

BARNET MARAC (MULTI AGENCY RISK ASSESSMENT CONFERENCE) DASH REFERRAL FORM

Recommended Referral Criteria for the MARAC. This is in reference to the Risk Indication Checklist (RIC) on page 6

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 and 4 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC.
4. **The Barnet referral threshold is 14 ticks.**

Note: This risk assessment is not to replace risk assessment for children but to provide valuable information where the presence of children increases the wider risks of domestic violence. If risk towards children is highlighted, a full assessment of the children's situation should be considered and the appropriate referral made for child protection.

Before you start the MARAC referral form, please ensure you tick the agency that made the referral to you. If you are the agency please tick N/A

Please tick

N/A ☐

Adult Education ☐

Adult Social Care ☐

Adult Mental Health

CAMHS ☐

Children's Services ☐

Community Health Services please specify _____

Community Rehabilitation Company

GP please specify _____

Hospital please specify _____

Others please specify _____

Housing please specify _____

IDVA Service please specify _____

IDVA/One Stop Shop ☐

MASH ☐

National Probation Service ☐

Police ☐

Refuge please specify _____

School ☐

WDP ☐

Youth Service please specify _____

Please tick the agency/IDVA supporting the victim

DVAAS (DV Advocacy and Support Services) Barnet ☐

None ☐ Others please specify _____

Your form should be sent via secure email to: barnet.marac@hestia.org.cjsm.net

If you have any problems sending the email please contact the MARAC Co-ordinator. Tel: 07469851436

The personal information in this document is confidential and only to be used for the prevention, reduction and development of appropriate responses to incidents of domestic violence. By accepting this document, you agree to handling the information in accordance with the **Data Protection Act 1998** at all times. It must be handled, stored, transmitted and disposed of safely and securely. Care must be taken to avoid any breach, intentional or otherwise, or disclosure to a third party.

Referrer's Details

Name:	Job Title:
Tel no.:	Agency:
Mobile no.:	e-mail address:
Date of referral:	Team managers name: Team managers tel no.:

Has the victim given consent? Yes No (please complete information sharing non-consent form and return it together with your referral)

If NO please complete the information sharing without consent form attached.

If the victim is a repeat please give date of last MARAC (if known) _____

Client's Details

If your client needs Adult Safeguarding support please refer to Barnet Social Care Direct

Full name:	D.O.B:
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age:
Sexual orientation :	
Address:	Temporary address, if not staying at home:
Tel no.:	Religion:
Mobile no.:	Ethnicity:
Safe time(s) and best number to contact:	English speaker?
Does abuser live here?	Language support required?
If yes to above is it; please tick relevant box part time <input type="checkbox"/> full time <input type="checkbox"/>	Preferred language?
-Does the victim recognise the impact DV has on her/him and the children. Y <input type="checkbox"/> N <input type="checkbox"/> -Does she/he understand that minimising DV may put her/him and the children at further risk of harm. Y <input type="checkbox"/> N <input type="checkbox"/>	Immigration recourse to public funds?

Client's Housing Details

Type of housing: please tick relevant box						
Privately rented	Council	Housing Association	Family/Friends	Owner	Homeless	Other
Tenancy/Deed: please tick relevant box						
Client	Abuser	Joint	Other	Unknown		

Client's Health Details

Physical health issues? Yes: No: U/K: If yes, please give details	Mental health issues? Yes: No: U/K: If yes, please give details	Alcohol issues? Yes: No: U/K: If yes, please give details	Drug(s) issues? Yes: No: U/K: If yes, please give details
Does the client consider her/himself to be disabled or have any special needs? Yes: No:	If yes, please note any access / support needs/ additional needs: Does this client need a Safeguarding Adults referral. Yes: No:		

Children's Details

For any children safeguarding please refer into the MASH via www.barnet.gov.uk/wwcib/mash

Has a MASH referral been made?

Full Name	Date of Birth	Nursery/School / College	Living with client?

Have the children any access or special needs? No: Yes, please specify:

Any contact and/or residence arrangements?

Is the family currently allocated to a Children and Families social worker? If yes, who?

