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| **MULTI AGENCY MARAC REFERRAL FORM** |

**MARAC does not absolve professionals from undertaking their duties to reduce the risk to victims or sharing information with statutory and support networks. There are local responsibilities to support Domestic Abuse victims and perpetrators and appropriate referrals to these services can and should be made prior to the MARAC meetings.**

**The referring agency is required to attend the MARAC to present the case, if this is not possible please provide details of the agency representative who will attend and present the case on your behalf (they must be fully informed of up to date information at the date of the meeting).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Referring agency: |  | | | | | | |
| Referrers name(s): |  | | | | | | |
| Telephone/email: |  | | | | | | |
| Date: |  | | | | | | |
| Victim name: |  | | | Victim DOB: | | |  |
| Address: |  | | | | | | |
| Telephone number: |  | | | | | | |
| Is this number safe to call? | Y  N | | | | | | |
| Please provide any relevant information regarding contact: | | | | | | | |
|  | | | | | | | |
| Diversity Data (if known): | B&EM | Disabled | | | LGBT | | |
| Perpetrator(s) name: |  | | Perpetrator(s) DOB: | | |  | |
| Perpetrator(s) address: |  | | Relationship to victim: | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children (please add extra rows if necessary) | | | | |
| Name | DOB | Relationship to victim | Relationship to perpetrator | Address (if different to victim) |
|  |  |  |  |  |

**Risk Assessment Factors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Professional Judgement: | Y | Visible high risk (14 ticks or more on CAADA - DASH RIC) | Y | Potential Escalation: | Y |
| N | N | N |

**Reason for Referral/Additional Information**

|  |  |  |
| --- | --- | --- |
| Reason for Referral: | | |
|  | | |
| Is the victim aware of MARAC referral? | Y  N | |
| Has agreement to share information been given? | Verbal  Signed | |
| Ask the victim to sign below or indicate if verbal consent has been obtained.  **Please explain that regardless of agreement being refused, if there are life threatening or child protection issues this information will be shared under the conditions of data protection legislation of compliance with legal obligations, protection of vital interests, and/or performance of a task carried out in the public interest.**  It has been explained to me that this information will be shared with partner agencies. I understand that relevant and essential information whether medical or otherwise concerning myself or my children may be shared with partner agencies including the Local Authority, Police, Probation, Health and Housing for the purpose of MARAC and to help secure my safety and that of my family.  Date:  Signature: | | |
| **If No Consent given, and/or the victim has not been informed of the referral, consider sharing information under GDPR, Data Protection Act 2018, Human Rights, and Common Law and in the interests of public safety. A practitioner can share information lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental or emotional well-being. (GDPR and Data Protection Act 2018)**  **Data Protection and Caldecott guidelines should be considered jointly when sharing information.** | | |
| **Has Information Sharing Without Notifying the Victim been completed?** | | Y  N |

**CRiteria for referring a case to MARAC**

**There are four criteria for a referral to Marac;**

#### Visible High Risk

This is an assessment based on actuarial data, involving the use of risk indicators to assess the probability of serious harm or homicide. For domestic abuse cases, the number of ‘yes’ answers on the DASH usually determines the level of risk.

SafeLives recommends that 14 ‘yes’ answers on the Dash should result in a referral to MARAC. However, completing the DASH is not a simple ‘tick box’ exercise and, even where there is a lower number of ticks, professional judgement should be used to inform the overall assessment of risk. In addition, professional judgement should not be used to ‘downgrade’ an actuarial risk assessment.

#### Professional Judgement

Professional judgement involves an assessment of dangerousness based on an individual practitioner’s consideration of a situation but will naturally use the information from the DASH checklist to inform this judgement. However, in addition to using the DASH it is crucial that professionals use their full range of knowledge to make an assessment; this knowledge will usually be gained through experience, reflection and deliberation. This form of assessment relies heavily on the skill and experience of the practitioner in order to make an informed decision of likely risk.

In domestic abuse settings, professional judgement will be informed by the practitioner’s knowledge of domestic abuse and its manifestations.

Referrals to MARAC can be made based solely on professional judgement. However, it is the practitioner’s responsibility to articulate what their concerns are and the reasons for the referral.

#### Potential Escalation

The potential for escalation can be assessed by looking at the frequency and/or severity of abuse.

