Tameside MARAC Referral Form

Case Number			
Date of Referral			
Name of Person Referring			
Agency Referring **Name** **Address** **Telephone**			
Reason(s) for referral			
Is this a repeat?		**If Yes, date when last at MARAC?**	
DASH Attached?		**Domestic Abuse History Attached?**	
Victim Details			
Name:			
Alias:			
Date of Birth:		**Gender:**	
Ethnicity:		**Religion:**	
Sexual orientation:		**Occupation:**	
GP details:			
Relationships:			
Address:			
Contact number:			
Safe time to call:			
Vulnerability: **(e.g. physical or learning disability, old age, mental or significant physical illness.)**			
Do you feel that this victim is at high risk of experiencing further domestic abuse?			
Is there any other relevant information from victim or professional that may increase risk levels?			
What are the victim's greatest priorities to address their safety?			
Further Information:			

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(e.g. details of any other adults that reside at the victim's address)			
Consent			
Service user's consent obtained?		If No, are there grounds to share information without consent?	
Grounds to share information without consent:			
Immigration Status			
Is victim holder of a British passport?			
Nationality			
Immigration status: (e.g. asylum seeker, refugee, spousal visa with NRPF, ILR)			
Alleged Perpetrator			
Name:			
DOB			
Ethnicity:			
Address:			
Relationships:			
Alcohol involved?			
Drugs involved?			
Child			
Name:			
DOB:			
Ethnicity:			
Address:			
Relationships:			
School details:			
GP details:			
Does the child ordinarily reside at the address:			
Was the child present at the incident:			
Did the child witness the incident?			

Injuries sustained:	
Child's first language:	
Disabilities:	
Disability details:	
CAF started:	
Additional information:	
Court orders relating:	

Do you consider that there are grounds for referring the children to Safeguarding?		**If so, have you made such a referral?**	

CAADA-DASH Risk Identification Checklist (RIC)

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed.

IMPORTANT INFORMATION

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] 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 Frequently Asked Questions and Answers[2]. These can be downloaded from www.caada.org.uk/marac.html
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.

[1] For further information about MARAC please refer to the CAADA MARAC Implementation Guide www.caada.org.uk.
[2] For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

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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 stepchildren 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.

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.

Put a cross [x] in the box if the factor is present.

Please add comments where indicated. It is assumed that your main source of information is the victim. If this is not the case please add this to your comment.

The boxes will expand as you type text into them.

There is space at the end of the form for additional information where appropriate.

		YES	NO	REFUSED
CURRENT SITUATION				
1.	**Has the current incident resulted in injury?** (Please state what and whether this is the first injury) Comment:			
2.	**Are you very frightened?** Comment:			
3.	**What are you afraid of? Is it further injury or violence?** (Please give an indication of what you think the abuser might do and to whom, including children). KILL (specify self, children or other) FURTHER INJURY AND VIOLENCE (specify self, children or other) Comment:			
4.	**Do you feel isolated from family/friends i.e. does the abuser try to stop you from seeing friends/family/doctor or others?** Comment:			
5.	**Are you feeling depressed or having suicidal thoughts?** Comment:			

		YES	NO	REFUSED
6.	**Have you separated or tried to separate from the abuser within the past year?** Comment:			
7.	**Is there conflict over child contact?** (Please state the nature of the conflict) Comment:			
8.	**Does the abuser 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. This question is relevant even if the parties are living together) Comment:			
CHILDREN/DEPENDANTS				
9.	**Are you pregnant or have you recently had a baby (within the last 18 months)?**			
DOMESTIC VIOLENCE HISTORY				
10.	**Is the abuse happening more often?** Comment:			
11.	**Is the abuse getting worse?** Comment:			
12.	**Does the abuser try to control everything you do and/or is he/she excessively jealous?** Comment:			
13.	**Has the abuser ever used weapons or objects to hurt you?** Comment:			
14.	**Has the abuser ever threatened to kill you or someone else and you believed them?** Comment:			

		YES	NO	REFUSED
15.	**Has the abuser ever attempted to strangle/choke/suffocate/drown you?** Comment:			
16.	**Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?** (Please specify who and what) Comment:			
17.	**Is there any other person who has threatened you or of whom you are afraid?** (Consider extended family if honour based violence and please specify who) Comment:			
18.	**Do you know if the abuser has hurt anybody else?** (Children, siblings, elderly relative, stranger, other partners – consider honour based violence and please specify who) Comment:			
19.	**Has the abuser ever mistreated an animal or the family pet?** Comment:			
ABUSER				
20.	**Are there any financial issues? For example, are you dependent on the abuser for money? Has the abuser recently lost his/her job? Are there any other financial issues?** (Please specify what) Comment:			
21.	**Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health issues that has created problems in leading a normal life?** Drugs ☐ Alcohol ☐ Mental Health ☐ Comment:			

		YES	NO	REFUSED
22.	**Has the abuser ever threatened or attempted suicide?** Comment:			
23.	**Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?** (Please specify what) Bail Conditions ☐ Non molestation/civil order ☐ Child contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ Comment:			
24.	**Do you know if the abuser has ever been in trouble with the police or has a criminal history?** (If yes, please specify) Comment:			
PLEASE CALCULATE THE NUMBER OF "YES" RESPONSES and enter in the box to the right				

For consideration by professional:	
Is there any other relevant information (from a victim or professional), which may increase risk levels? Consider victim's situation in relation to vulnerability, disability, substance misuse, mental health issues, cultural/language barriers, 'honour'-based systems and minimisation. Are they willing to engage with your service? Describe: Consider abuser's occupation/interests – could this give them unique access to weapons? E.g. ex-military, police, pest control etc. Describe:	
Is there anything else you would like to add to this? E.g. if the victim has refused to answer any questions. Comment:	
Your name:	Date: