**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](mailto: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](mailto:IDVA.Team@sefton.gov.uk)