## WEST LOTHIAN MARAC REFERRAL FORM

MARAC referrals should be sent by **secure email or other secure method** to WestLothianMARAC@westlothian.gov.uk.

***Criteria for Referral***

***\* Criteria 1 - DAQ 14+*** *- Where the DAQ is 14+, professional judgement cannot be used to justify the case not being referred to MARAC and a referral must be made in all instances. Where the DAQ is less than 14, Criteria 2 to 4 apply.*

***\* Criteria 2 - Professional Judgement*** *- Cases where the risk is graded as being HIGH.*

***\* Criteria 3 - Escalation*** *(3 DA incidents in 12 months) – Consideration should be made for a referral to MARAC.*

***\* Criteria 4 - Previous MARAC Referral*** *(any incident of abuse occurring in the following 12 months following the last MARAC).*

|  |  |
| --- | --- |
| Referring agency |  |
| Contact name(s) |  |
| Telephone / Email |  |
| Date |  |
| Victim name |  | Victim DOB |  |
| Address |  | Diversity Data (if known)B&ME  Disabled  LGBT  Gender  |
| Telephone number |  | Is this number safe to call? |  |
| Please insert any relevant contact information e.g. times to call |  |
| Perpetrator(s) name |  | Perpetrator(s) DOB |  |
| Perpetrator(s) Address |  | Perpetrator(s) telephone Number |  |
| Remanded in Custody? |  | Next Hearing / Trial Date? |  |
| Bail Conditions in place? |  | Bail Conditions? |  |
| Children(please add extra rows if necessary) | DOB | Relationship to victim | Relationship to perpetrator | Address  | School(If known) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **DASH / DAQ Score (Criteria 1)** |  |
| **Potential escalation (*Criteria 3*)** |  |
| **If *Yes*, please provide the date listed / case number (if known)** |  |
| **Is the victim aware of MARAC referral?**  |  | **If no, why not?** |  |
| **Has consent been given for sharing of information?** |  |
| **Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)** |  |
| **Who does the victim believe it safe to talk to?** |  |
| **Who does the victim believe it not safe to talk to?** |  |
| **Has the victim been referred to any other MARAC previously? (Criteria 4)**  |  | If yes where / when? |  |
| **RISK ASSESSMENT (Criteria 2)*****(MUST BE COMPLETED*** *- List all objective factors pertaining to Harm, Victim Vulnerabilities and Protective elements, including an explanation as to why the case is HIGH risk).* | BACKGROUNDRECENT INCIDENTRISK ASSESSMENTVULNERABILITIESPROTECTIVE MEASURES . ASSESSMENT OF RISK AT RISK OF COERCIVE CONTROL DSDAS (Y/N) MARAC  |
| **Requests for other partner agencies?***(What is it that you wish other agencies to progress / take ownership of in respect of the victim?)**Eg. Health, Education, Housing, Social Work etc.* *Health – check what support is ongoing/available**DASAT – Court support, safety planning, emotional and practical support.**WLWA – safety planning, accommodation, outreach, emotional and practical support**Police – occurrence marker on address, safety planning.* |  |