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**Luton MARAC Referral Form**

# How to use the form

Before completing the form for the first time we recommend that you read SafeLives full practice guidance and FAQs on the Domestic Abuse Stalking & Harassment (DASH) risk assessment. [Downloaded guidance and FAQs here](http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face). Risk is dynamic and can change very quickly.

# Luton MARAC referral criteria

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. In order to check and balance that the victim’s experience is high risk the [Severity of Abuse Grid](https://safelives.org.uk/node/1254) can be really helpful. This tool is also very helpful when trying to evidence coercive control
2. **‘Visible High Risk’:** 14+ ticks’ on this checklist.
3. **Potential Escalation:** If there have been 3 or more incidents which constitute a crime (whether reported to the police or not) in the past 6 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.
4. **Release from Prison:** This category can refer victims into MARAC where the Perpetrator is soon to be released and agencies are concerned for the victim/children at the point of release

Please pay particular attention to your professional judgement in all cases - remember the severity abuse grid is particularly helpful – [grid guidance and form can be found here](https://safelives.org.uk/node/1254).

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.

Referrals to MARAC should be given to your MARAC representative to upload onto Modus; if you do not have a MARAC rep please securely email the form to [LBCMARACReferralsandenquiries@luton.gov.uk](mailto:LBCMARACReferralsandenquiries@luton.gov.uk).

# Additional referrals

* A children’s safeguarding referral must be considered in addition to this MARAC referral. Please discuss with your MARAC Rep or the MARAC team. [Click this link to access the referral form.](https://myforms.luton.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-714bc8e9-fe80-4931-b6a6-dc54ebd11547/AF-Stagebb8a48c5-8dbf-4d6b-9dea-0909e49d1fcc/definition.json&redirectlink=/en&cancelRedirectLink=/en&consentMessage=yes)
* An adult safeguarding referral must be considered in addition to this MARAC referral. [Click here to access information and the referral form](https://m.luton.gov.uk/Page/Show/Health_and_social_care/safeguarding/safeguarding_adults/Pages/default.aspx).

| **Referral details** | | | |
| --- | --- | --- | --- |
| **Has the client consented for IDVA Support** | | Yes  No | |
| **Date of referral** |  | **Repeat referral?** (within 12-months) | Yes  No  Don’t know |
| **Reason for referral** | Select reason | **No. of ticks on checklist** |  |
| **Client aware of the MARAC Referral?** | Yes  No | **Consent to data sharing?** | Yes  No |

| **Referring agency details** | | | |
| --- | --- | --- | --- |
| **Agency** |  | **Email address** |  |
| **Professional name** |  | **Telephone number** |  |

| **Victim details** | | | |
| --- | --- | --- | --- |
| **Forename** |  | **Nationality** |  |
| **Surname** |  | **Marital status** |  |
| **DOB** |  | **Risk level** | Select Risk Level |
| **Gender** | Select Gender | **Language** |  |
| **Sexual orientation** | Select Orientation | **Speaks English?** | Yes  No |
| **Ethnicity** |  | **Religion** |  |
| **Pregnant?**  *(if yes confirm no of weeks and due date)* | Yes  No     weeks pregnant  Due date | **Reads English?** | Yes  No |
| **Immigration status** |  |
| **GP Practice** |  |
| **Has children?** | Please select | **Other health professional** |  |
| **Use of drugs?** | Yes  No |
| **Safe contact number**  *(or email address if client doesn’t have a safe contact no)* | Comments | **Disability?** | Please select |
| **Use of alcohol?** | Yes  No |
| **Address**  *(full address and postcode)* |  | **Landlord type** |  |
| **Safe to post?** | Yes  No |

| **Children details** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Address** | **Relationship to victim** | **Relationship to perpetrator** | **School** |
|  |  | Please select |  |  |  |  |
|  |  | Please select |  |  |  |  |
|  |  | Please select |  |  |  |  |
|  |  | Please select |  |  |  |  |
|  |  | Please select |  |  |  |  |
|  |  | Please select |  |  |  |  |

| **Alleged perpetrator details** | | | |
| --- | --- | --- | --- |
| **Name in full (Alias)** |  | **Address** (full address and postcode) |  |
| **DOB** |  |
| **Relationship to victim** |  | **Gender** | Please select |
| **Ethnicity** |  | **GP Surgery** |  |

| **Incident details** | | | |
| --- | --- | --- | --- |
| **Date of incident** |  | **Location of incident** |  |
| **Details of incident**  *Please be succinct and relevant with your info* | *Please start with the most recent incident:*    *Any other relevant historical information:* | | |
| **Risks/result of the incident** | *Please list the key risks and things you are most concerned about:*         *Have any other safeguarding referrals been made? If so, where?* | | |
| **Why does this require a multi-agency approach?** | *Are there any specific safety measures you feel MARAC could consider?* | | |
| **No. of ticks on the additional stalking questions** |  | | |

