# 

# MARAC REFERRAL FORM

Please **submit your referral to the correct borough** and ensure that you include [Official Sensitive] in the subject field so that the referral is sent securely.

|  |  |  |  |
| --- | --- | --- | --- |
| **Kinston MARAC** | [MARAC@kingston.gov.uk](mailto:MARAC@kingston.gov.uk) | **Richmond MARAC** | [RichmondMARAC@richmondandwandsworth.gov.uk](mailto:RichmondMARAC@richmondandwandsworth.gov.uk) |
| **Merton** **MARAC** | [merton.marac@merton.gov.uk](mailto:merton.marac@merton.gov.uk) | **Wandsworth MARAC** | [WandsworthMARAC@richmondandwandsworth.gov.uk](mailto:WandsworthMARAC@richmondandwandsworth.gov.uk) |

|  |
| --- |
| **MARAC (Multi-Agency-Risk-Assessment-Conference)** is a monthly risk management meeting where professionals from statutory and voluntary agencies such as Police, Children’s and Adult’s social services, Housing, Health, Independent Domestic Violence Advisors (IDVAs) and others, share information on high-risk cases of domestic violence and abuse and put in place a risk management 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. The **Alleged Perpetrator of abuse must 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**. 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. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECTION 1: OVERVIEW AND CONSENT – YOU MUST READ THE FOLLOWING INFORMATION BEFORE MAKING A REFERRAL **Informing the client about the referral to MARAC:** Under the General Data Protection Regulation framework (GDPR 2018) practitioners referring to the MARAC are required to inform the person they are referring how the person’s data will be used in a clear and understandable way.  **Where you do not feel it is safe to inform the victim/survivor, or where you are unable to inform them for another reason:** Practitioners do not have to inform the subject has already been informed OR if informing them requires “disproportionate effort” or “seriously impairs the achievement of the objectives of processing” this includes where informing them would heighten the risk of harm to them or others or would prevent them from engaging with support. Informing the client must include the below points:  1. **Purposes and legal basis for sharing information:** You are sharing this information to protect their vital interests and the interests of others. This includes protecting people from death or injury and to prevent unlawful acts. 2. **What will be shared:** Names and addresses of the victim/survivor, perpetrator, children and adults at risk. Proportionate information about the abuse experienced. The current risks to them and others. What they would like from the MARAC. 3. **Who will it be shared with:** Information within this referral will be shared, where relevant and necessary, with the MARAC Partnership, which includes Local Council, health providers including GPs, probation services, domestic violence specialist agencies, housing providers, police, drug and alcohol services, children’s services, and education services. Information is shared to a limited group of professionals for the purpose of increasing protection around the victim and any children and is only shared beyond this membership where it is believed to be in the client’s best interests to do so. Information for clients about the MARAC process is available at [Kingston](https://www.kingston.gov.uk/domestic-sexual-violence/resources-professionals-working-domestic-sexual-violence/2) [Richmond](https://www.richmond.gov.uk/services/community_safety/domestic_abuse/where_to_get_help_for_domestic_abuse) [Wandsworth](https://www.wandsworth.gov.uk/community-safety/domestic-abuse/advice-for-practitioners-on-domestic-abuse/)  [Merton](https://www.merton.gov.uk/communities-and-neighbourhoods/crime-prevention-and-community-safety/domestic-violence) 4. **The retention period for the MARAC data is 100 years – roughly equivalent to a human lifetime.** 5. **They have a right to access, rectify, erase and restrict their personal data and to object to processing.** If they want access to the case file that an individualagency holds on them, they should make the request to that individual agency. For information on how to do this: <https://ico.org.uk/your-data-matters/your-right-of-access/>. That they can complain to a supervisory authority (ICO) If they have concerns about an organisation's information rights practices, they can report it to the Information Commissioner’s Office; T: 0303 123 1113 W: <https://ico.org.uk/make-a-complaint/> | | | | | |
| **Does your client know about this referral?** |  | **Does the client consent to this referral?** |  | **Have you informed the client of points 1-5 above?** |  |

**Legal Basis for Sharing Information: In order for this referral to be processed the following must be completed**

Please select all that apply from **Section A** and **Section B**

In addition, if you are sharing information regarding criminal convictions or offences tick all that apply from **Section C**

If you are sharing information under an exemption select the appropriate option from **Section D**  Tick all that apply

|  |  |
| --- | --- |
| 1. **Our lawful basis for sharing information is:** | **Y/N** |
| The sharing is necessary because we are carrying out a specific task in the public interest |  |
| The sharing is necessary because we are exercising our own official authority |  |
| The sharing is necessary in order for us to comply with a legal obligation to which we are subject |  |
| The sharing is necessary to protect the vital interests of the individual(s) or another living person (this means to protect the life or physical integrity of an individual) |  |

