**Confidential and restricted when complete**

**London Borough of Newham**

**Multi Agency Risk Assessment Conference Referral Form**

MARAC is a meeting where information is shared on the highest risk domestic violence cases between representatives of local police, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim/survivor, the representatives discuss options for increasing the safety of the victim/survivor and turn these into a co-ordinated action plan. The main focus of the MARAC is on managing the risk to the adult victim/survivor but in doing this it will also consider other family members including any children involved and managing the behaviour of the perpetrator. Information shared at MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk. Information shared at MARAC should not be disseminated or disclosed to third parties without consent of the referring agency. This document should be stored securely by all recipients. It is the responsibility of each agency’s MARAC lead to quality assure the referrals prior to submission.

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 violence 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.

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

**Notes for guidance on completing this form**

* Please complete all parts of the form as fully as possible to ensure informed risk management and safety planning.
* One form must be used per victim.
* A completed DASH RIC (domestic abuse, stalking and honour based violence risk indicator checklist) must be attached to all referrals.

**When and Where to send this form:**

* To be submitted no later than midday 8 working days prior to the date of the MARAC. The meetings are fortnightly.
* Send completed referral form & DASH RIC by secure email or other secure method to Sharon.black@met.pnn.police.uk or KFMailbox-,marac@met.pnn.police.uk
* If you are experiencing problems sending the form by email please telephone 0208 217 5307 or 0208 217 5889

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| 1. **Reason for MARAC Referral** (Please tick) | | | |
| **Professional Judgement**  Professional feels the risk to the victim/children is high regardless of RIC score | **High Risk**  14 or more ticks on the DASH RIC (Please specify score). | | **Potential Escalation**  (3 DV crimes or 6 DV non crimes reported to police).  Please provide details of incidents and outline the pattern of escalation. |
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| **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 or not they have been reported to Police)  1) Violence or threats of violence to the victim (including threats against property); OR  2) A pattern of stalking or harassment; OR  3) Rape or sexual violence | | | |
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| **Is the victim aware of MARAC referral?** (yes/no). | | **Does the victim consent to MARAC referral?** (yes/no)  Consent is not required for referral to MARAC. If not consent not given, ensure you complete section 8 of this form. | |
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| **Has the victim been referred to the IDVA service?** (yes/no/not known) |  | **Date Referred:** | |
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| **Name of referring agency:** | **Name of professional referring:** | | |
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| **Email:** | **Telephone number/s:** | | |
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| **Date of MARAC referral:** |  | | |

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| 1. **Victim Details** | | | | | | | | |
| **Name:** | | | | | **Date of birth:** | | **Gender** | |
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| **Current address:** | | | | | **Any other relevant addresses:** (e.g. other home, work) | | | |
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| **Telephone number/s:** | | | | | **Is this number safe to call?** (yes/no/not known) | | | |
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| **Email address:** | | | | | **Is this address safe to email?** (yes/no/not known) | | | |
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| **Relationship to perpetrator:** | |  | | | | | | |
| **BME** (yes/no/not known): | **LGBT**(yes/no/not known): | | **Disabled**(yes/no/not known): | | | **Mental health** (yes/no/not known): | | |
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| **If victim is disabled, please specify access/communication requirements:**  (Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on ability to do normal daily activities). | | | | **Substance misuse issues:** (yes/no/not known) | | | | |
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| **No Recourse to Public Funds:** (yes/no/not known) | **Forced marriage and/or honour based violence:** (yes/no/not known) | | | **Female genital mutilation:** (yes/no/not known) | | | | **Gang related issues:** (yes/no/not known) |
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| **Housing provider and tenure (**e.g. council, housing association, private rent, home owner). | | | | **Does the victim have any civil orders in place?** (e.g. injunctions, prohibitive steps order etc.): | | | | |
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| 1. **Children**   A child is defined as anyone age 18 or under | | | | | | |
| **Full name**  **(include gender:**  **M or F)** | **DOB** | **Relationship to Victim** | **Relationship to Perpetrator** | **Address e.g. same as victim?** | **School & year group** | **GP details** |
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| **Are the child/ren known to LBN Children & Young Peoples Services or another London Borough’s CYPS?** ( yes/no/not known)  (LBN Triage: 0208 4302000) | **Has any consultation taken place with CYPS ?** (yes/no/not known and provide details if yes) |
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| **Are the children subject to a child protection plan or order?** (yes/no/not known and provide details if yes). | |
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| 1. **Primary Perpetrator Details** | | | | | | |
| **Name of Perpetrator:** | | | | **Date of birth** | | **Gender** |
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| **Current address:** | | | | | **Any other relevant addresses** (e.g. other home, work etc.) | |
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| **Relationship to victim:** |  | | | | | |
| **BME** (yes/no/not known): | **LGBT** (yes/no/not known): | | **Mental Health** (yes/no/not known): | | | **Disabled** (yes/no/not known): |
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| **Substance misuse concerns:** ( yes/no/not known) | | | **Is the perpetrator currently in custody/on remand/on bail/subject to probation supervision?** *(*please specify | | | **Housing provider and tenure: (**e.g. council, housing association, private rent, home owner). |
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| **Details of secondary perpetrator/s:** | |  | | | | |

