**MARAC REFERRAL FORM**

**What is a MARAC?**

MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information the representatives discuss options for increasing the safety of the victim/survivor and turn these into a coordinated action plan. Information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

The victim/survivor does not attend the meeting but is represented by an IDVA (or occasionally another support service) who speaks on their behalf. If safe to do so make the victim/survivor aware of the MARAC referral and ask for their consent to refer to a support service for Domestic Violence. Consent of the victim/survivor is preferred but not compulsory for a MARAC referral to be made.  **The Perpetrator of abuse should not be informed of the MARAC Referral.** This completed form will be forwarded to an appropriate support service for the victim/survivor.

The MARAC is not an agency and does not have a case management function. **The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC.** When referring to the MARAC staff should **continue to work with the victim/survivor to reduce risk and make appropriate safeguarding referrals** and referrals to support services both prior to and following a MARAC.

**Who should be referred?**  - A victim/survivor should be referred to the MARAC if they are an adult (16+) who resides in the borough and are at **high risk** of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

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| **BOROUGH Victim / Survivor (V/S) resides in (TICK ONE ONLY):**  Standing Together coordinate the MARACs in Ealing, Haringey, Hammersmith & Fulham, Kensington & Chelsea and Westminster. Referrals made on this form should only be for victim/survivors living in one of these 5 areas. | | | | | | | | | |
| **Ealing:** |  | **Haringey:** |  | **LBHF:** |  | **RBKC:** |  | **WCC:** |  |
| [**Ealing.MARAC@standingtogether.cjsm.net**](mailto:Ealing.MARAC@standingtogether.cjsm.net) | | [**Haringey.MARAC@standingtogether.cjsm.net**](mailto:Haringey.MARAC@standingtogether.cjsm.net) | | [**LBHF.MARAC@standingtogether.cjsm.net**](mailto:LBHF.MARAC@standingtogether.cjsm.net) | | [**RBKC.MARAC@standingtogether.cjsm.net**](mailto:RBKC.MARAC@standingtogether.cjsm.net) | | [**Westminster.MARAC@standingtogether.cjsm.net**](mailto:Westminster.MARAC@standingtogether.cjsm.net) | |
| **If you don’t have a secure email address, please send your referral password protected to:** [**MARAC@standingtogether.org.uk**](mailto:MARAC@standingtogether.org.uk) | | | | | | | | | |

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| **REASON FOR REFERRAL (why you consider Victim/Survivor (V/S) is at high risk)** | | | | | | | **TICK ONE** |
| 1. **POTENTIAL ESCALATION**: There have been 4 domestic violence incidents (5 in Haringey) by the same perpetrator on the same victim/survivor in the last 12 months and they are increasing in severity or frequency; **OR** | | | | | | |  |
| 1. **VISIBLE HIGH RISK**: You have completed a SafeLives DASH Risk Indicator Checklist (RIC) with the victim/survivor and they scored 14 or more yes ticks (please also attach the RIC if you consent for it to be forwarded to a support service for DV); **OR** | | | | | | |  |
| If Visible High Risk please include RIC SCORE: | | | / 24 | | |  |
| 1. **PROFESSIONAL JUDGEMENT:** You as a professional consider the victim/survivor to be high risk (at risk of serious harm or death). Please take into consideration the victim/survivor’s own perception of risk; **OR** | | | | | | |  |
| 1. **REPEAT CASE:** If the victim/survivor has been referred to the MARAC in the last 12 months and there has been ANY instance of abuse from the same Perpetrator to the same victim/survivor, the case needs to be re-referred. A Repeat incident is any of the below whether or not they have been reported to Police. Please consider the context of a pattern of coercive and controlling behaviour:   A) Violence or threats of violence to the victim (including threats against property); OR  B) Stalking, harassment, or any unwanted direct or indirect contact, OR  C) Rape or sexual abuse, OR  D) Change in circumstance leading to escalation in risk (please detail below) | | | | | | |  |
| **Date of REPEAT incident:** |  | **Type of Incident (A, B, C, D):** | |  |  | |

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| **Referrer’s Name:** |  | **Agency:** |  |
| **Telephone:** |  | **Email:** |  |

