Referral Form Completion Instructions
These instructions are for information only. Please complete the referral form below.

**Referring Agency:** *Full name of the agency making the referral.*

**Contact Name(s):** *Full name of the person from the referring agency making the referral.*

**Telephone / Email:** *Contact details of referring agency and/or the person making the referral.*

**Date:** *Date the referral is being submitted.*

**Victim Name:** *Full name of the victim with the surname in capitals. Please include any aliases or different spellings. Agencies use this information to conduct their research in preparation for the meeting.*

**Victim DOB:** *Exact DOB. If not sure or there are different DOB’s please also include these. Agencies will use the information to conduct their research.*

**Address:** *The victim’s current address & postcode. This is important as it will determine which area the case will be heard in.*

**Diversity Data:** *B&ME – Black and Minority Ethnic. LGBT – Lesbian, Gay, Bi-sexual or Transgender. Gender – Male / Female. Disability/Impairment – as per the ‘Definition of Disability under the Equality Act 2010’. There may be a number of reasons why people with disabilities/ impairments are not being identified at Marac. One explanation could be the issue of ‘hidden impairments’ ie, a person’s injury or condition that is not noticeable or visible which can include epilepsy, diabetes, cancer, heart, liver/kidney problems and mental health issues.*

*This information is required in order for an Equality Impact Needs Assessment to be conducted annually in relation to MARAC to identify the needs of the local population including what additional services are required to meet our needs.*

**Telephone No:** *Victim’s contact number, ensure it is relevant and includes the best time to call the victim and is safe.*

**Is this number safe to call?** *This is very important – please ensure you tick yes or no. The referrals are forwarded to IDVA who will try to make contact, they will need to know whether it is safe to call the victim or not.*

**Perpetrator(s) Name:** *Full name of the perpetrator with the surname in capitals. Please include any aliases or different spellings. Agencies use this information to conduct their research in preparation for the meeting.*

**Perpetrator(s) DOB:** *Exact DOB. If not sure or there are different DOB’s please also include these. Agencies will use the information to conduct their research.*

**Perpetrator(s) Address:** *The perpetrator’s current address & postcode. If you are unsure what the address is please put ‘Unknown’ or if the perpetrator has no address please state ‘NFA – No fixed abode’.*

**Perpetrator’s Relationship to Victim:** *Please state whether they are Partner’s, Ex-Partners, Mother, Father, Son, Daughter, Brother, Sister etc.*

**Children & UBB’s:** *Please state the names of the children with their surname in capitals. Please include all names or different spellings. Agencies (in particular Children Services) will need this information to conduct their research. Unborn babies (UBB) to be included here.*

**DOB:** *Please ensure the children’s DOB is included. The Case List will list the youngest child first. In the case of UBB, indicate number of weeks of pregnancy.*

**Relationship to Victim:** *Please state if the victim is mother or father to the child. If no relation to victim, then list as none.*

**Relationship to Perpetrator:** *Please state if the perpetrator is mother or father of the child. If no relation to perpetrator, then list as none.*

**Who does the child live with (and where if not with the victim)?:** *Permanent address for the child. If they are not living with the victim or perpetrator please ensure you state where the children are residing and who they are with ie, grandmother.*

**School:** *If known.*

## Instructions continued

**Reason for Referral / Additional Information – Typically only one criteria should be ticked. Allowances may be made where a MARAC Repeat is concerned.**

**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.* ***All agencies should note that if they are referring under “professional judgement” then they are saying that the victim is at “risk of serious harm or homicide”. They must complete their rationale for referring under this criteria within the space provided on the MARAC Referral form.***

***Rationale*:***If you are referring under the criteria of professional judgement, please ensure you add your rationale for the referral in this box.*

**Visible High Risk: *DO NOT PUT A TICK IN THIS BOX, ONLY ENTER THE NUMBER OF ‘TICKS’ ON YOUR RISK ASSESSMENT)*** *If you have ticked 14 or more ‘yes’ boxes on the DASH risk identification checklist, the case would normally meet the MARAC referral criteria. However, as a general rule a case would not be deemed appropriate for a MARAC referral if the only risk factors were historic ones and none related to abuse which had occurred within the last three months.* ***If referring under this criteria you MUST submit the DASH Risk Assessment with the referral.***

**Potential Escalation:** *the number of callouts to the victim as a result of domestic abuse 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. In Hertfordshire, the case will be referred to MARAC if there have been 4 callouts in 12 months.*

**MARAC Repeat:** *a repeat case is one which has been previously heard at a MARAC and at some point in the 12 months from the date of the last referral, a further incident is identified between the same victim and perpetrator. Any agency may identify this further incident. A further incident need not be criminal, violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour.*

