**Lambeth MARAC Referral Form**

**Please submit to:** MARAC Coordinator, VAWG Project Officer, Lambeth Council

**Email (secure):** [lambethmarac@lambeth.gov.uk](mailto:lambethmarac@lambeth.gov.uk)

#### \*\*Before completing this form please refer to the Lambeth MARAC Operating Protocol and Data Sharing Agreement and ensure that all boxes are completed and all information is accurate for other MARAC partners to check if victims, perpetrators or children are known to their service/agency \*\*

This information has been passed onto the MARAC to safeguard victims of domestic abuse and their children. This information should not be disclosed to third parties without the consent of the referring organisation. This document should be stored securely by all recipients.

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| --- | --- | --- | --- |
| **Referring practitioner** |  | **Agency** |  |
| **Telephone** |  | **Email** |  |

This MARAC referral has only been accepted to Lambeth MARAC when you receive a response confirming this from the MARAC Coordinator.

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| --- | --- | --- | --- |
| **Repeat MARAC referral** (further *incident that requires actions* within 12 months of last MARAC discussion) | **Visible High Risk**  (**14+** risk factors identified on SafeLives DASH RIC) | **Escalation**  (**4+** Police crimes and/or non-crime domestic incidents in the last 12 months) | **Professional judgment** (Practitioner assesses as high risk of serious injury or homicide as a result of  domestic abuse) |
| Yes  No | Yes  No | Yes  No | Yes  No |
| **Date of referral to MARAC** | Click or tap to enter a date. | **Has the victim been informed that their data will be processed by MARAC for the purposes of protecting their vital interests or the interests of others?**  If ‘no’, please specify why | Yes  No  Yes  No |
| **Is the victim aware of MARAC referral?**  If ‘yes’, please confirm you have advised victim an IDVA will make contact to offer support  If ‘no’, please specify why | Yes  No |
| **Has information been given about the type of data that may be shared and with what organisations?**  If ‘no’, please specify why  For more information on what information you must give to the victim see the Privacy  Notice on page 5. |
| **Does the victim wish to collaborate with the MARAC process?**  If ‘no’ – please explain why Consent is not required to share information for the MARAC and therefore should not be sought. However, the victim should be encouraged and supported to collaborate  with the MARAC process. | Yes  No | **Has the victim been referred to Lambeth MARAC or any other borough’s MARAC previously?** | Yes  No |

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| **VICTIM NAME** |  | **Date of birth** | Click or tap to enter a date. |
| **Victim address** |  | **GP details** |  |
| **SAFE telephone number** |  | **Gender identity** | Please select from list |
| **Relationship to the perpetrator** |  | **Does your gender match the sex you were assigned at birth?** | Please select from list |
| **Race/ethnicity** | Please select from list | **Sexual Orientation** | Please select from list |
| **Pronoun** | Choose an item.  Specify: | **Is there anything else you want to tell us about you?** |  |
| **Nationality** | Please select from list | **Income source** | Please select from list |
| **Religion/Belief** | Please select from list | **Housing tenure** | Please select from list |
| **Is an interpreter required?** | Please select from list | **Primary language** |  |
| **Additional barriers or needs that impact the victim/survivor accessing services:** | Mental health  Substance Misuse  No recourse to Public funds  Language Barrier  Contact with the criminal justice system  Young Person  Older person  Involvement in sex work or Prostitution  BAMER  LGBTQIA+  “so called” Honour Based Violence and abuse  Stalking (Non DV)  Sexual Violence (Non DV)  Homelessness  Immigration  **Other Please specify:** | | |
| **Does the victim have a disability? If so, please specify below**  Are the victim’s day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Please include problems related to old age) Equality Act 2010 | | | |
| Please select from list | | | |
| **Is the victim pregnant?** | Please select from list | **Is the perpetrator pregnant?** | Please select from list |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHILDREN(S)**  **name and gender** | **Date of birth** | **Relationship to victim** | **Relationship to perpetrator** | **Address (if different to victim)** | **School** | **GP details (if different to victim)** |
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| **Where there are children please confirm the DATE you made a referral to Children and Young Persons Referral and Assessment Team.** | | | | **Date referral made:** Click or tap to enter a date. | | |
| **Where the children are already known to Children’s Social Care please provide the allocated Social Worker’s details.** | | | | **Name:** | | |
| **Tel:** | | |
| **Email:** | | |
| **Date you informed Social Worker of MARAC referral:**  Click or tap to enter a date. | | |