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| 1. **Children who are linked to the Perpetrator**   (Where details are not provided above e.g. other children with a different or previous partner).  A child is defined as anyone age 18 or under | | | | | | |
| **Full name**  **(include gender:**  **M or F)** | **DOB** | **Relationship to Victim** | **Relationship to Perpetrator** | **Address** | **School & year group** | **GP details** |
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| 1. **Managing the risk prior to MARAC meeting** | | | |
| **Agency Referral** | **Tick if actioned (*✓*)** | **Date referral made** | **Agency contact/reference number** |
| Independent Domestic Violence Advocacy Service (IDVA’s) |  |  |  |
| LBN or other borough Housing Options |  |  |  |
| Metropolitan Police Service Newham |  |  |  |
| Special schemes request (via IDVA’s or Police CSU) |  |  |  |
| The haven (sexual assault referral centre) |  |  |  |
| Risk information relayed to Police CSU (e.g. weapons, firearms/gangs etc.) |  |  |  |
| LBN Children and Young People’s Safeguarding Services |  |  |  |
| LBN Adult Safeguarding Services |  |  |  |
| Specialist organisation e.g. BME/LGBT/Disability (Aanchal, Galop, Stay Safe East who have specialist IDVA for clients with disabilities) |  |  |  |
| Substance Misuse (CRI: 0800 6523879) |  |  |  |
| Health Visitor /GP (please specify) |  |  |  |
| Solicitor / legal centre re Civil orders or NRPF etc. |  |  |  |
| Any other service (please specify) |  |  |  |

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| 1. **Outcomes from MARAC referral** | |
| **What outcome do you want to achieve through MARAC?**  (Please highlight what action is required from MARAC member agencies**:** e.g. risk reduction, safety planning, support with reporting to police, support through court, support with civil orders, emergency housing options etc.) | **What outcome does the victim want to achieve through MARAC?**  (Please highlight what action is required from MARAC member agencies: e.g. risk reduction, safety planning, support with reporting to police, support through court, support with civil orders, emergency housing options etc.) |
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| 1. **Information Sharing without consent**   (Victim consent is preferred but MARAC referrals can be made without the consent of the victim. If the victim has not consented to the referral, this section must be completed for the referral to be accepted) | | | | |
| **Legal Grounds for referral to MARAC without victim consent:**  (please specify yes or no) | | | | |
| **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)** | | |
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| **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)** | | |
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| **In accordance with a court order** | | **Overriding public interest (common law)** | | |
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| **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 be free from torture, of inhuman or degrading treatment (Human Rights Act, Art. 2 & 3)** | | |
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| **Right to life (Human Rights Act, art. 2 & 3)** | | | | |
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| **Balancing Considerations (please tick)** | | | | |
| **Pressing need** | **Respective risks to those affected** | | | **Public interest of disclosure** |
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| **Duty of Confidentiality** | **Risk of not disclosing** | | | **Interests of other agency/person receiving** |
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| **Human rights** | **Other** | | | |
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| **Internal consultations**  (Names / Dates / Advice / Decisions) | **External consultations**  (Home Office, Information Sharing Helpline) | | | |
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| **Comments** | | | | |
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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** | |
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| **Record the following information-sharing in Case File:** | | | | |
| **Date information shared** | | | **Agency & named person informed** | |
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| **Contact details:** | | | **Legal authority for each agency** | |
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| **Signature of caseworker** | | | **Date** | |
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| **Signature of manager** | | | **Date** | |
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