**Important – Provide date and summary details of latest incident that triggered this referral:** *Please ensure you include the date of the incident,* the type of crime *i.e. Non Crime Domestic (NCD) or Assault, Harassment etc. and brief summary of the incident.* ***Dates are crucial and provide significant timeframes****. There is no need to include a crime number in the information as this is irrelevant to MARAC.*

**Is the victim aware of MARAC referral?** *Have you spoken to the victim and told them you are referring them to MARAC? If not, why not?*

**Has consent been given?** *Has the victim given their consent for you to refer them to MARAC?* **If NO, why not?***Please state the reason why the victim is not aware of the referral or why the victim has not given consent.*

**If the Victim has disclosed criminal offences do they consent to Herts Police contacting them? Please provide safe contact details to enable this.** *This is self-explanatory and applies to all agencies other than Police. Please ensure this question is asked to all victims and provide a safe, current contact number/email address.*

**Who is the victim afraid of?** *To include all potential threats, and not just primary perpetrator, i.e. include perpetrator’s family if applicable.*

**Who does the victim believe it is safe to talk to?** *Please include this detail if known*

**Who does the victim believe it is not safe to talk to?** *Please include this detail if known*

**Has the victim been referred to MARAC previously?***If known please include the date the victim was last heard at MARAC*

**Please complete referral form below and email to** **HertsMARAC@herts.police.uk**

**Do not email Police MARAC referrals to IDVA. This will be done by the MARAC Team once satisfied that the MARAC referral criteria has been met.**

**HERTS MARAC REFERRAL**

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| **SEND TO THE MARAC TEAM AT** **HertsMARAC@herts.police.uk****(all police referrals to be submitted via Athena)** |

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| --- | --- | --- | --- |
| **Referring Agency:** |  | **Date referral completed:** |  |
| **Agency Contact Name(s):** |  | **Agency Tel No:****Email:** |  |
| **Victim name:** |  | **Victim DOB:** |  |
| **Victim address:** |  | **Diversity Data:** **B&ME****LGBT****Disability/Impairment**(can include epilepsy, diabetes, cancer, heart, liver/ kidney problems, mental health) | **THIS BOX MUST BE COMPLETED****Select Y/ N****Select Y/N****Select Y/N**  |
| **Victim Tel No:** |  | **Gender*****(delete as appropriate)*** | MALE | FEMALE |
| **Is this number safe to call?**  | **Select Yes/No***(if no, why not?)* | **Any relevant contact info**(e.g times to call) |  |

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| --- | --- | --- | --- |
| **Perpetrator(s) Name:** |  | **Perpetrator(s) DOB:** |  |
| **Perpetrator(s) Address:** |  | **Relationship to Victim:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Children**please add extra rows if necessary | **DOB**dd.mm.yy | **Relationship** **to Victim** ie. son/daughter/none | **Relationship** **to Perpetrator**ie. son/daughter/none | **Who does the child live with and where ?**victim/perp/in care/SGO | **School**if known |
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**REASON FOR REFERRAL/ADDITIONAL INFORMATION**

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| **Visible High Risk**(**DO NOT PUT A TICK IN THIS BOX** , put the number of ticks on the Safelives DASH risk assessment) Visible high risk means *14 ticks or more.* **Ensure DASH is sent with this referral.** | **No. of ticks on DASH RA** | **Potential escalation** (*4 or more incidents reported in the past 12 months*) | **Y / N** |
| **Professional Judgement*****If referred under this criterion, provide a rationale in the box below as to why and what the serious concerns are.*** | **Y / N** | **MARAC Repeat**(further incident identified within twelve months from the date of the last referral) | **Y /N** |
| ***Rationale***: |

**INCIDENT THAT LED TO THIS REFERRAL**

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| --- | --- |
| **Write a short summary of the LATEST INCIDENT that triggered this referral – MUST include the incident date.** | **Incident date:** **Summary of incident that led to referral:**   |

**ADDITIONAL INFORMATION**

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| --- | --- |
| **Is the Victim aware of MARAC referral?** | **Y/N** (*if no, why not?)* |
| **Has consent been given?***)* |  |
| **Has the Victim reported the incident to police, if so which police force and on what date?** | **FOR NON POLICE REFERRALS ONLY** |
| **Who is the Victim afraid of?** *(include all potential threats, not just primary perp)* |  |
| **Who does the Victim believe it is safe to talk to?** |  |
| **Has the Victim been referred to MARAC previously?** | **Y/N**(*If known, provide actual date of MARAC - not when ref was dated or sent*) |