**Brent DA MARAC Referral Form**

**Please return this form to: brent.marac@advance.cjsm.net or password protected to: brent.marac@advancecharity.org.uk**

**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 live in Brent, 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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| **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 by the same perpetrator on the same victim/survivor in the last 12 months and they are increasing in severity or frequency; | | | |  |
| 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); | | | |  |
| 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; | | | |  |
| 1. **REPEAT CASE:** If the victim/survivor has been referred to the MARAC in the last 12 months and there has been at least one further DV incident by the same perpetrator on the same victim/survivor since the referral. A Repeat incident is any of the below incidents (whether they have been reported to Police):   A) Violence or threats of violence to the victim (including threats against property); OR  B) A pattern of stalking or harassment; OR  C) Rape or sexual abuse | | | |  |
| **Date of REPEAT incident:** | **Click or tap to enter a date.** | | |
| **Type of Incident (A, B or C):** | **Choose an item.** | | |

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| **Referrer’s Name:** |  | **Agency:** |  |
| **Telephone:** |  | **Email:** |  |
| **TODAYS DATE:** | Click or tap to enter a date. |

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| **Victim/Survivor (V/S) of Domestic Violence details** | | | | | | | | | | | | | | | | | | | | | |
| **Forename** (include aliases) | |  | | | | | **Surname** (include aliases) | | | | | | | |  | | | | | | |
| **Date(s) of Birth** | |  | | | | | **Ethnicity:** | | | | | | | |  | | | | | | |
| **Gender**  *(if other please define)* | | Choose an item. | | | | | **Sexual Orientation**  *(if other please define)* | | | | | | | | Choose an item. | | | | | | |
| **If male victim, has the Respect Toolkit been used to ascertain the primary aggressor?** | | | | | | | | | | | | | | | | | Choose an item. | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | |
| **GP Details** | |  | | | | | | | | | | | | | | | | | | | |
| **Is the V/S Safe to contact?** | | Choose an item. | | | | | | **Please include safe times to contact:** | | | | | | | | **Interpreter Required:** | | | | | |
| **V/S Safe contact details** *Phone number / Email address etc.* | |  | | | | | |
| **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.’)* | | | | | | | | | | | | | | | | Choose an Item | | | | | |
| **Please give details including:**   * *Type of disability (diagnosed or undiagnosed)* * *Whether an Adult Safeguarding referral has been completed (If not please explain why)* * *If any other agencies are providing support (including named contact)* | | | | |  | | | | | | | | | | | | | | | | |
| **Consent given for a support service for Domestic Violence to contact the V/S?** | | | | | | | | | | | | | | | | Choose an item. | | | | | |
| **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** | |
| **Perpetrator(s) of abuse details** | | | | | | | | | | | | | | | | | | | | | |
| **Forename** (include aliases) | |  | | | | | **Surname** (include aliases) | | | | | | | |  | | | | | | |
| **Date(s) of Birth** | |  | | | | | **Gender:** | | | | | | | | Choose an item. | | | | | | |
| **Perp(s) Relationship to V/S** | |  | | | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | |
| **Children (under 18s only)** | | | | | | | | | | | | | | | | | | | | | |
| **V/S Pregnant?** | **Choose an item.** | | | | | | | | **EDD:** | | | |  | | | | | | | | |
| **Names of children in the household** (under 18) | **DOB** | | **Relationship**  **to**  **Victim** | **Relationship to Perpetrator** | | | | | | **Address** | | | | **School** | | | | | | | **CP/CIN/LAC/EH plan.** |
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| **Referral made / Merlin sent to Children’s Social Care?** | | | | | | | **Yes** | | | **No** | | **Date Referral Made:** | | | | | | | | | |
| **Please provide contact details of Social Worker/ Support worker involved.** | | | | | | |  | | | | | | | | | | | | | | |
| **BASIS OF REFERRAL & RELEVANT RISK FACTORS** | | | | | | | | | | | | | | | | | | | | | |
| **Date of most recent incident** | | | | | |  | | | | | | | | | | | | | | | |
| **Date of DV disclosure** | | | | | |  | | | | | | | | | | | | | | | |
| **Details of the recent and most serious incidents (if known) and brief background information**  *I.e.  First incident Worst incident*  *Last incident*. | | | | | | | | | | | | | | | | | | | | | |
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| **Most prominent risk factors** | | | | | | **Stalking Sexual Abuse**  **Escalation  Threats to Kill**  **Physical Abuse  Coercive Control**  **Use of Weapons  Separation Abuse**  **Financial Abuse  Vulnerable Victim**  **Harmful Practices (honour based violence, forced marriage, female genital mutilation) Strangulation** | | | | | | | | | | | | | | | |
| **Please provide information of any additional risks contributing to the victims increased vulnerability.** | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **Actions already undertaken to address the risks** | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **What do you request from MARAC? \***  **(please consider the victim/survivor’s wishes)** | | | | | | **Information sharing** | | | | | | | | | | | |  | | | |
| **Housing move** | | | | | | | | | | | |  | | | |
| **Clare’s Law** | | | | | | | | | | | |  | | | |
| **Special schemes (Police TACAU, TecSOS phone, panic alarm)** | | | | | | | | | | | |  | | | |
| **Legal remedies (e.g. Non molestation order):** | | | | | | | | | | | |  | | | |
| **Supporting letter:** | | | | | | | | | | | |  | | | |
| **Other** *(please specify):* | | | | | | | | | | | |  | | | |