Has there been any Children Social Care involvement in the past? e.g. child in need or Sect 47 (child protection)
If yes, please give details/dates:

Is a Common Assessment Framework (CAF) in place for the child/children? If yes, please give details/dates:

Family G.P: Practice name: Address:	Tel no:
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Perpetrator's details

Full name: D.O.B. Gender: M <input type="checkbox"/> F <input type="checkbox"/> Current address: Landline 'phone no. Mobile 'phone no. Aliases? Please list, if known:	Ethnicity: Religion: English speaker? Language support needed? Please specify language? Immigration status: Relationship to victim? E.g. Current partner/spouse/ ex/on-off relationship Length of relationship: Months: Years:
Physical health issues? If yes, please give details:	Mental health issues? <input type="checkbox"/> Learning Disability? <input type="checkbox"/> Physical Disability? <input type="checkbox"/> No Disability <input type="checkbox"/> Not Known <input type="checkbox"/> If yes, please give details:
Alcohol issues? If yes, please give details	Drug(s) issues? If yes, please give details

Please complete details below if more than one perpetrator

Full name: D.O.B. Gender: M <input type="checkbox"/> F <input type="checkbox"/> Current address: Landline 'phone no. Mobile 'phone no. Aliases? Please list, if known:	Ethnicity: Religion: English speaker? Language support needed? Please specify language? Immigration status:
Relationship to victim? E.g. Brother, father-in-law etc	Mental health issues? <input type="checkbox"/> Learning Disability? <input type="checkbox"/> Physical Disability? <input type="checkbox"/> No Disability <input type="checkbox"/> Not Known <input type="checkbox"/> If yes, please give details:
Alcohol issues? If yes, please give details	Drug(s) issues? If yes, please give details

Full name: D.O.B. Gender: Gender: M <input type="checkbox"/> F <input type="checkbox"/> Current address: Landline 'phone no. Mobile 'phone no. Aliases? Please list, if known:	Ethnicity: Religion: English speaker? Language support needed? Please specify language? Immigration status:
Relationship to victim E.g. Brother, father-in-law etc 	Mental health issues? <input type="checkbox"/> Learning Disability? <input type="checkbox"/> Physical Disability? <input type="checkbox"/> No Disability <input type="checkbox"/> Not Known <input type="checkbox"/> If yes, please give details:
Alcohol issues? If yes, please give details	Drug(s) issues? If yes, please give details

Full name: D.O.B. Gender: M <input type="checkbox"/> F <input type="checkbox"/> Current address: Landline 'phone no. Mobile 'phone no. Aliases? Please list, if known:	Ethnicity: Religion: English speaker? Language support needed? Please specify language? Immigration status:
Relationship to victim E.g. Brother, father-in-law etc 	Mental health issues? <input type="checkbox"/> Learning Disability? <input type="checkbox"/> Physical Disability? <input type="checkbox"/> No Disability <input type="checkbox"/> Not Known <input type="checkbox"/> If yes, please give details:
Alcohol issues? If yes, please give details	Drug(s) issues? If yes, please give details

Other Agency Involvement

Housing

Organisation's name:

Housing Officer:

Tel :

Email:

Involvement/action being taken:

Children Social Services

Social worker (s)

Tel :

Email:

Involvement/action being taken:

Adult Social Services

Social worker (s)

Tel :

Email:

Involvement/action being taken:

Solicitor

Firm:

Contact name:

Tel :

Email:

LSC funded?

Legal proceedings in process:

Current protection orders with expiry dates:

Probation

Probation Officer / Women's Safety Worker

Tel :

Email:

Involvement/action being taken:

Voluntary Organisations

Organisation name

Contact name:

Tel :

Email:

Involvement/action being taken:

Others

Organisation name

Contact name:

Tel :

Email:

Involvement/action being taken:

Risk Indicator Checklist for use by IDVAs and other non-police agencies¹ for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present <input checked="" type="checkbox"/>. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not</u> the case please indicate in the right hand column</p>	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. 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.)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. 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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. 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 <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> Weapons <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses Completion date of risk assessment				

<p>For consideration by professional:</p> <p>-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 and minimisation. ,</p> <p>-Is the perpetrator the victim's carer. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes. Describe:</p> <p>Are they willing to engage with your service? Describe:</p>
<p>Consider abuser's occupation/interests-could this give them unique access to weapons? Describe:</p>
<p>What are the victim's greatest priorities to address their safety?</p>
<p>Do you believe that there are reasonable grounds for referring this case to MARAC? Yes/No</p> <p>Please state the reasons for making the referral such as professional judgement, potential escalation of abuse and/or visible high risk and a brief explanation.</p> <p>Have you made a referral? Yes/No</p> <p>Signed:</p> <p>Date:</p>
<p>Do you believe that there are risks facing the children in the family? Yes/No</p> <p>If yes, please confirm if you have made a referral to safeguard the children: Yes/No</p> <p>Date referral made.....</p>
<p>Signed:</p> <p>Name:</p> <p>Date:</p>

Referrer's Notes

For professional judgement please state the reason why you believe the victim is at high risk of harm:

ABUSE GRID

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
Physical				
Sexual				
Stalking and Harassment				
Jealous and controlling behaviour/ Emotional Abuse				

* This checklist complies with Safelives (former CAADA) guidelines