It is common practice for services to determine there is a potential for serious harm or homicide when three domestic abuse events have been identified in a 12-month period. For example, three attendances at A&E, three police call outs or three calls to make housing repairs. This should alert professionals to the need to consider a referral to MARAC.

**Repeat Referral**

SafeLives defines a ‘repeat’ as ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC.

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.

These events could be disclosed to any service or agency including, but not exclusive to, health care practitioners (including mental health), domestic abuse specialists, police, substance misuse services, housing providers etc.

Further incidents include any of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

* violence or threats of violence to the victim (including threats against property); or
* a pattern of stalking or harassment; or
* rape or sexual abuse.

**DOMESTIC ABUSE RISK INDICATOR CHECKLIST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.  Tick the boxes if a factor is present. If necessary please use an additional sheet 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.  If a referral is made into MARAC, wherever possible please ask the victim to agree and sign to information sharing. | | | | | |
|  |  |  |  |  |  |
| **Questions 1 - 24** | | **Yes** | **No** | **Don’t Know** | **Source of info if not from victim** |
| 1. | Has the current incident resulted in injury?  *(Please state what and whether this is the first injury)* |  |  |  |  |
| 2. | Are you very frightened? |  |  |  |  |
| 3. | What are you afraid of? Is it further injury or violence  *(Please give an indication of what you think …….…………….. might do and to whom, including the children)* |  |  |  |  |
| 4. | Do you feel isolated from family/friends  *(i.e. does …….…….……….. try to stop you from seeing friends, family, doctor or others)* |  |  |  |  |
| 5. | Are you feeling depressed or having suicidal thoughts? |  |  |  |  |
| 6. | Have you separated or tried to separate from ……….………….. within the past year? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions (continued)** | | **Yes** | **No** | **Don’t Know** | **Source of info if not from victim** |
| 7. | Is there conflict over child contact? |  |  |  |  |
| 8. | Does ………….…….…. constantly text, call, contact, follow, stalk or harass you?  *(Please expand to identify what and whether you believe that this is done to deliberately intimidate you? Consider the context and behaviour of what is being done)* |  |  |  |  |
| 9. | Are you pregnant or have you had a baby within the last 18 months. |  |  |  |  |
| 10. | Is the abuse happening more often? |  |  |  |  |
| 11. | Is the abuse getting worse? |  |  |  |  |
| 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)* |  |  |  |  |
| 13. | Has …….…………….. ever used objects or weapons to hurt you? |  |  |  |  |
| **Questions (continued)** | | **Yes** | **No** | **Don’t Know** | **Source of info if not from victim** |
| 14. | Has ……….………….. ever threatened to kill you or someone else and you believed them*? (If yes, please specify whom and why. Consider extended family if HBV.)*  **You □ Children □ Other (please specify) □** |  |  |  |  |
| 15. | Has ……….………….. ever attempted to strangle, choke, suffocate or drown you? |  |  |  |  |
| 16. | Does …………….…….. do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? *(If someone else specify who.)* |  |  |  |  |
| 17. | Is there any other person who has threatened you or you are afraid of? *(If yes, please specify whom and why. Consider extended family if HBV.)* |  |  |  |  |
| 18. | Do you know if ………….……….. has hurt anyone else? *(Please specify whom including the children, siblings or elderly relatives. Consider HBV.)*  **Children □ Another family member □**  **Someone from a previous relationship □**  **Other (please specify) □** |  |  |  |  |
| 19. | Has ……….………….. ever mistreated an animal or family pet? |  |  |  |  |
| 20. | Are there any financial issues? For example are you dependent on ………….……….. for money or have they recently lost their job or are there other financial issues? |  |  |  |  |
| **Questions (continued)** | | **Yes** | **No** | **Don’t Know** | **Source of info if not from victim** |
| 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 detail if known)*  **Drugs □ Alcohol □ Mental Health □** |  |  |  |  |
| 22. | Has ………….……….. ever threatened or attempted suicide? |  |  |  |  |
| 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 □**  **Non Molestation/Occupation Order □**  **Child Contact Arrangements □**  **Forced Marriage Protection Order □**  **Other □** |  |  |  |  |
| 24. | 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** |  |  |  |  |

**PLEASE E-MAIL VIA SECURE E-MAIL TO:**

[**marac.shrop@westmercia.pnn.police.uk**](mailto:marac.shrop@westmercia.pnn.police.uk)