**Referral Form**

**PLEASE NOTE IF THE DASH SCORE IS 14 OR OVER THE CASE WILL NEED TO BE REFERRED TO MARAC NOT BRIDGES**

1. **Details of Referring Agent**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Referral |  | Time of Referral |  | Referring Agency: |  | | Contact No: |  |
| Person making referral: | |  | | | Email: |  | | |

1. **Referring Agent Declaration**

The information provided here is based on information available on the date of completing this form. I am satisfied that this referral is appropriate to the applicant’s identified needs and risk and I have completed this form to the best of my knowledge.

|  |  |
| --- | --- |
| **Referring Officers Signature (Electronic)** |  |
|  |  |

1. **Details of Applicant**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant | | | | |  | | | | | | | Contact No | | | | | |  | |
| Any other name know by | | | | |  | | | | | | | Safe time to contact | | | | | |  | |
| Current Address: | | | | |  | | | | | | | Date moved in: | | | | | |  | |
| Permanent Address: | | | | |  | | | | | | | | | | | | | | |
| Tameside Connection: | | | | |  | | | | Religion: | | | |  | | | | | | |
| Interpreter | | | | |  | | | | Language: | | | |  | | | | | | |
| Age: |  | | Date of Birth: | | | |  | | | | | NI Number: | | | |  | | | |
| Does the applicant have income including benefits? | | | | | | | | | | | | | | | |  | | | |
| Name Benefits: | |  | | | | | | | | | | | | | | | | | |
| Is applicant:- | | Employed | | | | | | Unemployed | | | | | | | In Education | | | | |
| ID Available: | | Yes / No | | | | | |  | | | | | | | | | | | |
| Ethnic origin as defined by client: | | | | | | | | | | | | | | | | | | | |
| White British | | | |  | | White Irish | | | | | |  | | White & Black Caribbean | | | | |  |
| White & Black African | | | |  | | White / Asian | | | |  | Indian |  | | Pakistani | | |  | Bangladeshi |  |
| Caribbean | | | |  | | African | | | |  | Chinese |  | | Refused | | |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of the perpetrator:** | | | |
| Name: |  | D.O.B |  |
| Address: |  | | |
| Relationship to victim: |  | | |

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| --- | --- | --- | --- | --- | --- |
| Are there other people that the applicant would expect to live with or would regularly visit the accommodation – e.g. partner, children (Add Boxes if Needed) | | | | | |
| Surname | Forename | Relationship | D.O.B | Live with (tick) | Visit (tick) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Is anybody in the household pregnant?** | | |  | **EDD:** |  |

|  |  |
| --- | --- |
| **Background**  Please provide an overview of the current situation and reason for referral. | |
| **Please ensure relevant information of the current situation and reason for referral. Lack of information may result in a delay in allocation of this referral.** | |
| What are the victims greatest priorities to address their safety? | |
| **What score is the DASH Assessment?** |  |
| **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 | |

1. **Support needs and risk assessment**

Do you have, or have you had problems in the last 2yrs with -:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | History | Current | None | Details |
| Arson |  |  |  |  |
| Self-Harm, Suicide attempts |  |  |  |  |
| Self-Neglect |  |  |  |  |
| Property neglect |  |  |  |  |
| Discrimination, hate crime, threats, aggression, weapons |  |  |  |  |
| Anxiety, depression |  |  |  |  |
| Drug misuse |  |  |  |  |
| Alcohol misuse |  |  |  |  |
| Violent behaviour |  |  |  |  |
| Mental health issues |  |  |  |  |
| Physical health issues/disability |  |  |  |  |
| Do you take any medication? Please list below where appropriate: | | | | |
|  | | | | |
| Any known risks to staff e.g. Lone working/home visits? | | | | |
|  | | | | |

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| --- |
| **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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick all that apply if disabled: | | | | | |
| Mental Health |  | Visual Impairment |  | Learning Disability |  |
| Hearing Impairment |  | Does not wish to disclose |  | Other – Please give details |  |
| Mobility: |  | Requires: Wheelchair User / Walking Stick or Crutches / No Aids | | | |

**Only Complete this Section if you are Applying for:**

1. **Emergency Refuge Acommodation in TAMESIDE - Contact 0161 339 8755 for Email Address to Submit the whole completed form and dash –**

**DO NOT SEND ACCOMODATION REFERRALS TO Bridges@jigsawhomes.org.uk**

|  |  |
| --- | --- |
| Reason for wanting accommodation? | |
|  | |
| Does applicant have recourse to public funds? | Yes/No |
| If NO please confirm accommodation costs will be funded by your organisation |  |
| Has the case been to MARAC in this area, or any other area? | |
|  | |
| Have you been in a refuge before? | |
| If so, where? | |
| Were you evicted from the refuge? | |
| If so why? | |
| Have you ever been evicted from a private rented property or any other property? | |
| If so where? | |
| Have you any outstanding rent arrears from any property you have been the tenant of? | |
| Where from, and how much? | |
| There is an nominal service charge per week which needs to be paid by the applicant – if you have any concerns in relation to this please note concerns: | |

1. **Applicants Declaration/Authorisation**

|  |  |  |
| --- | --- | --- |
| **Please tick Yes or NO if you agree to the following:** | Yes | No |
| The information I have given is accurate to the best of my knowledge |  |  |
| I give my consent to the disclosure of this information, including supplementary information, for housing purposes. |  |  |
| I agree to the housing providers receiving this referral to contact other relevant agencies to determine whether the service can meet my needs |  |  |
| I give my permission for the outcome of this referral to be explained to the referral agency. |  |  |
| I agree to participate in a Support Package, including Assessments and Support Plans. |  |  |
| I would like a copy of this referral form. |  |  |
| I agree to this information being emailed to the agreed housing providers in the knowledge that the public internet may not be secure.  If No then the form will be faxed or posted. If the form is emailed then a **signed** copy will be posted to the service(s) at a later date for audit purposes. |  |  |

|  |  |
| --- | --- |
| **Applicant Signature (Electronic):** |  |
| **Print Name:** |  |
| **Date:** |  |

**Please check this referral has been completed in full and a DASH is attached – Referrals will not be accepted without the completed DASH**

For all Bridges referrals **(except accommodation**) please e-mail to Bridges@jigsawhomes.org.uk

Where refuge accommodation is required. Please refer to section on refuge on this form)

For any queries please contact 0161 331 2552.

**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]](#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 Frequently Asked Questions and Answers[[2]](#footnote-2). These can be downloaded from [www.caada.org.uk/marac.html](http://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.

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).  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: |  |  |  |
| 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, have you recently had a baby (within the last 18 months) or termination?**  Comment: |  |  |  |
|  | | | | |
| 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:  . |  |  |  |
| 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: |  |  |  |
|  | | | | |
| 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: |  |  |  |
| 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**  **(IF OVER 13 THIS NEEDS TO BE A MARAC REFERRAL NOT A BRIDGES)** | |  | | |

|  |  |
| --- | --- |
| **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:** |

1. For further information about MARAC please refer to the CAADA MARAC Implementation Guide [www.caada.org.uk](http://www.caada.org.uk). [↑](#footnote-ref-1)
2. For enquiries about training in the use of the form, please email [training@caada.org.uk](mailto:training@caada.org.uk) or call 0117 317 8750. [↑](#footnote-ref-2)