Tick all that apply

|  |  |
| --- | --- |
| 1. **Our further lawful basis for sharing any special category[[1]](#footnote-1) personal information is:** | **Y/N** |
| The sharing is necessary for the purposes of carrying out our obligations and exercising specific rights in the field of employment and social security and social protection law |  |
| The sharing is necessary for health or social care purposes |  |
| The sharing is necessary for reasons of public interest in the area of public health, and is carried out under the responsibility of a health professional or another person who owes the individual a duty of confidentiality |  |
| The sharing is necessary for the exercise of a function conferred on us by an enactment |  |
| The sharing is necessary for the establishment, exercise or defence of legal claims |  |
| The sharing is necessary for reasons of substantial public interest, and we have an appropriate policy document in place (i.e. a policy document that is reviewed regularly and explains how we will comply with the data protection principles and our policies for retention and erasure of personal information), and one of the following conditions applies:  The sharing is necessary for the administration of justice; ☐  The sharing is necessary to prevent or detect unlawful acts, including an unlawful failure to act; ☐  The sharing is necessary to protect the public against dishonesty, malpractice or other serious improper conduct; ☐  The sharing is necessary to prevent fraud; ☐  The sharing is necessary for certain disclosures made under the Terrorism Act 2000 and the Proceeds of Crime Act 2002; ☐  The sharing is necessary for the provision of confidential counselling, advice or support services ☐ |  |

|  |  |
| --- | --- |
| 1. **Our basis for sharing any personal information concerning criminal convictions and/or offences is:** | **Y/N** |
| The sharing is necessary to protect the vital interests of an individual (this means to protect the life or physical integrity of an individual) |  |
| The sharing is necessary for (i) any legal proceedings; (ii) obtaining legal advice; or (iii) establishing, exercising or defending legal rights |  |
| The sharing is necessary for reasons of substantial public interest, and we have an appropriate policy document in place, and one of the conditions below applies:  The sharing is necessary for the exercise of a function conferred by an enactment; ☐  The sharing is necessary for the administration of justice; ☐  The sharing is necessary for preventing or detecting unlawful acts; ☐  The sharing is necessary for equal treatment monitoring; ☐  The sharing is necessary to prevent or detect unlawful acts, including an unlawful failure to act; ☐  The sharing is necessary to protect the public against dishonesty; or malpractice or other serious improper conduct; ☐  The sharing is necessary to prevent fraud; ☐  The sharing is necessary for certain disclosures made under the Terrorism Act 2000 and the Proceeds of Crime Act 2002; ☐  The sharing is necessary for the provision of confidential counselling, advice or support services ☐ |  |

