

**Marac Project commissioned by London Borough of Barnet**

**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.

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| **If your referral is based on professional judgement please give the reasons why below.** |

If you have any problems sending the email please contact the MARAC Co-ordinator. Tel: 07787241805

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:** | **Original Source of referral:**  Choose an item. |
| **Claire’s Law request:**  Choose an item. |  |

**Has the victim given consent?** Choose an item.****

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

**Has this victim been referred to Barnet MARAC in the last 12 months if known please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Victim/Survivor DetailsIf client needs Adult Social Care support please refer to Barnet Social Care Direct:** ****

|  |  |
| --- | --- |
| **Full name:** | **D.O.B:** |
| **Gender:** Choose an item. | **Age:** Choose an item. |
| **Address:** | **Temporary address, if not staying at home:** |
| **Aliases? Please list, if known:** | **Sexual orientation:** Choose an item. |
| **Mobile no./Tel no.:** | **Safe email:** |
| **Safe time(s) to call:** | **Religion:** Choose an item. |
| **Ok to leave SMS or Voicemail:**  Choose an item. | **Ethnicity:** Choose an item. |
| **Does alleged Perpetrator live at address:** Choose an item. | **English speaker?** Choose an item. |
| **Has the victim recourse to public funds?**  Choose an item. | **If no, language support please specify:** |

**Victim/Survivor Housing Details**

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| **Type of housing:** Choose an item. |
| **Tenancy/Deed:** Choose an item. |

**Victim/Survivor Health Details**

|  |  |
| --- | --- |
| **Physical health issues?**  Choose an item. | **Mental health issues?**  Choose an item. |
| **Alcohol issues?**  Choose an item. | **Drug(s) issues?**  Choose an item. |
| **Does the client consider her/himself to be disabled or have any special needs?**  Choose an item. | **Have you made a referral to Adult safeguarding:**  Choose an item. |
| **Is the alleged Perpetrator the Victim’s carer:**  Choose an item. |  |

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| --- | --- |
| **Family GP:** | **Practice Name:** |
| **Telephone number:** | **Address:** |

**Alleged Perpetrator’s details\***

**\*If no details provided:** Choose an item.

|  |  |
| --- | --- |
| **Full name:** | **D.O.B:** |
| **Gender:** Choose an item. | **Age:** Choose an item. |
| **Address:** | **Mobile no./Tel no:** |
| **Aliases? Please list, if known:** | **Sexual orientation:** Choose an item. |
| **Relationship to Victim:**  Choose an item. | **Ethnicity:** Choose an item. |
| **Length of relationship:**  **Years:** Choose an item.  **Months:** Choose an item. | **Religion:** Choose an item. |
|  | **Immigration Status:**  Choose an item. |

|  |  |
| --- | --- |
| **Physical health issues?**  Choose an item. | **Mental health issues?**  Choose an item. |
| **Alcohol issues?**  Choose an item. | **Drug(s) issues?**  Choose an item. |

**Please complete details below if more than one alleged perpetrator\***

**\*If no details provided:** Choose an item.

**Alleged Perpetrator 2**

|  |  |
| --- | --- |
| **Full name:** | **D.O.B:** |
| **Gender:** Choose an item. | **Relationship to Victim:** Choose an item. |
| **Address if Known:** |  |

**Alleged Perpetrator 3**

|  |  |
| --- | --- |
| **Full name:** | **D.O.B:** |
| **Gender:** Choose an item. | **Relationship to Victim:** Choose an item. |
| **Address if Known:** |  |

**Alleged Perpetrator 4**

|  |  |
| --- | --- |
| **Full name:** | **D.O.B:** |
| **Gender:** Choose an item. | **Relationship to Victim:** Choose an item. |
| **Address if Known:** |  |

###### Children’s Details

**\*Has a MASH referral been made? Where cases have children it is mandatory to refer children into MASH via:** <https://wwc.barnet.gov.uk/wwc/working-children-barnet/practitioner-guidance/multi-agency-safeguarding-hub-mash>

**\*If no details provided:** Choose an item.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Date of Birth | Nursery/School/College | Living with Client |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |

|  |  |
| --- | --- |
| Have the children any access or special needs? Choose an item. | Any contact and/or residence arrangements? Choose an item. |
| Is the family known to Children’s social care? Choose an item. | Is the family currently allocated to a Children and Families social worker? Choose an item. |

###### Other Agency Involvement

**Is the victim currently known or engaging with any other agencies?**

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| Other agency Involvement: Choose an item. |
| Other agency Involvement: Choose an item. |
| Other agency Involvement: Choose an item. |

**Risk Indicator Checklist (must be completed) for MARAC case identification when domestic abuse, ‘honour’- based violence and/or stalking are disclosed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**  **(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.)** |  |  |  | |  |
| 1. **Are you very frightened?**   **Comment:** |  |  |  | |  |
| 1. **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:** |  |  |  | |  |
| 1. **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:** |  |  |  | |  |
| 1. **Are you feeling depressed or having suicidal thoughts?** |  |  |  | |  |
| 1. **Have you separated or tried to separate from (name of abuser(s)….) within the past year?** |  |  |  | |  |
| 1. **Is there conflict over child contact?** |  |  |  | |  |
| 1. **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.)** |  |  |  | |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?** |  |  |  | |  |
| 1. **Is the abuse happening more often?** |  |  |  | |  |
| 1. **Is the abuse getting worse?** |  |  |  | |  |
| 1. **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.)** |  |  |  | |  |
| 1. **Has (……..) ever used weapons or objects to hurt you?** |  |  |  | |  |
| 1. **Has (……..) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)**   **You 🞎 Children 🞎 Other (please specify) 🞎** |  |  | |  |  |
| 1. **Has (………) ever attempted to strangle/choke/suffocate/drown you?** |  |  | |  |  |
| 1. **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.)** |  |  | |  |  |
| 1. **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.)** |  |  | |  |  |
| 1. **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) 🞎** |  |  | |  |  |
| 1. **Has (……….) ever mistreated an animal or the family pet?** |  |  | |  |  |
| 1. **Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?** |  |  | |  |  |
| 1. **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 🞎 Alcohol 🞎 Mental Health 🞎** |  |  | |  |  |
| 1. **Has (……) ever threatened or attempted suicide?** |  |  | |  |  |
| 1. **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 alleged perpetrator if relevant.)**   **Bail conditions 🞎 Non Molestation/Occupation Order 🞎 Child Contact arrangements 🞎 Forced Marriage Protection Order 🞎 Other** **🞎** |  |  | |  |  |
| 1. **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 🞎 Weapons 🞎** |  |  | |  |  |
| **Total ‘yes’ responses**  **Completion date of risk assessment** |  | | | |  |

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| **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?** |
| **Reason for referral – Please specify prominent risk factors:** |