**Swindon MARAC Referral Form**

**(Please note when referring to MARAC, please be aware you are expected to attend to present your referral unless you inform us otherwise, in which case please arrange a representative on your behalf)**

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| **Please send a copy of the completed MARAC Referral Form and DASH Risk Assessment by secure email to the below email addresses:**  [ParagonSwindon@theyoutrust.org.uk](mailto:ParagonSwindon@theyoutrust.org.uk) | |
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| **If you are uncertain about if you should complete this referral form, please contact either your MARAC DMR/SG lead,** | |
| **In this form you will complete the following:**   * About You * About the Alleged Victim * About the Alleged Perpetrator * About the Children * Brief Case Summary * Additional Considerations | Fields marked with an asterisk (\*) are **MANDATORY** if information is unknown, please explain why. Missing information may prevent effective MARAC referral and a further request for information delaying any discussion and action in MARAC. |

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| **\*Does the incident meet the statutory definition of domestic abuse in accordance with Part 1 (Section 1 and Section 2) of the Domestic Abuse Act 2021 -** [**Part 1 Domestic Abuse Act 2021**](https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted) |
| **Yes**  **No** |
| **\*Does the incident meet the statutory definition of domestic abuse in relation to children in accordance with Part 1 (Section 3) of the Domestic Abuse Act 2021 -** [**Part 1 Domestic Abuse Act 2021**](https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted) |
| **Yes**  **No** |
| **If No to both above questions then this matter is not suitable for referral to MARAC - consider alternative safeguarding options/seek guidance from your safeguarding lead.** |

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| **\*About You (referrer)** | | |
| **Contact Name(s):** | Click or tap here to enter text. | |
| **Referring Agency:** | Click or tap here to enter text. | |
| **Date of Referral:** | Click or tap to enter a date. | |
| **Telephone(s):** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. | |
| **Referral Rational:** | Choose an item. | |

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| **About the Alleged Victim** | | | | |
| **\*Full Names:** | | Click or tap here to enter text. | | |
| **\*Date of Birth:** | | Click or tap to enter a date. | | |
| **\*Address:** | | Click or tap here to enter text. | | |
| **Occupation (including employer):** | | Click or tap here to enter text. | | |
| **\*Telephone Number(s)** | | Click or tap here to enter text. | | |
| **Is this a safe contact?** | | Choose an item. | | |
| **Please include any relevant contact information (safe times to call etc.):** | | Click or tap here to enter text. | | |
| **\*Is this person Pregnant or an Expectant Parent?** | | Choose an item. | | |
| **\*Is this person aware of the MARAC Referral and given consent?** | | Choose an item. | | |
| **\*If no, why not?** | | Click or tap here to enter text. | | |
| **Has DVDS Right to Know been considered? (Have you made an application for DVDS/Claire’s Law):** | | Choose an item. | | |
| **GP Practice** | |  | | |
| **Alleged Victim Diversity Data** | | | | |
| **Gender Identity:** | Choose an item. | | **Disabled** | Choose an item. |
| **LGBTQ+:** | Choose an item. | | **B&ME** | Choose an item. |
|  |  | | **Ethnicity** | Choose an item. |

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| **About the Alleged Perpetrator** | | | | |
| **\*Full Names:** | | Click or tap here to enter text. | | |
| **\*Date of Birth:** | | Click or tap to enter a date. | | |
| **Address:** | | Click or tap here to enter text. | | |
| **Occupation (including employer):** | | Click or tap here to enter text. | | |
| **\*Is this person Pregnant or an Expectant Parent?** | | Choose an item. | | |
| **Relationship to victim** | |  | | |
| **GP Practice** | |  | | |
| **Alleged Perpetrator’s Diversity Data** | | | | |
| **Gender Identity:** | Choose an item. | | **Disabled** | Choose an item. |
| **LGBTQ+:** | Choose an item. | | **B&ME** | Choose an item. |
|  |  | | **Ethnicity** | Choose an item. |

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| **About the Child(ren) (Add extra rows as necessary)** | | | | | |
| **Full Names** | **Date of Birth** | **Relationship** | **Address** | **School** | **GP** |
|  | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Are there concerns for the children? If yes, please confirm the date a MASH referral was made** [**contactswindon@swindon.gov.uk**](mailto:contactswindon@swindon.gov.uk)**:** | Click or tap to enter a date. |

