**MARAC REFERRAL FORM**

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 any children involved, 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 Abuse. Consent of the victim/survivor is preferred but not compulsory for a MARAC referral to be made. If the V/S does not consent to the referral, please complete the “Information Sharing Without Consent Form” on page 6.  **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 serious harm or homicide from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BOROUGH Victim / Survivor (V/S) resides in (TICK ONE ONLY):**  Standing Together coordinate the MARACs in Haringey, Hammersmith & Fulham, Kensington & Chelsea and Westminster. Referrals made on this form should only be for victim/survivors living in one of these 4 areas. | | | | | | | |
| **Haringey:** |  | **LBHF:** |  | **RBKC:** |  | **WCC:** |  |
| **Please send all referrals to** [**MARAC@standingtogether.org.uk**](mailto:MARAC@standingtogether.org.uk)  If you have any questions about how to complete the referral form or any other queries, please also email [MARAC@standingtogether.org.uk](mailto:MARAC@standingtogether.org.uk). You should receive a response within 2 working days. If you do not, please follow this up. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 at high risk of serious harm or death *(high risk indicators include: separation, pregnancy, escalation, community issues & isolation, stalking, sexual assault, strangulation, coercive control, tech abuse and multiple disadvantages)*. 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:   Date of Repeat Incident:  **Please tick one of the below:**  Violence or threats of violence to the victim/survivor (including threats against family, friends and property); OR  Stalking, harassment, or any unwanted direct or indirect contact, OR  Rape or sexual abuse, OR  Change in circumstance leading to escalation in risk, including Perpetrator being released from prison or moving back to UK | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Name:** |  | **Agency:** |  |
| **Telephone:** |  | **Email:** |  |
| **Date of MARAC Referral:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Victim/Survivor (V/S) of Domestic Abuse details** | | | | | | |
| **Forename** (include aliases) |  | | **Surname** (include aliases) | |  | |
| **Date(s) of Birth** | Click or tap to enter a date. | | **Ethnicity** | |  | |
| **Sexual Orientation** | Choose an item. | | **Language Spoken** | |  | |
| **Gender** | Choose an item. | |
| **Recourse to Public Funds** | | Choose an item. | |
| **Does the person identify as trans+ or a person with trans+ history?** | Choose an item. | | | | | |
| **Do they have a Disability?** (*See SafeLives* [*guidance*](https://safelives.org.uk/sites/default/files/resources/disability%20guidance.pdf)*: ‘Disability’ refers to a limiting long-term illness, health problem or disability which limits a person’s day-to-day activities)* | **Yes:  No:  Don’t know:**  **If disability is known, please state:**  Physical Impairment  Mental Health Condition  Long Standing Illness  Learning Disability  Sensory Impairment  Developmental Condition  Other/Comments: Click or tap here to enter text. | | | | | |
| **Address**  Please confirm postcode within borough using [www.gov.uk/find-local-council](http://www.gov.uk/find-local-council) |  | | | | | |
| **Landlord / Tenancy Type** |  | | | | | |
| **Name of GP Surgery** |  | | | | | |
| **Consent given for a support service for domestic abuse to contact the V/S?** | | | | | | **Yes:  No:** |
| **Is V/S safe to contact?**  If not, please list contact details of any professional who is engaging with the V/S.  E.g., Social Worker, Care Coordinator**,** IDVA | | | | | | **Yes:  No:**  Click or tap here to enter text. |
| **V/S contact details**  (Mobile number, email address, any linked in professionals) | |  | | | | |
| **Safe times to contact V/S** | |  | | | | |
| **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 Referral?**  If No, **please ensure you have completed the appropriate sharing without consent form attached at the bottom**. | | | | **Yes:  No:** | | |
| **If male victim, has the Respect Toolkit been used to ascertain the primary aggressor?** | | | | **Yes:  No:** | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Perpetrator 1 of abuse details** | | | | | | | |
| **Forename** (include aliases) |  | | **Surname** (include aliases) | | |  | |
| **Date(s) of Birth** | Click or tap to enter a date. | | | | | | |
| **Gender:** | Choose an item. | | | | | | |
| **Ethnicity:** |  | | **If Other, specify:** |  | | | |
| **Perp(s) Relationship to V/S** | Choose an item. | | **If Other, specify:** |  | | | |
| **Address** |  | | | | | | |
| **Landlord** |  | | | | | | |
| **Occupation** (Does a LADO referral need to be made? Do you have a LADO referral number if this has been completed?) |  | | | | | | |
| **Perpetrator 2 of abuse details** | | | | | | | |
