

# Cheshire East Domestic Abuse HUB

# REFERRAL FORM



Please send completed referrals to **cedah@cheshireeast.gcsx.gov.uk** 0300 123 5101

Referring agency				Telephone / Email	
Contact name(s)				Date	
Victim name		Victim DOB			
Address		Diversity Data (if known) Gender M / F Ethnicity LGBT Y / N Disabled Y / N			
Telephone number		Safe to call?		Y / N	
Please insert any relevant contact information e.g. times to call, interpreter required					
Alleged Perpetrator(s) name		Alleged Perpetrator(s) DOB			
Address Alleged Perpetrator(s)		Relationship to victim		Relationships status	
Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

Please indicate whether the referral is for MARAC or Other HUB service			
HUB service (assessment/referral)		<b>MARAC Referral</b>	
Have you completed a Risk Identification Checklist – p 3-5	Y/N	<b>Have you completed the RIC and information required for a MARAC Referral – p5</b>	Y/N
Is the client aware of this referral?	Y/N	<b>Is the client aware of this referral</b>	Y/N
Does the client consent to this referral?	Y/N	<b>Does the client consent to this referral</b>	Y/N

## RISK AND NEED INFORMATION

**BACKGROUND** *(Please include factors relating to risk and the victim's or other family needs which will help us identify an appropriate pathway for support)*

**SAFETY/SUPPORT TO DATE** *(Please list actions already taken to address risk and need for the victim and their family)*

**OTHER FACTORS** *(What other information may help us address risk and need? Consider factors relating to added vulnerability such as age, disability, substance misuse, mental health issues, cultural/language barriers on 'honour-based systems', geographic isolation and minimisation.)*

**CHILD AND ADULT SAFEGUARDING**

**Are there any identified risks or concerns for children or 'adults at risk'? Have you considered a referral to ChECS or Adult Social Care? If so, has a referral been made?**

*NAME/DATE of person making referral*

**SERVICE/S REFERRER BELIEVES MAY HELP**

IDVA/MARAC Service (high risk)		1 to 1 support for child/young person	
1 to 1 support in the community (lower risk)		Recovery programme for child/YP	
Recovery programme (adult victim)		Change programme for child/YP	
Change programme (adult perpetrator)		Refuge/emergency housing	
Survivor Support group		OTHER .....	

**Risk Identification Checklist**

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Please put a 'x' in the relevant column (yes, no, don't know) – add any detail in the Comments section.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column</p>	YES	NO	DON'T KNOW
<p>1. Has the current incident resulted in injury? (please state what and whether this is the first injury)</p> <p>Comment:</p>			
<p>2. Are you very frightened?</p> <p>Comment:</p>			
<p>3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)..... might do and to whom)</p> <p><b>Kill:</b>                      Self <input type="checkbox"/>      Children <input type="checkbox"/>      Other (please specify) <input type="checkbox"/></p> <p><b>Further injury and violence:</b> Self <input type="checkbox"/>      Children <input type="checkbox"/>      Other (please specify) <input type="checkbox"/></p> <p><b>Other (please clarify):</b>      Self <input type="checkbox"/>      Children <input type="checkbox"/>      Other (please specify) <input type="checkbox"/></p> <p>Comment:</p>			
<p>4. Do you feel isolated from family/ friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/Doctor or others?</p> <p>Comment:</p>			
<p>5. Are you feeling depressed or having suicidal thoughts?</p> <p>Comment:</p>			
<p>6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?</p> <p>Comment:</p>			
<p>7. Is there conflict over child contact? (please state what)</p> <p>Comment:</p>			
<p>8. Does (.....) 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)</p>			
<p>9. Are you currently pregnant or have you recently had a baby (in the past 18 months)?</p>			
<p>DOMESTIC ABUSE HISTORY</p>			

10. Is the abuse happening more often? Comment:			
11. Is the abuse getting worse? Comment:			
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour) Comment:			
13. Has (.....) ever used weapons or objects to hurt you? Comment:			
14. Has (.....) ever threatened to kill you or someone else and you believed them? Comment:			
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you? Comment:			
16. Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what) Comment:			
17. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who)			
18. Do you know if (.....) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)  Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>			
19. Has (.....) ever mistreated an animal or the family pet? Comment:			
ABUSER(S)			
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues? Comment:			
21. Has (.....) had a problem 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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>			

22. Has (.....) ever threatened or attempted suicide?  Comment:			
23. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what)  Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>			
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify)  DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>			
<b>TOTAL NUMBER OF TICKS</b> (14+ requires an immediate MARAC referral)			

Information required for MARAC referral		Reason for referral	
Professional judgement	Y / N	Visible high risk (14 ticks or more on CAADA - DASH RIC)	Y / N
Potential escalation (3 or more incidents reported to the Police in the past 12 months)	Y / N	MARAC repeat (further incident identified within twelve months from the date of the last referral)	Y / N
If a repeat, please provide the date listed / case number (if known)			
Who does the victim believe it is safe to talk to?			
Who does the victim believe it is not safe to talk to?			
Has the referral been discussed with your line manager?			
Has the referral been discussed with your agency's MARAC representative? (They present your case)			

**PLEASE SEND COMPLETED REFERRALS TO: [cedah@cheshireeast.gcsx.gov.uk](mailto:cedah@cheshireeast.gcsx.gov.uk)**

*On receipt of a **MARAC referral** you will receive a confirmation email informing you of the date the case will be heard at MARAC. For further **MARAC** queries contact the **Domestic Abuse Family Safety Unit on 01606 363531***

*For all other **HUB REFERRALS** you will receive an email or call to confirm next steps.  
Call the **HUB** on **0300 123 5101** to discuss further*