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| **\*Please select relevant criteria for MARAC referral** | |
| **Visible risk (DASH 14 + positive answers)?: Yes**  **No** | **NB DASH is Mandatory for all referrals with exception of Probation who do not typically see victims. If no DASH please provide rationale in circumstances below** |
| **Escalation Yes**  **No** | **The potential for escalation can be assessed by looking at the frequency and/or severity of abuse.**  **It is common practice for services to determine there is a potential for serious harm or homicide when five domestic abuse events have been identified in a 12-month period. For example, five attendances at A&E, five police call outs or five calls to make housing repairs. This should alert professionals to the need to consider a referral to MARAC.** |
| **Professional judgement: Yes**  **No** | **Provide full rationale for high risk assessment in circumstance below against below definitions and with reference to the Severity of Abuse Grid (**[Severity of Abuse Grid.pdf (safelives.org.uk)](https://safelives.org.uk/sites/default/files/resources/Severity%20of%20Abuse%20Grid.pdf)**):**   * **STANDARD**: Current evidence does not indicate likelihood of causing serious harm. * **MEDIUM**: There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug / alcohol misuse. * **HIGH**: There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. |
| **Police Referral** | **To be used by Police staff only** |

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| **\*Case Summary:**  Please provide information for the case, your reasons for the referral and where relevant please provide a written rational for referring based on Professional Judgement. This will be used to inform the MARAC agencies of the concerns around the case. **NB DASH is MANDATORY in all cases** (with exception of Probation as they do not routinely have contact with the victim). | |
| **Details of incident leading to referral:** | Please include as many details to inform risk as possible:  Enter details here |
| **Detail previous incidents if referral is based on escalation** | Please detail 5 in 12 incident details  Enter details here |
| **Rationale for high risk If Professional judgement** | Consider whether there are identifiable indicators of risk of serious harm and why the potential event could happen at any time and the impact would be serious. RISK OF SERIOUS HARM is defined by the Home Office as: ‘A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible’.  Enter details here |

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| **Additional Considerations:** | |
| **Has the abuser(s) ever attempted to strangle / choke / suffocate / drown the victim?** | Choose an item. |
| **Has the alleged victim been referred to any other MARAC’s previously?** | Choose an item. |
| **If yes; where, and when (include multiple dates)?** | Click or tap here to enter text. |
| **Is there a potential for escalation (3 or more incidents reported to Police within 12 months)?** | Choose an item. |
| **Are there concerns around HBV (Honour Based Violence)?** | Choose an item. |
| **Are there concerns around FGM (Female Genital Mutilation)?** | Choose an item. |
| **Are there concerns around Forced Marriage?** | Choose an item. |

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| **Closed MARAC:** | |
| Should a closed MARAC be considered? Yes  No  If yes please add details below. | **Closed MARACS may be called where a case is sensitive, e.g., one in which either the victim or perpetrator is employed by one of the MARAC participating agencies.** |

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| **\*Please select relevant criteria for MARAC referral** | | | | |
| **Police** |  | | | |
| **Paragon** |  | | | |
| **SWA/Open 2 Change** |  | | | |
| **SBC CSC** |  | | | |
| **Education** |  | | | |
| **SBC Community Health** |  | | | |
| **GWH** |  | | | |
| **ICB / GP Surgery** |  | | | |
| **AWP** |  | | | |
| **Lift Psychology** |  | | | |
| **Adult Services** |  | | | |
| **SBC Housing** |  | | | |
| **Other Housing (please specify)** |  | | | |
| **Change, Grow, Live** |  | | | |
| **Nelson Trust** |  | | | |
| **Probation** |  | | | |
| **Other (please specify)** |  | | | |
| **Risks from previous MARACs** |  | | | |
| **New Risks** | **Victim** | | **Children** | **Perpetrator** |
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| **Actions/Risk Mitigation** | **Mitigation** |  | | |
| **Agency** | **Action to be completed** | | **Completed / Ongoing** |
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SafeLives Dash risk checklist