| **Forename** (include aliases) | |  | **Forename** (include aliases) | | |  | |
| **Date(s) of Birth** | | Click or tap to enter a date. | | | | | |
| **Gender:** | | Choose an item. | | | | | |
| **Ethnicity** | |  | **If Other, specify:** | |  | | |
| **Perp(s) Relationship to V/S** | | Choose an item. | **If Other, specify:** | |  | | |
| **Address** | |  | | | | | |
| **Landlord** | |  | | | | | |
| **Occupation** (Does a LADO referral need to be made? Do you have a LADO referral number if this has been completed?) | |  | | | | | |
| **Other perpetrators of abuse details.** | | | | | | | |
| **Forename(s)** (include aliases) | |  | **Forename(s)** (include aliases) | | | |  |
| **Date(s) of Birth** | |  | | | | | |
| **Gender(s):** | |  | | | | | |
| **Ethnicity(es):** | |  | | | | | |
| **Perp(s) Relationship to V/S** | |  | | | | | |
| **Address(es)** | |  | | | | | |
| **Landlord(s)** | |  | | | | | |
| **Occupation(s)** (Does a LADO referral need to be made? Do you have a LADO referral number if this has been completed?) | |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Children (under 18s only)** | | | | | | | | |
| **V/S Pregnant?** | | **Yes:  EDD: No:  Don’t Know:** | | | | | | |
| **If V/S is pregnant, estimated date of delivery:** | |  | | | | | | |
| **Names & Aliases of children in the household** (under 18) | **Date of Birth** | **Gender** | | **V/S’ Child (Y/N)** | | **Perp’s child (Y/N)** | **Address** | **School**  (If known) |
|  |  |  | |  | |  |  |  |
|  |  |  | |  | |  |  |  |
|  |  |  | |  | |  |  |  |
|  |  |  | |  | |  |  |  |
|  |  |  | |  | |  |  |  |
| **Referral made / Merlin sent to Children’s Social Care?** | | | | | **Yes:  No:  (and date if applicable)** | | | |
| **Referral made / Merlin sent to Adult Social Care?** | | | | | **Yes:  No:  (and date if applicable)** | | | |
| **BASIS OF REFERRAL & RELEVANT RISK FACTORS** | | | | | | | | |
| **Date and details of recent incident or disclosure:** | | |  | | | | | |
| **Brief background information and most serious incident:** | | |  | | | | | |
| **Most prominent risk factors (*Please list in next column*):**  ***For example (not exhaustive):***   * ***Alcohol/substance misuse (please specify if for V/S or Perp)*** * ***Coercive control*** * ***Escalation of abuse*** * ***Financial abuse*** * ***Immigration status*** * ***Harmful practices (‘honour-based violence,’ forced marriage, female genital mutilation, etc)*** * ***Mental health (please specify if for V/S or Perp)*** * ***Physical abuse*** * ***Separation*** * ***Sexual abuse*** * ***Stalking/harassment*** * ***Strangulation*** * ***Threats to kill*** * ***Use of weapons*** * ***V/S has vulnerabilities*** | | |  | | | | | |
| **Actions already undertaken to address the risks *(Please include any declined measures as well)***  ***For example (not exhaustive):***   * ***Referral to local IDVA service*** * ***Referral to local substance use service*** * ***Referral to mental health services/counselling*** * ***Housing/Homelessness applications*** * ***Referral to Childrens/Adult Social Care*** * ***Referral for rape/sexual assault support*** * ***Clare’s Law Disclosure/DVDS consideration*** * ***Special schemes*** * ***Panic alarm*** * ***TechSAFE app*** * ***Referral to Suzy Lamplugh or Paladin*** * ***PAC for children or adult (police-specific action)*** * ***HBV toolkit (police-specific action)*** * ***PNC markers (police-specific action)*** | | |  | | | | | |
| **What do you request from MARAC?**  ***(Please consider the victim/survivor’s wishes & be specific)***  ***For Example:***   * ***Support for housing*** * ***Support for mental health, alcohol or substance misuse*** * ***Support with legal remedies (NMO etc.)*** | | |  | | | | | |

**Information Sharing Without Consent Form If V/S hasn’t consented, please complete the form below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Victim name and DOB** |  | | |
| **Victim address** |  | | |
| **Perpetrator name and DOB** |  | | |
| **Perpetrator address (if different)** |  | | |
| **Children** | **DOB** | **Address** | **School (if known)** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** |
|  |  | |  |
|  |  | |  |
| **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**

|  |  |
| --- | --- |
| Lawful Basis for Sharing Information -within **Data Protection Act 2018 framework** (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):

|  |  |
| --- | --- |
| **In addition to above, further legal grounds for sharing (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:

|  |  |
| --- | --- |
| **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** |  |

**Victim/Survivor Notification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Victim/Survivor notified** | Y:  N: | **Date notified** |  |
| **If not, reasons for not informing Victim/Survivor** |  | | |

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

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