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| **Victim/Survivor (V/S) of Domestic Violence details** | | | | | | | | | | | | |
| **Forename** (include aliases) |  | | | | **Surname** (include aliases) | | | |  | | | |
| **Date(s) of Birth** |  | | | | **Ethnicity & Nationality** | | | |  | | | |
| **Recourse to Public Funds** | **Yes:  No:** | | | | | | | | | | | |
| **Gender** | **Female:  Male:  Trans\*:  Non-binary:** | | | | | | | | | | | |
| **If male victim, has the Respect Toolkit been used to ascertain the primary aggressor?** | | | | | | | | | | | | **Yes:  No:** |
| **Sexual Orientation** | **Heterosexual:  Lesbian:  Gay:  Bisexual:  Don’t Know:** | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | |
| **Landlord** |  | | | | | | | | | | | |
| **GP Details** |  | | | | | | | | | | | |
| **Do they have a Disability** (Defined by the Disability Discrimination Act (DDA) *‘*‘*a disabled person is someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’)* | | | | | | | | | | | **Yes:  No:  Don’t know:** | |
| **Consent given for a support service for Domestic Violence to contact the V/S?** | | | | | | | | | | | **Yes:  No:** | |
| **Is V/S safe to contact?** | | | | | | | | | | | **Yes:  No:** | |
| **V/S Safe contact details** (Please include safe times to contact): | | | | | | **Phone number / Email address etc.** | | | | | | |
| **V/S aware of MARAC Referral?** Please note if the victim/survivor is safe to contact then they should always be made aware of the MARAC referral – the perpetrator of abuse must never be made aware of the MARAC referral. | | | | | | | | **Yes:  No:   If No, please state reason:** | | | | |
| **Consent given for MARAC Ref?** If No, **please ensure you have completed the appropriate sharing without consent form attached at the bottom** | | | | | | | | **Yes:  No:** | | | | |
| **Perpetrator(s) of abuse details** | | | | | | | | | | | | |
| **Forename** (include aliases) |  | | | | **Surname** (include aliases) | | | |  | | | |
| **Date(s) of Birth** |  | | | | | | | | | | | |
| **Gender:** | **Female:  Male:  Trans\*:  Non-binary:** | | | | | | | | | | | |
| **Perp(s) Relationship to V/S** |  | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | |
| **Landlord** |  | | | | | | | | | | | |
| **Children (under 18s only)** | | | | | | | | | | | | |
| **V/S Pregnant?** | | **Yes:  No:  Don’t Know:** | | | | | | | | | | |
| **Names of children in the household** (under 18) | | **Date of Birth** | | **Perp’s child (Y/N)** | | | **Address –** if diff. to V/S’s | | | **School**  If known | | |
|  | |  | |  | | |  | | |  | | |
| **Referral made / Merlin sent to Children’s Social Care?** | | | | | **Yes:  No:  (and date if applicable)** | | | | | | | |
| **BASIS OF REFERRAL & RELEVANT RISK FACTORS** | | | | | | | | | | | | |
| **Date and details of recent incident or DV disclosure:** | | |  | | | | | | | | | |
| **Brief background information and most serious incident:** | | |  | | | | | | | | | |
| **Most prominent risk factors:** | | |  | | | | | | | | | |
| **Actions already undertaken to address the risks and actions still required (please consider the victim/survivor’s wishes):** | | |  | | | | | | | | | |

**Information sharing without consent form**

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| **Victim name and DOB** |  | | |
| **Victim address** |  | | |
| **Perpetrator name and DOB** |  | | |
| **Perpetrator address (if different)** |  | | |
| **Children** | **DOB** | **Address** | **School (if known)** |
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| **Who are you concerned about?**  ***(e.g. Children, client, family, others)*** | **What are your concerns or worries? Include who they may be at risk from (may be self-harm)** | | **Are there any immediate concerns requiring immediate action?** |
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| **Has the client met the Threshold for a referral to Marac (High Risk) *Give details here*** | | Visible high risk (DASH RIC)  Professional Judgment  Escalation in severity &/or frequency of abuse  Repeat victimization | |

**Legal Authority to Share**

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| Lawful Basis for Sharing Information -consider your local Marac ISP (please see links & justify your choice):e.g: | [Vital Interest](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/vital-interests/)  [Legitimate Interest](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/legitimate-interests/) |

I am sharing information based on the legal authority of (tick one or more):

|  |  |
| --- | --- |
| **Legal grounds (If yes, please tick one or more grounds below)** | Y:  N: |
| **Child Protection Act 2004** |  |
| **The Care Act 2014** |  |
| **s.115 Crime & Disorder Act 1998** |  |
| **Pt 3. Schedule 8 Data Protection Act 2018** |  |
| **In accordance with a court order** |  |
| **Overriding public interest (common law)** |  |
| **Human Rights Act 2004** |  |

**Balancing Considerations (please tick)**

I have balanced the following considerations:

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| --- | --- |
| **Information is relevant?** |  |
| **Information is adequate & necessary to achieve the purpose** |  |
| **Information is proportionate** |  |
| **Sharing this information will NOT significantly increase risk to the client/family** |  |

**Client Notification**

|  |  |  |  |
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| **Client notified** | Y:  N: | **Date notified** |  |
| **If not, reasons for not informing client** |  | | |

**Review**

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| **Date for review of situation *(review to include feedback from the agencies informed as to their response)*** |  |
| **Name of person responsible for ensuring the situation is reviewed by this date** |  |

**Record the following information-sharing in Case File:**

|  |  |
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| **I have discussed this internally with:**  ***(line manager/senior practitioner)*** |  |
| **Signature of caseworker** |  |
| **Date (as signed by caseworker)** |  |