| **DASH Risk Assessment** | |
| --- | --- |
| **Current situation** | |
| 1. Has the current incident resulted in injury? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Are you frightened?   How frightened are you? | Yes  No  Don’t know  Not asked  Give details:  Somewhat  Very  Extremely |
| 1. Are you afraid of further injury or violence?   Kill Further injury  Other (please clarify) | Yes  No  Don’t know  Not asked  Self  Children  Other (please specify)  Self  Children  Other (please specify)  Self  Children  Other (please specify) |
| 1. Do you feel isolated from family/friends i.e. does (.....) try to stop you from seeing friends/family/Dr or others? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Are you feeling depressed or suicidal? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Have you separated or told (…..) you want to separate from them within the past year? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Is there conflict over child contact? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Does (…..) constantly text, call, contact, follow, stalk or harass you? | Yes  No  Don’t know  Not asked  Give details: |
| **\*Additional stalking questions\*** *(only complete if victim answers yes to question 8 - this scores 1 tick, otherwise, skip to question 9 - the rest of the ticks do not count in the overall score and are for additional information only)*  *The additional ticks* | |
| * 1. Are you very frightened? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (…..) engaged in harassment on previous occasions? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (…..) ever destroyed or vandalised your property? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Does (.....) visit you at work/home more than 3 times a week? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) loitered around your work/home? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) made threats of physical or sexual violence within this incident? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) harassed a third party? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) acted violently towards people within this incident? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Has (.....) persuaded other people to help him/her? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Is (.....) known to be abusing drugs/alcohol? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Is (.....) known to have been violent in the past? | Yes  No  Don’t know  Not asked  Give details: |
| Additional comments relating to harassment |  |
| **Children/dependents (If no children/dependants, please go to the next section)** | |
| 1. Are you currently pregnant or have you recently had a baby? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Are there any children, step-children that aren't (.....) in the household? Or are there other dependants in the household (i.e. older relative)? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever hurt the children/ dependants? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever threatened to hurt or kill the children/dependants? | Yes  No  Don’t know  Not asked  Give details: |
| **Domestic violence history** | |
| 1. Is the abuse happening more often? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Is the abuse getting worse? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Does (.....) try to control everything you do and/or are they excessively jealous? (i.e. relationships, who you see, being 'policed at home', telling you what to wear. Consider honour-based violence and specify behaviour) | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever used weapons or objects to hurt you? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever threatened to kill you or anyone else and you believed them? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever attempted to strangle/choke/suffocate/drown you? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Do they do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Is there any other person that has threatened you or that you are afraid of? (Consider extended family if honour-based violence) | Yes  No  Don’t know  Not asked  Give details (please specify who): |
| **\*Additional HBV Risk Questions\*** *(only complete if victim answers yes to question 20 - this scores 1 tick. The additional questions are for information only and must not be included in overall score. If the answer is a no go to question 21)* | |
| * 1. Truanting – if under 18 years old is the victim truanting? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Self-harm – is there evidence of self-harm? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. House arrest and being ‘policed at home’ – is the victim being kept at home or their behaviour activity being policed (describe the behaviours)? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Pressure to go abroad – is the victim fearful of being taken abroad? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Isolation – is the victim very isolated? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Attempts to separate or divorce (child contact issues) –is the victim attempting to leave the relationship? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Threats that they will never see the children again – are there threats that the child(ren) will be taken away? | Yes  No  Don’t know  Not asked  Give details: |
| * 1. Threats to hurt/kill – are there threats to hurt or kill the victim? | Yes  No  Don’t know  Not asked  Give details: |
| **Domestic violence history continued** | |
| 1. Do you know if (.....) has hurt anyone else in the family, anyone else they have had a relationship with or anyone else? (Children/siblings/elderly relative/ stranger, for example. Consider HBV) | Yes  No  Don’t know  Not asked  Give details (please specify what and who): |
| 1. Has (.....) ever hurt the family pet/animals? | Yes  No  Don’t know  Not asked  Give details: |
| **Abuser(s)** | |
| 1. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?  Please specify what:   Drugs Alcohol Mental health | Yes  No  Don’t know  Not asked  Give details:  Yes  No  Yes  No  Yes  No |
| 1. Has (.....) ever threatened or attempted suicide? | Yes  No  Don’t know  Not asked  Give details: |
| 1. Has (.....) ever broken an injunction molestation order, breached bail and/or agreement for when they can see you and/or the children? | Yes  No  Don’t know  Not asked  If yes, please specify i.e. breach of civil/criminal order or bail conditions: |
| 1. Do you know if (.....) is involved in any other criminal activity? If yes, please specify: Domestic violence   Sexual violence  Other violence  Other | Yes  No  Don’t know  Not asked  Give details:  Yes  No  Yes  No  Yes  No  Yes  No |
| Other relevant information (from victim or officer) which may alter risk levels. | *Consider for example victim's vulnerability - impairment, mental health, alcohol/ substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control*    *If referred under* ***professional judgement****, please provide rationale behind this* |
| Is there anything else you would like to add to this? |  |

**Please send the completed referral form securely to** [**LBCMARACReferralsandenquiries@luton.gov.uk**](mailto:LBCMARACReferralsandenquiries@luton.gov.uk)

**If you have any queries whilst completing this form, please email the same address.**

**To contact the Luton MARAC Team please email:**

[**Lucy.Edwards@victimsupport.org.uk**](mailto:Lucy.Edwards@victimsupport.org.uk) **(Deputy MARAC Coordinator)**

[**Tammy.Mckillop@luton.gov.uk**](mailto:Tammy.Mckillop@luton.gov.uk) **(MARAC Coordinator)**