**Please Attach or complete SafeLives Dash risk checklist**

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| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.**  **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.**  **It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (eg police officer) | |
| 1. **Has the current incident resulted in injury?**   Please state what and whether this is the first injury. |  |  |  |  | |
| 1. **Are you very frightened?**   Comment: |  |  |  |  | |
| 1. **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, including children.  Comment: |  |  |  |  | |
| 1. **Do you feel isolated from family/friends?**   Ie, does [name of abuser(s)] try to stop you from seeing  friends/family/doctor or others?  Comment: |  |  |  |  | |
| 1. **Are you feeling depressed or having suicidal thoughts?**   . |  |  |  |  | |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?** |  |  |  |  | |
| 1. **Is there conflict over child contact?** |  |  |  |  | |
| 1. **Does [name of abuser(s)] 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 [name of abuser(s)] try to control everything you do and/or are they excessively jealous?**   For example: in terms of relationships; who you see; being ‘policed’ at home; telling you what to wear. Consider ‘honour’-based violence (HBV) and specify behaviour. |  |  |  |  | |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?** |  |  |  |  |
| 1. **Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?**   If yes, tick who:  You  Children  Other (please specify) |  |  |  |  |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** |  |  |  |  |
| 1. **Does [name of abuser(s)] 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 HBV. |  |  |  |  |
| 1. **Do you know if [name of abuser(s)] has hurt anyone else?**   Consider HBV. Please specify whom, including the children, siblings or elderly relatives:  Children  Another family member  Someone from a previous relationship  Other (please specify) |  |  |  |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** |  |  |  |  |
| 1. **Are there any financial issues?**   For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues? |  |  |  |  |
| 1. **Has [name of abuser(s)] 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 [name of abuser(s)] ever threatened or attempted suicide?** |  |  |  |  |
| 1. **Has [name of abuser(s)] 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 [name of abuser(s)] has ever been in trouble with the police or has a criminal history?**   If yes, please specify:  Domestic abuse  Sexual violence  Other violence  Other |  |  |  |  |
| **Total ‘yes’ responses** |  | | | |

**Information sharing without consent form**

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| --- | --- | --- | --- |
| **Victim name and DOB** |  | | |
| **Victim address** |  | | |
| **Children** | **DOB** | **Address** | **School (if known)** |
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| **Who is at Risk?**  ***(e.g. Children, client, family, others)*** | **Who are they at risk from? *(e.g. partner, ex-partner, family, self)*** | **What are the concerns around this risk?** | | **What are the immediate risks to this victim?** | **Risk Identified through Risk Assessment** |
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| **Risk Identification Checklist (*if it has been possible to complete a SafeLives DASH RIC, attach it here)*** | | | / number of ticks out of 24 | | |
| **Details of incident / information causing concern *(include source of information)*** | | |  | | |

**Legal Authority to Share**

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| **Protocol relevant** | *Y / N* | If yes, *please detail* |  |

Or

|  |  |
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| **Legal grounds (If yes, please tick one or more grounds below)** | *Y / N* |
| **Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29)** |  |
| **To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)** |  |
| **For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)** |  |
| **For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)** |  |
| **In accordance with a court order** |  |
| **Overriding public interest (common law)** |  |
| **Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)** |  |
| **Right to life (Human Rights Act, art. 2 & 3)** |  |
| **Right to be free from torture, of inhuman or degrading treatment (Human Rights Act, Art. 2 & 3)** |  |

**Balancing Considerations (please tick)**

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| **Pressing need** |  | **Risk of not disclosing** |  |
| **Respective risks to those affected** |  | **Interest of other agency / person in receiving it** |  |
| **Public interest of disclosure** |  | **Human rights** |  |
| **Duty of confidentiality** |  | **Other** |  |
| **Comments** | |  | |
| **Internal consultations**  ***(Names / Dates / Advice / Decisions)*** | |  | |
| **External consultations**  ***(Home Office, Information Sharing Helpline)*** | |  | |

**Client Notification**

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| **Client notified** | *Y / N* | **Date notified** |  |
| **If not, why not?** |  | | |

**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:**

|  |  |
| --- | --- |
| **Date information shared** |  |
| **Agency & named person informed** |  |
| **Method of contact** |  |
| **Legal authority for each agency** |  |
| **Signature of caseworker** |  |
| **Date (as signed by caseworker)** |  |
| **Signature of manager** |  |
| **Date (as signed by manager)** |  |