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**MARAC Referral Form**

MARAC (Multi-Agency Risk Assessment Conference) is a meeting where information is shared on the highest risk domestic abuse cases.

It provides a consistent approach to risk assessment for Police, Health, Child Protection, Housing Practitioners, Independent Domestic Violence Advisors (IDVAs), Social Services, Probation Services, and other specialists from the statutory and voluntary sectors.

Agencies can then work together to reduce the risk using available interventions.

Any agency identifying a high-risk victim can submit a MARAC referral, and the case is then discussed at the next scheduled meeting.

The main focus of the MARAC is on managing the risk to the victim but in doing this it will also consider other family members including any children involved and managing the behaviour of the perpetrator.

**The MARAC is not an agency and does not have a case management function.**

**The responsibility to take appropriate safeguarding actions rests with individual agencies, and staff should continue to work with the victim to reduce the risk and make appropriate safeguarding referrals both prior to and following a MARAC.**

The purpose of the referral form is to instigate the MARAC meeting.

This form should be completed by the member of staff identifying the risk and emailed via secure email address and / or password protected to:

[marac@gwent.police.uk](mailto:marac@gwent.police.uk)

For further information and FAQ’s on completion of a referral, please refer to the Safe Lives Website - <http://www.safelives.org.uk/practice-support/resources-marac-meetings>

Any queries can be directed to the MARAC team:

[marac@gwent.police.uk](mailto:marac@gwent.police.uk)

External: 01495 768407 Internal: 710 2037

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| **For Completion by the MARAC Administrator** | | | |
| **Date Received** |  | **If repeat, date of previous MARAC(s)** |  |
| **MARAC Date** |  |  |  |

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| **AGENCY DETAILS** | |
| **The following details MUST to be completed before a referral can be made** | |
| **Name of staff member making the referral** |  |
| **Referring agency** |  |
| **Contact details of agency (Address, phone number and email)** |  |
| **Date of referral** |  |

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| **DETAILS OF VICTIM** | | | | | | | |
| **Please supply all of the information below, if available** | | | | | | | |
| **Name** |  | | | | | | |
| **DOB** |  | | | | | | |
| **Address** |  | | | | | | |
| **Is the victim pregnant** (if so, date due) |  | | | | | | |
| **Safe contact number / time to contact** |  | | | | | | |
| **Occupation** (if relevant) |  | | | | | | |
| **What is the status of the tenancy** | Private owned | Private rented | Shared tenancy | Landlord details if relevant | | | |
| **Diversity Data** This information will help to better support victims and monitor reporting levels from particular communities. Please complete as fully as possible based on information that **you might already hold** about that person. If information is unavailable, you **MUST select unknown**. | | | | | | | |
| **Gender** | Male / Man | Female / Woman | Unknown | Other | Comments: | | |
| **Does the victim identify as transgender?** | Yes | No | Unknown | |
| **Is the victim in a same gender relationship?** | Yes | No | Unknown | |
| **Sexual Identity/sexual orientation** | Gay/ Lesbian/ Homosexual | Bisexual | Heterosexual | | Other (specify) | Unknown | |
| **Ethnicity** | White | Black | Asian | | Mixed race | Other | Unknown |
| **Is the victim disabled?** | No | Learning disability | Physical disability | | Sensory impairment | Other | Unknown |
| **Are there any specific religious or cultural considerations to be made?** | No | Yes (please give details) | | | | | Unknown |
| **Religion** |  | | | | | | |
| **Preferred language of communication** | Welsh | English | Other *(Please specify)* | | | | |