Aim of the form

* To help front line practitioners identify high risk cases of domestic abuse, stalking and ‘honour’-based violence.
* To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
* To offer a common tool to agencies that are part of the Marac[[1]](#footnote-1) process and provide a shared understanding of risk in relation to domestic abuse, stalking and ‘honour’-based violence.
* To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and ‘near misses’, which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from: <http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

**Recommended referral criteria to Marac**

1. **Professional judgement:** if a professional has serious concerns about a victim’s situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of ‘honour’-based violence.*** This judgement would be based on the professional’s experience and/or the victim’s perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **‘Visible High Risk’:** the number of ‘ticks’ on this checklist. If you have ticked 14 or more ‘yes’ boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children’s situation.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies[[2]](#footnote-2) for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

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| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.**  **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.**  **It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (eg police officer) |
| 1. **Has the current incident resulted in injury?**   Please state what and whether this is the first injury. | ☐ | ☐ | ☐ |  |
| 1. **Are you very frightened?**   Comment: | ☐ | ☐ | ☐ |  |
| 1. **What are you afraid of? Is it further injury or violence?**   Please give an indication of what you think [name of abuser(s)] might do and to whom, including children.  Comment: | ☐ | ☐ | ☐ |  |
| 1. **Do you feel isolated from family/friends?**   Ie, does [name of abuser(s)] try to stop you from seeing  friends/family/doctor or others?  Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling depressed or having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?** | ☐ | ☐ | ☐ |  |
| 1. **Is there conflict over child contact?** | ☐ | ☐ | ☐ |  |
| 1. **Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?**   Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done. | ☐ | ☐ | ☐ |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse getting worse?** | ☐ | ☐ | ☐ |  |
| 1. **Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?**   For example: in terms of relationships; who you see; being ‘policed’ at home; telling you what to wear. Consider ‘honour’-based violence (HBV) and specify behaviour. | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?** | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?**   If yes, tick who:  You ☐  Children ☐  Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** | ☐ | ☐ | ☐ |  |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. **Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?**   If someone else, specify who. | ☐ | ☐ | ☐ |  |
| 1. **Is there any other person who has threatened you or who you are afraid of?**   If yes, please specify whom and why. Consider extended family if HBV. | ☐ | ☐ | ☐ |  |
| 1. **Do you know if [name of abuser(s)] has hurt anyone else?**   Consider HBV. Please specify whom, including the children, siblings or elderly relatives:  Children ☐  Another family member ☐  Someone from a previous relationship ☐  Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| 1. **Are there any financial issues?**   For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues? | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?**   If yes, please specify which and give relevant details if known.  Drugs ☐  Alcohol ☐  Mental health ☐ |  |  |  |  |
| 1. **Has [name of abuser(s)] ever threatened or attempted suicide?** |  |  |  |  |
| 1. **Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children?**   You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.  Bail conditions ☐  Non Molestation/Occupation Order ☐  Child contact arrangements ☐  Forced Marriage Protection Order ☐  Other ☐ |  |  |  |  |
| 1. **Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?**   If yes, please specify:  Domestic abuse ☐  Sexual violence ☐  Other violence ☐  Other ☐ | ☐ | ☐ | ☐ |  |
| **Total ‘yes’ responses** |  |  |  |  |

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| **Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim’s situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, ‘honour’- based systems, geographic isolation and minimisation.**  **Are they willing to engage with your service? Describe.** |  |
| **Consider abuser’s occupation / interests. Could this give them unique access to weapons? Describe.** |  |
| **What are the victim’s greatest priorities to address their safety?** |  |

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| **Do you believe that there are reasonable grounds for referring this case to MARAC?** | | | Yes ☐  No ☐ | |
| **If yes, have you made a referral?** | | | Yes ☐  No ☐ | |
| **Signed** |  | | **Date** |  |
| **Do you believe that there are risks facing the children in the family?** | | | Yes ☐  No ☐ | |
| **If yes, please confirm if you have made a referral to safeguard the children?** | | Yes ☐  No ☐ | **Date referral made** |  |
| **Signed** |  | | **Date** |  |
| **Name** |  | | | |

**For consideration by professional**

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| **Practitioner’s notes** |
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This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women’s Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

1. For further information about Marac please refer to the 10 principles of an effective Marac: <http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf> [↑](#footnote-ref-1)
2. Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service. [↑](#footnote-ref-2)