**ADULTS “AT RISK” IN THE HOME (please look \*adult at risk definition)**

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| --- | --- | --- |
| **ADULT(S) at risk name and gender** | **Date of birth** | **Address (if different to address of victim)** |
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| **Where the MARAC victim or another associated adult has also been identified as an ‘adult at risk’\* please confirm the DATE you made the required Adult Safeguarding Referral to the relevant Adult Social Care or Mental Health Team, whether with their consent or not, and brief details**  **\**‘adult at risk’ – over 18 with a disability or physical or mental health issue, and uses or might need health or community care services, and may be unable to care or protect themselves against significant harm or exploitation*** | | **Date referral made:**  **Has an adult safeguarding referral been made:**   * No, person is not an ‘adult at risk’ * Yes, person is an ‘adult at risk’ and has given consent * No, person is an ‘adult at risk’ but ***NOT*** given consent * Yes, person is an ‘adult at risk’ but ***NOT*** given consent   **Brief Details:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERPETRATOR NAME** |  | **DOB** | Click or tap to enter a date. |
| **Relationship to the Victim** |  | **Gender identity** | Please select from list |
| **Perpetrator Address** |  | **Does their gender match the sex they was assigned at birth?** |  |
| **Nationality**  **Race** | Please select from list  Please select from list | **Sexual Orientation** | Please select from list |
| **Religion or belief** |  | **Income source** | Please select from list |
| **Vulnerabilities** | Mental health  Substance Misuse  No recourse to Public funds | **Housing tenure** | Please select from list |
| **Is there any bail conditions or protection orders in place:** |  | **When does the orders/when does the bail end?** |  |
| **Does the perpetrator have contact with any children or adults at risk other than those named above? (If so include their names, address, ages and parent/carer’s details)** | | | |
|  | | | |
| **Does the victim have a disability? If so, please specify below**  Are the victim’s day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Please include problems related to old age) Equality Act 2010 | | | |
|  | | | |

**REASONS for referral to MARAC**

|  |  |
| --- | --- |
| **Most recent incident (within 3 months):** |  |
| **Most serious incident:** |  |
| **Summary of the history of domestic abuse:** |  |
| **Key risks:**  **(From SafeLives DASH RIC)** | DASH SCORE: Please select from List |
| **What work is going to manage the risk?** |  |
| **What the victim wants from the MARAC partnership to address risks and increase safety:** |  |

# MARAC Privacy Notice

### Under the General Data Protection Regulation framework ([GDPR 2018](https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation)) 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. This must include the below points;

* **Your details & your organisation’s Data Protection Officer’s details. *(e.g. name and email address)***
  + Your organisation will have a DPO, please find out who this is.

### 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. For more information please consult the Lambeth MARAC Purpose Specific Information Sharing Agreement.

### What will being shared

* + Names and addresses of the victim, 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.
* **Who will it be shared with *(MARAC reps)***
  + Representatives from statutory and voluntary agencies in Lambeth. For the full list please see the MARAC Operating Policy or Lambeth MARAC Reps List.

### The retention period for the MARAC data

* + This is 100 years – roughly equivalent to a human lifetime.