|  |  |
| --- | --- |
| 1. **Alternatively, our sharing/request was carried out under an exemption:** | **Y/N** |
| The sharing was necessary for the purposes of preventing or detecting crime, the apprehension or prosecutors of offenders or the assessment of tax or duty |  |
| The sharing was required by an enactment, rule of law or court/tribunal order |  |
| The sharing was necessary for the purposes of actual or prospective legal proceedings, or obtaining of legal advice or establishing, exercising or defending legal rights |  |
| The sharing was necessary for discharging our functions protecting the public from maladministration and failures by a public body |  |
| The sharing was necessary because we are discharging specific regulatory functions relating to legal services, the health service and children’s services (but are not related to our own complaints handling functions) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2: VICTIM/SURVIVOR AND ALLEGED PERPETRATOR DETAILS**  Please list any additional victim/survivors and/or perpetrators. | | | |
| **Victim/Survivor (V/S)** | | | |
| Name (Forename SURNAME)  (and AKA) |  | Is the V/S BME? (including Traveller Community) |  |
| DOB (approx. age if no DOB) |  | Ethnic Origin  Arab ☐ Bangladeshi ☐ Black African ☐ Black Caribbean ☐ Chinese ☐ Indian ☐ Other Asian ☐ Other Black ☐ Other Mixed ☐ Other White ☐ Pakistani ☐  White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐  White - British ☐ White – Irish ☐ Traveller Community ☐ Tamil ☐  Other Ethnic Group (Please provide details) ☐ | |
| Address (please check victim/survivor’s borough of residence [here](https://www.gov.uk/find-local-council)) |  | Sexual Orientation |  |
| Telephone no.  Safe to leave a message? |  | Does the V/A have a disability? (including learning disabilities / ASD) See [Guidance](http://www.safelives.org.uk/sites/default/files/resources/disability%20guidance.pdf) |  |
|  | Does the V/A have any substance misuse issues? |  |
| Housing type / provider  (e.g. privately rented, Council etc..) |  | Does the V/S have any other vulnerabilities that may increase risk (e.g. other health issues) |  |
| Occupation (are they safe at work) |  | Does the V/S have Mental Health issues? (including suicidal ideation) |  |
| Does the victim/survivor have recourse to public funds (e.g. entitlement to claim benefits, tax credits, housing assistance if required) |  | Do you believe this V/S is an “Adult at Risk” according to the Care Act *(An* ***adult at risk*** *of abuse or neglect is* ***defined*** *as someone who has needs for* ***care and support****, who is experiencing, or at* ***risk*** *of, abuse or neglect and as a result of their care needs - is unable to protect themselves)*  If yes, what date did you make a referral to Adult Safeguarding? |  |
|  |
| Language - if they require interpreter |  | GP details |  |
| **Alleged Perpetrator** | | | |
| Name (Forename SURNAME) (and AKA) |  | | |
| DOB (approx. age if no DOB |  | | |
| Address |  | | |
| Relationship to victim |  | | |
| Mental Health condition |  | | |
| Disability see [Guidance](http://www.safelives.org.uk/sites/default/files/resources/disability%20guidance.pdf) |  | | |
| Substance Issues |  | | |
| Ethnic Origin | Arab ☐ Bangladeshi ☐ Black African ☐ Black Caribbean ☐ Chinese ☐ Indian ☐ Other Asian ☐ Other Black ☐  Other Mixed ☐ Other White ☐ Pakistani ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐  White - British ☐ White – Irish ☐ Traveller Community ☐ Tamil ☐ Other Ethnic Group (Please provide details) ☐ | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3: CHILDREN**  All children of both parties – including those living elsewhere. Include even where full details are not known (rough age/ location) | | | | | | | | |
| **Children** | | | | | | | | |
| **IS V/S PREGNANT** Yes  EDD: No  Don’t know | | | | | | | | |
|  | | **Child 1** | **Child 2** | | **Child 3** | | **Child 4** | **Child 5** |
| Name and Address | |  |  | |  | |  |  |
| DOB | |  |  | |  | |  |  |
| Relationship to V/S | |  |  | |  | |  |  |
| Relationship to Alleged Perpetrator | |  |  | |  | |  |  |
| School (if known) | |  |  | |  | |  |  |
| Social Worker (if known) | |  |  | |  | |  |  |
| GP/Health Visitor (if known) | |  |  | |  | |  |  |
| **Do you believe that there are risks facing the children in the family? Witnessing or hearing domestic violence can harm a child.** | | | | | | | | Yes  No |
| **If you have answered yes to the previous question, a referral must be made to Children’s Social Services. To make a referral, click relevant link below** | | | | | | | | State date of referral |
| [Kingston Children’s Safeguarding](https://www.kingston.gov.uk/info/200235/supporting_and_safeguarding_children/473/concerned_about_a_child/3) | [Wandsworth Children's Safeguarding](https://www.wandsworth.gov.uk/health-and-social-care/children-and-families/make_a_referral_to_the_multi_agency_safeguarding_hub/) | | | [Richmond Children's Safeguarding](https://www.richmond.gov.uk/services/children_and_family_care/single_point_of_access/single_point_of_access_for_professionals/make_a_referral_to_spa) | | [Merton Children's Safeguarding](https://www.mertonscp.org.uk/what-you-can-do/) | |

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 4: REASON FOR REFERRAL - TICK ONE BOX | | | |
| **POTENTIAL ESCALATION:** There have been five or more domestic abuse incidents or three or more domestic abuse incidents by the same perpetrator on the same victim/survivor in the last 12 months and they are increasing in severity or frequency; or |  | **ADULT CHILD TO PARENT VIOLENCE:** Instances of domestic abuse where there are caring responsibilities either way or where there are additional needs/vulnerabilities |  |
| **PROFESSIONAL JUDGEMENT:** If the DASH RIC score is low give your rationale for considering the case high risk in **SECTION 5** |  | **SUSPECTED HONOUR BASED VIOLENCE or FORCED MARRIAGE:** Automatic referral. Please state below all perpetrators who may pose a risk to the victim/survivor. |  |
| **VISIBLE HIGH RISK:** You have completed a DASH Risk indicator checklist (RIC) with the Victim/Survivor, and they scored 14 or more yes ticks (the RIC is at the end of this form).  Please ensure that a copy of the RIC is provided with this referral wherever possible. |  | **REPEAT INCIDENT WITHIN 12 MONTHS OF LAST MARAC:** where the victim/survivor has been referred to the MARAC in the last 12 months and there has been at least one further incident of abuse by the same perpetrator on the same victim. The individual act of abuse does not need to be ‘criminal’, violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour. Some events that might be considered a ‘repeat’ incident may include, but are not limited to:   * Unwanted direct or indirect contact from the perpetrator and/or their friends or family * A breach of police or court bail conditions * A breach of any civil court order between the victim and perpetrator * Any dispute between the victim and perpetrator(s), including over child contact, property, divorce/separation proceedings etc. |  |
| Date of repeat incident |  |

