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| **MARAC CASE REF:**  (MARAC Co-Ordinator only) |  | **REFERRAL DATE**: |  |

This form is to be used to refer **high risk** domestic abuse victim to the multiagency risk assessment conference (MARAC) and if children are also household members to refer them to the Childrens Front Door the home of the multiagency safeguarding hub (MASH).

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| **Section 1 – Referrers Details.** Please provide us with your details so we can contact you if we need to clarify any of this information you have given us. | |
| Referring agency |  |
| Contact name(s) |  |
| Full Postal Address |  |
| Email & Telephone number |  |

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| **Section 2 – Persons Involved** | | | | | | | |
| **Victim** | | | | | | | |
| First Name: |  | | | | | | |
| Surname: |  | | D.o.B: | |  | | |
| Address: |  | | | | | | |
| Telephone: |  | Is this number safe to call? | | | |  | |
| Please insert any relevant contact information e.g. times to call. | |  | | | | | |
| GP Details: |  | | | | | | |
| Occupation: |  | | | | | | |
| Diversity Data: | B&ME: | Disabled | | LGBT: | | | Gender: |
| First Language: | | | Ethnicity: | | | |

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| **Perpetrator(s)** | | | | | | | |
| First Name: |  | | | | | | |
| Surname: |  | | | D.o.B | |  | |
| Address: |  | | | | | | |
| Telephone: |  | | | | | | |
| GP Details: |  | | | | | | |
| Relationship to Victim: | |  | | | | | |
| Occupation: |  | | | | | | |
| Diversity Data: | B&ME: | | Disabled: | | LGBT: | | Gende |
| First Language | | | | Ethnicity | | |

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| **Other linked Persons**: (Expand if required) | | | |
| Name: |  |  |  |
| Address: |  | | |
| Relationship to Victim/Perpetrator/children |  | | |

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| **Section 3 – Children & Young People Details**  This should include children who live with the victim/perpetrator and those who stay regularly at the relevant address, eg. Step siblings. Also use this section for UNBORN children. | | | | |
| **Total Number of Children/Young People on this referral =** | | | | |
| **Child / Young Person Details - 1** | | | | |
| First Name |  | Last Name |  | |
| D.o.B ( or E.D.D) |  | Gender |  | |
| Address (inc Post Code) |  | | | |
| First Language: |  | Ethnicity: |  | |
| Relationship to Victim |  | Relationship to Perpetrator | |  |
| Who has Parental responsibility? |  | | | |
| School |  | Telephone: |  | |
| GP |  | Telephone |  | |
| H Visitor /School Nurse |  | Telephone |  | |
| Other Professionals: |  | Telephone |  | |
| Is the Child / Young Person aware of the **Request for Support** Enquiry | | Y/N. | If no, explain why not in referral information | |
| Has the Child / Young Person given consent for the **Request for Support** Enquiry | | Y/N | If no, explain why not in referral information | |
| Is the Parent / Guardian aware of the **Request for Support** Enquiry? | | Y/N | If no, explain why not in referral information | |
| Has the Parent / Guardian given consent for the **Request for Support** Enquiry | | Y/N | If no, explain why not in referral information | |

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| **Child / Young Person Details - 2** | | | | |
| First Name |  | Last Name |  | |
| D.o.B ( or E.D.D) |  | Gender |  | |
| Address (inc Post Code) |  | | | |
| First Language: |  | Ethnicity: |  | |
| Relationship to Victim |  | Relationship to Perpetrator | |  |
| Who has Parental responsibility? |  | | | |
| School |  | Telephone: |  | |
| GP |  | Telephone |  | |
| H Visitor /School Nurse |  | Telephone |  | |
| Other Professionals: |  | Telephone |  | |
| Is the Child / Young Person aware of the **Request for Support** Enquiry | | Y/N | If no, explain why not in referral information | |
| Has the Child / Young Person given consent for the **Request for Support** Enquiry | | Y/N | If no, explain why not in referral information | |
| Is the Parent / Guardian aware of the **Request for Support** Enquiry? | | Y/N | If no, explain why not in referral information | |
| Has the Parent / Guardian given consent for the **Request for Support**  Enquiry | | Y/N | If no, explain why not in referral information | |

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| **Child / Young Person Details - 3** | | | | |
| First Name | N/A | Last Name |  | |
| D.o.B ( or E.D.D) |  | Gender |  | |
| Address (inc Post Code) |  | | | |
| First Language: |  | Ethnicity: |  | |
| Relationship to Victim |  | Relationship to Perpetrator | |  |
| Who has Parental responsibility? |  | | | |
| School |  | Telephone: |  | |
| GP |  | Telephone |  | |
| H Visitor /School Nurse |  | Telephone |  | |
| Other Professionals: |  | Telephone |  | |
| Is the Child / Young Person aware of the **Request for Support** Enquiry | | Y/N | If no, explain why not in referral information | |
| Has the Child / Young Person given consent for the **MASH** Enquiry | | Y/N | If no, explain why not in referral information | |
| Is the Parent / Guardian aware of the **Request for Support** Enquiry? | | Y/N | If no, explain why not in referral information | |
| Has the Parent / Guardian given consent for the **Request for Support** Enquiry | | Y/N | If no, explain why not in referral information | |

