded via Egress to** **MARAC.NorthSomerset@nextlinkhousing.co.uk** **or via cjsm to** **MARAC.NorthSomerset@nextlinkhousing.co.uk****.cjsm.net**

**Have you made a secure IDVA referral via Egress –** **duty.team@nextlinkhousing.co.uk**

**Have you made a secure IDVA referral via cjsm –** **duty.team@nextlinkhousing.co.uk.cjsm.net**

**Further information on making MARAC referrals is at** [**www.saferstrongerns.co.uk**](http://www.saferstrongerns.co.uk)

**For information toolkits, guidance and DASH forms – [www.safelives.org.uk](http://www.safelives.org.uk)**