|  |  |
| --- | --- |
| SECTION 5: INCIDENTS, RISKS AND OUTCOMESInclude only information that is relevant and proportionate in demonstrating the current risk to the victim | |
| **Most recent incident** include date if known |  |
| **Most serious incident** include date if known |  |
| **Frequency of incidents** (occasional / monthly / weekly / daily). Increasing in frequency? |  |
| **Key risks** from DASH RIC |  |
| **What the victim/survivor wants from the MARAC partnership to address risks and increase safety** |  |
| **What risk management is in place between now and the MARAC** |  |
| **Any other relevant information** Brief other information that informs understanding of risk. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 6: REFERRER DETAILS | | | |
| Name |  | Date of Referral |  |
| Position |  | Telephone Number |  |
| Team |  | Email Address |  |
| Referring Agency |  | Who referred this client to you |  |

# SECTION 7: SAFELIVES RISK IDENTIFICATION CHECKLIST (RIC)

If you are not familiar with the RIC, you must read the RIC with guidance [here](http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf)

**Points to note:**

Your professional judgement is key – 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 a prompt to further questioning, analysis and risk management. If you identify risk but are not sure of how best to proceed, contact the DV Hub on 020 8547 6046.

This form is not a full risk assessment for children. The presence of children increases the wider risks of DA and stepchildren are particularly at risk. If risk towards children is highlighted, you should consider what referral you need to make to obtain a full assessment of the children’s situation.

**Before you begin**

* Establish how much time the victim has to talk to you. Is it safe to talk now? What are safe contact details?
* Establish the whereabouts of the perpetrator and children
* Explain that the purpose of asking these questions is for the safety and protection of the individual concerned

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Unsure** | **Additional Info** |
| 1. Has the current incident resulted in injury? State what and whether this is the first injury. |  |  |  |  |
| 1. Are you very frightened? |  |  |  |  |
| 1. What are you afraid of? Is it further injury or violence? Please give indication of what you think (name of abusers(s)…) might do and to whom, including children.: |  |  |  |  |
| 1. Do you feel isolated from family/friends i.e. does (…) try to stop you from seeing friends/family/doctor or others? |  |  |  |  |
| 1. Are you feeling depressed or having suicidal thoughts? |  |  |  |  |
| 1. Have you separated or tried to separate from (…) within the past year? |  |  |  |  |
| 1. Is there conflict over child contact? |  |  |  |  |
| 1. 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. |  |  |  |  |
| 1. Are you pregnant or have you recently had a baby (within the last 18 months)? |  |  |  |  |
| 1. Is the abuse happening more often? |  |  |  |  |
| 1. Is the abuse getting worse? |  |  |  |  |
| 1. 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 specify behaviour. |  |  |  |  |
| 1. Has (…) ever used weapons or object to hurt you? |  |  |  |  |
| 1. Has (…) ever threatened to kill you or someone else and you believed them? If yes, tick who   You ☐ Children ☐ Other ☐ (specify who) |  |  |  |  |
| 1. Has (…) ever attempted to strange/ choke / suffocate / drown you? |  |  |  |  |
| 1. Does (…) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who |  |  |  |  |
| 1. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if ‘honour’ based violence |  |  |  |  |
| 1. Do you know if (…) has hurt anyone else? Please specify whom including the children, siblings or elderly relatives. Consider potential ‘honour’ based violence   Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐ |  |  |  |  |
| 1. Has (…) ever mistreated an animal or the family pet? |  |  |  |  |
| 1. Are there any financial issues? For example, are you dependent on (…) for money/ have they recently lost their job / other financial issues? |  |  |  |  |
| 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? If yes, please specify which and give relevant details if known   Drugs ☐ Alcohol ☐ Mental Health ☐ |  |  |  |  |
| 1. Has (…) ever threatened or attempted suicide? |  |  |  |  |
| 1. Has (…) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant   Bail conditions ☐ Non-Molestation/ Occupation Order ☐ Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ |  |  |  |  |
| 1. Do you know if (…) has ever been in trouble with the police or has a criminal history? If yes, please specify   DV ☐ Sexual violence ☐ Other violence ☐ Other ☐ |  |  |  |  |
| **Total ‘yes’ responses** |  | | | |

|  |  |
| --- | --- |
| Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim’s situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, ‘honour’- based systems, geographic isolation, and minimisation. Are they willing to engage with your service? Describe. Consider abuser’s occupation / interests. Could this give them unique access to weapons? Describe. What are the victim’s greatest priorities to address their safety? |  |

1. Special Category Personal Data would include information such as; race; ethnic origin; politics; religion; trade union membership; genetics; biometrics (where used for ID purposes); health; sex life; or sexual orientation [↑](#footnote-ref-1)