### 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 individual agency holds on them they should make the request to that individual agency.
  + If they would like access to the MARAC records held about them they should make the request in writing to the MARAC Coordinator at: [lambethmarac@lambeth.gov.uk.](mailto:lambethmarac@lambeth.gov.uk) For information on how to do this: [https://ico.org.uk/your-data-matters/your-right-of-access/.](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/

### Practitioners do not have to share the above information if 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.

 

# SafeLives Dash risk checklist

## Aim of the form

* To help front line practitioners identify high risk cases of domestic abuse, stalking and ‘honour’- based violence.
* To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
* To offer a common tool to agencies that are part of the Marac1 process and provide a shared understanding of risk in relation to domestic abuse, stalking and ‘honour’-based violence.
* To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and ‘near misses’, which underpins most recognised models of risk assessment.

## How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from: [http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf.](http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf) Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

**Recommended referral criteria to Marac**

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 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. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner’s professional judgement in all cases. The 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 prompts to further questioning, analysis and risk management whether via a

1 For further information about Marac please refer to the 10 principles of an effective Marac: [http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FIN](http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf) [AL.pdf](http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf)

1

Once completed, this form should be sent via secure means to the relevant Marac. Please do not send it to SafeLives; to do so would be a breach of the Data Protection Act.© SafeLives 2015. Please acknowledge SafeLives when reprinting. Registered charity number 1106864.



Name of victim: Date: Restricted when complete

Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

## What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children 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.

## SafeLives Dash risk checklist for use by Idvas and other non-police agencies2 for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

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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. |  |  |  | ■ |  |
| **2. Are you very frightened?**  Comment: |  |  |  |  |  |
| **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: |  |  |  |  |  |
| **4. 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: |  |  |  |  |  |
| **5. Are you feeling depressed or having suicidal thoughts?** |  |  |  |  |  |
| **6. Have you separated or tried to separate from [name of abuser(s)]**  **within the past year?** |  |  |  |  |  |
| **7. Is there conflict over child contact?** |  |  |  |  |  |
| **8. 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. |  |  |  |  |  |
| **9. Are you pregnant or have you recently had a baby (within the last 18 months)?** |  |  |  |  |  |
| **10. Is the abuse happening more often?** |  |  |  |  |  |
| **11. Is the abuse getting worse?** |  |  |  |  |  |
| **12. 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. |  |  |  |  |  |

2 Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.



Name of victim: Date: Restricted when complete

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **13. Has [name of abuser(s)] ever used weapons or objects to hurt you?** | | | | | | | |  |  |  |  |
| **14.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) | | |  |  | | | |
|  |
|  |
| **15.Has [name of abuser(s)] ever attempted to strangle / choke / suffocate**  **/ drown you?** | | | | | | | |  |  |  |  |
| **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** |
| **16.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. | | | | | | | |  |  |  |  |
| **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. | | | | | | | |  |  |  |  |
| **18.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) | | | | | |  |  |
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|  |
| **19.Has [name of abuser(s)] ever mistreated an animal or the family pet?** | | | | | | | |  |  |  |  |
| **20.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? | | | | | | | |  |  |  |  |
| **21. 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 |  |  | | | | | |
|  |
|  |
| **22. Has [name of abuser(s)] ever threatened or attempted suicide?** | | | | | | | |  |  |  |  |
| **23. 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 | | | | |  |  | |
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Name of victim: Date: Restricted when complete

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| --- | --- | --- | --- | --- |
| **24.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** |  |  |  |  |

## For consideration by professional

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| **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?** |  |

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| --- | --- | --- | --- | --- | --- |
| **Do you believe that there are reasonable grounds for referring this case to MARAC?** | | | | Yes | No |
| **If yes, have you made a referral?** | | | | Yes | No |
| **Signed** |  | | | **Date** |  |
| **Do you believe that there are risks facing the children in the family?** | | | | Yes | No |
| **If yes, please confirm if you have**  **made a referral to safeguard the children?** | | Yes | No | **Date referral made** |  |
| **Signed** |  | | | **Date** |  |
| **Name** |  | | | | |

**Practitioner’s notes**

Name of victim: Date: Restricted when complete

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women’s Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their

contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.