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| **DETAILS OF PERPETRATOR** | | | | | | | | | | | | | |
| **Please supply all of the information below, if available** | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | |
| **DOB** | |  | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | |
| **Relationship to Victim** | |  | | | | | | | | | | | |
| **Occupation** (if relevant) | |  | | | | | | | | | | | |
| **What is the status of the tenancy** | | Private owned | | Private rented | | | Shared tenancy | | Landlord details if relevant | | | | |
| **Diversity Data** This information will help to better support victims and monitor reporting levels from particular communities. Please complete as fully as possible based on information that **you might already hold** about that person. If information is unavailable, you **MUST select unknown**. | | | | | | | | | | | | | |
| **Gender** | Male / Man | | Female / Woman | | Unknown | | | Other | Comments: | | | | |
| **Does the perpetrator identify as transgender?** | Yes | | No | | Unknown | | | |
| **Is the perpetrator in a same gender relationship?** | Yes | | No | | Unknown | | | |
| **Sexual Identity/sexual orientation** | Gay / Lesbian / Homosexual | | Bisexual | | Heterosexual | | | | Other (specify) | | | Unknown | |
| **Ethnicity** | White | | Black | | Asian | | | | Mixed race | | Other (please specify) | | Unknown |
| **Is the perpetrator disabled?** | No | | Learning disability | | Physical disability | | | | Sensory impairment | | Other | | Unknown |
| **Are there any specific religious or cultural considerations to be made?** | No | | Yes (please give details) | | | | | | | | | | Unknown |
| **Religion** |  | | | | | | | | | | | | |
| **Preferred language of communication** | Welsh | | | | | English | | | | Other *(Please specify)* | | | |

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| **CHILDREN’S DETAILS** | | | | | |
| **Please supply all of the information below, if available** | | | | | |
| **Name** | **DOB** | **Relationship to Victim** | **Relationship to perpetrator** | **Address** | **School** |
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| **If there are children associated to the victim and/or perpetrator, please confirm you have submitted a referral to Children’s Services.**  *For more information, including contact details, please go to: https://www.gwentsafeguarding.org.uk/en/Children/Report/Report-a-child-at-risk.aspx* | Yes |
| **If there are vulnerable adults at risk, please confirm you have submitted a referral to Adult Social Care.**  *For more information, including definition of an ‘Adult at Risk’* *as defined by The Social Services and Well-Being (Wales) Act 2014 and contact details, please go to: https://www.gwentsafeguarding.org.uk/en/Adults/Report/Report-an-adult-at-risk.aspx* | Yes |
| **Is this case being actively discussed at MAPPA Levels 2 or 3?** | Yes  No Unknown |

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| **REFERRAL TRIGGERS** | |
| **Please select at least one option below** | |
| **Visible high risk** (14 ticks or more on Safe Lives DASH) \***Please also send the DASH with this referral\*** | Yes / No |
| **Professional Judgement** (If using professional judgement, please explain in ‘Reason for Referral’ why you feel the victim is at risk of murder or serious harm) | Yes /No |
| **Potential escalation** (ie: 5 incidents and/or 3 crimes in a rolling 12-month period between the same perpetrator and victim) | Yes / No |
| **MARAC repeat** (ie: further incident between same victim and perpetrator within 12 months from last referral) | Yes /No |
| **ADDITIONAL VICTIM INFORMATION:** | |
| **Is victim aware of the referral** |  |
| **If not, why** |  |
| **Has the victim consented to this referral** (if not, please refer to the MARAC Operating Protocol and complete the **Information Sharing without Consent Form**) |  |
| **Who is the victim afraid of** (to include all potential threats, and not just primary perpetrator) |  |
| **Who does the victim believe it safe to talk to** |  |
| **Who does the victim believe it NOT safe to talk to** |  |

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| **REASON FOR REFERRAL** |
| Use this space to provide a CONCISE summary as to why you are making this referral  Eg: nature of domestic abuse / seriousness / frequency  (Police - provide a BRIEF summary of the incident and outcome) |
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| **RISK FACTORS IDENTIFIED (Include Victim’s views of the risk)** |
| e.g. Victim’s perception of risk, Separation, Pregnancy, Escalation, Community issues/isolation, Stalking, Sexual assault, Strangulation, Threats to Kill, Weapons, Coercive Control/Jealousy, Child Abuse, Animal Abuse, Substance Misuse, Mental Health |
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| **DETAIL THE SAFETY PLAN / MEASURES YOU HAVE PUT IN PLACE TO REDUCE THE RISK.** |
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| **WHAT ARE THE VICTIM’S WISHES** | |
| Consider what the victim want for themselves, the children, the perpetrator and others impacted by the abuse | |
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| Does the victim wish to speak to police regarding any offences? | Yes / No |

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| **WHAT ARE THE VICTIM’S NEEDS** |
| Consider what may support the safety of those at risk and any other agencies that may be relevant to the MARAC process – please detail these agencies below E.g. YOS / CAMHS / Army Welfare Services / SEASS |
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