**Sefton MARAC and IDVA Referral Form**

**Sefton MARAC**

A multi-agency partnership to share information about very high risk adult victims

of domestic abuse to help keep them and their family safe.

**Sefton IDVA (Independent Domestic Violence Advisor) team**

A specialist domestic abuse service which provides crisis support to high

 risk victims of domestic abuse aged 16+

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| **Please choose at least one**  | **Reason for Referral**  | **Yes** |
| Very high risk  | 14 + Yes responses on risk assessment | MARAC & IDVA |  |
| High risk  | 10 + yes responses on risk assessment | IDVA  |  |
| Professional judgement  | Concerns are greater than evidenced on risk assessment or risk assessment not complete | MARAC & IDVA |  |
| If risk assessment has not been completed, please state why: |

 **MARAC & IDVA Referral IDVA Referral Only**

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| **Referrer Details** |
| **Referring Agency** |  |
| **Referrer’s Name**  |  |
| **Contact details** **Tel No / Email**  |  |
| **Date completed** |  |

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| **Victim Details**  |
| **Victim’s Name**include any other names known by  |   | **Date of Birth** |  |
| **Address** |  | **Does the perpetrator know where the victim lives?** |
| **Yes No Don’t know** |
| **Telephone Number** |  | **Safe to call?** |
| **Yes No Don’t Know** |
| **Gender** |  | **Ethnicity** |  |
| **Sexual Orientation** |  | **Disabilities or limiting health conditions** |  |
| **Any additional support needs?** | E.g., interpreter, appropriate adult, reading support, hearing loop |
| **Any support already being provided?** | Provide details |
| **GP Details** |  | **Housing provider** |  |

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| **Additional known risks/concerns**  |
|  | **Yes** | **Provide further details**  |
| **Mental health issues** |  |  |
| **Suicidal thoughts/attempts**  |  |  |
| **Substance misuse issues**  |  |  |
| **Alcohol misuse issues** |  |  |
| **Does the victim pose a risk to professionals?** |  |  |

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| **Perpetrator Details**  |
| **Perpetrator’s Name**include any other names known by  |   | **Date of Birth** |  |
| **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** |  |

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| **Additional known risks/concerns**  |
|  | **Yes** | **Provide further details**  |
| **Mental health issues** |  |  |
| **suicidal thoughts /attempts**  |  |  |
| **Substance misuse issues**  |  |  |
| **Alcohol misuse issues** |  |  |
| **Any protective orders or criminal history info**  |  | e.g., Bail Conditions / Non Molestation Order/ Restraining Order/ DVPO/OCG links |
| **Does the perpetrator pose a risk to professionals?** |  |  |

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| **Children’s Details** |
| **Child’s Name (Including aliases & any unborn)**  | **DOB / EDD** | **Relationship to Victim** | **Relationship to Perpetrator** | **School / Nursery** |
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| **Other adults living in household** |
| **Name** | **DOB**  | **Relationship to Victim** | **Relationship to Perpetrator** | **Are they vulnerable? (Y/N/DK)** |
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| **Background information** |
| **Date of last incident** |  |
| **Length of relationship** |  |
| **Please provide a brief summary of incident(s), risks identified and any known previous DA history/partners** |  |
| **Were children present during the incident(s)?** |  |
| **Actions completed by referring agency to safeguard the victim** |  |
| **Actions completed by referring agency to address the perpetrator’s behaviour** |  |

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| **Safeguarding** MARAC and IDVA **do not replace** safeguarding arrangements - professionals must take immediate action when needed to safeguard victims of domestic abuse, their children and vulnerable adults. **If someone is in immediate danger the police should be called on 999** |
| **Safeguarding children** | **Yes** | **No** |
| Do you believe there are risks facing children in the family? |  |  |
| If yes, have you made a referral to Children’s Social Care? |  |  |
| Are the children/family already known to Children’s Social Care or Early Help? |  |  |
| If Yes, are the family currently open to Children’s Social Care or Early Help?What is in place for the family?Early Help Plan Child in Need (CIN) Plan Child Protection (CP) Plan  |  |  |
| **Safeguarding adults**  | **Yes** | **No** |
| Do you believe there are risks facing a vulnerable adult(s) with potential care and support needs? |  |  |
| If Yes, have you made a safeguarding referral to Adult Social Care? |  |  |
| Is the individual already known to Adult Social Care? |  |  |
| If Yes, is the individual currently open to Adult Social Care? |  |  |

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| **Consent** | **Yes** | **No** |
| Has the victim been made **aware** the referral is being made?  |  |  |
| Has the victim given **consent** for the referral to be made? (Please note, consent is not needed for a MARAC referral to be made) |  |  |
| If consent has not been given but you still want to make a referral, please state the reasons why |  |  |

**Please forward the completed referral form and completed Sefton Domestic Abuse Risk Assessment to the MARAC Coordinator via secure email on SeftonMARAC@sefton.gov.uk**

If you have any queries regarding this form or the MARAC process, please contact the MARAC Coordinator Louise O’Rourke on 0151 288 6117 or email SeftonMARAC@sefton.gov.uk

If you have any queries for the Sefton IDVA Team, please contact 0151 934 5142 or email IDVA.Team@sefton.gov.uk