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| **Section 4 - Referral Information**  Please say why you are making the referral, highlighting the main areas of concern. Please include details of any specific, and any relevant historic information you may have | | | | | | | | |
| **Reason For Referral** | | | | | | | | |
| Professional Judgment ( if yes, Give full and detailed reasons for using Professional Judgment in the reason for referral) | | | | Y/N | | Visible high risk (*14 ticks or more on CAADA - DASH RIC*) | | Y/N |
| Potential escalation (*3 or more incidents reported to the Police in the past 12 months*) | | | | Y/N | | MARAC repeat **(see 2018 definition** [here](http://www.safelives.org.uk/definition-repeat-marac)**)** | | Y/N |
| If *a MARAC repeat*, please provide the date listed or case number (if known) | | | | | |  | | |
| Date of most recent incident |  | | | | | | | |
| Reason for referral |  | | | | | | | |
| Victim |  | | | | | | | |
| Perpetrator |  | | | | | | | |
| Children |  | | | | | | | |
| **Victim Consent** | | | | | | | | |
| Is the victim aware of **MARAC** referral? | | | | Y/N | | If no, complete the next section | | |
| Has consent been given? | | | | Y/N | | If no, complete the next section | | |
| Legal grounds (If yes, please tick one or more grounds below) | | | | | | | Y/N | |
| Prevention / detection or crime and/or apprehension or prosecution of offenders - DPA 2018 Schedule 2 Part 1 (2) | | | | | | |  | |
| To protect vital interests of the data subject; serious harm or matter of life or death – GDPR Article 6 (1) (d) | | | | | | |  | |
| Legitimate Interests where processing is necessary unless there is good reason to protect the individual’s personal data which overrides those legitimate interests – GDPR Article 6 (1) (f) This cannot be relied upon by police when processing personal data to perform an official task. | | | | | | |  | |
| Public task – the processing is necessary to perform a task in the public interest or for official functions and the task or function has a clear basis in law - GDPR Article 6 (1) (e) | | | | | | |  | |
| In accordance with a court order - DPA 2018 Schedule 2 Part 1 (5) (2) | | | | | | |  | |
| Overriding public interest (common law) | | | | | | |  | |
| 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 | | | | | | |  | |
| Right to life (Human Rights Act, art. 2 & 3) | | | | | | |  | |
| Right to be free from torture, of inhuman or degrading treatment (Human Rights Act, Art. 2 & 3) | | | | | | |  | |
| **Balancing Considerations (please tick)** | | | | | | | | |
| Pressing need | | |  | | Risk of not disclosing | |  | |
| Respective risks to those affected | | |  | | Interest of other agency / person in receiving it. | |  | |
| Public interest of disclosure | | |  | | Human rights | |  | |
| Duty of confidentiality | | |  | | Other | |  | |
|  | | | | | | | | |
| Comments | |  | | | | | | |
| Internal/External consultations  *(Names / Dates / Advice / Decisions)* | |  | | | | | | |

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| **Victim Safety** | | | | | | | |
| 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? | | |  | | | | |
| Has the victim been referred to any other MARAC previously?  If yes where / when? | | | Y/N  Y | | Previous MARAC details: | | |
| Is IDVA Service involved: | | Y/N | IDVA Name: | | |  | |
| **Safety Planning Already in Place:** | | | | | | | |
| SIG Warning |  | | | Police Watch | | |  |
| Cocoon Watch |  | | | Safety Box | | |  |
| HO Alarm |  | | | Refuge | | |  |
| Personal Safety Advice |  | | | Crime Prevention Visit | | |  |
| Personal Attach Alarm |  | | | Restraining Order | | |  |
| Sanctuary Scheme |  | | | SOP | | |  |
| Non Molestation |  | | |  | | |  |
| Other – please explain |  | | | | | | |

*AGENCY INFORMATION:* ***(MARAC CO-ORDINATOR ONLY)***

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| --- | --- |
| **AGENCY** |  |
| POLICE |  |
| CHILDRENS SUPPORT SERVICES |  |
| CHILDREN FRONT DOOR |  |
| HOUSING |  |
| PROBATION |  |
| EWO |  |
| SPLITZ / DDASS |  |
| IDVA |  |
| WOMEN’S HEALTH |  |
| SCHOOL NURSE |  |
| GP |  |
| A & E RD&E |  |
| MENTAL HEALTH |  |
| TOGETHER |  |
| SARC |  |
| ASC |  |
| FAMILY HUBS |  |
| YJS |  |

**MARAC MEETING UPDATES AND ACTION RECORD**

**This section is completed when case discussed at MARAC Meeting.**

**Information shared at the meeting:** *(Information sharing should be relevant and proportionate. The minutes should make a clear distinction between fact and professional opinion)*

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| **AGENCY** | **INFORMATION** |
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| **IOM REFERRAL:**  **(Is it safe and appropriate to refer to the IOM) YES / NO** | **IOM RATIONALE:** |
|  |  |

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| **Children’s Safeguarding Update** |  |

**Action planning:** *(The action plan should clearly identify and address the risks and needs identified and be SMART; where appropriate they should include joint working and refer to other multi-agency arrangements)*

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| **Risk identified** | **Action** | **Agency / Representative** | **Completion date** |
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**PLEASE NOTE REFERRALS MUST BE E-MAILED TO MARAC AND A** [Request for Support Form](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flnks.gd%2Fl%2FeyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDIsInVyaSI6ImJwMjpjbGljayIsInVybCI6Imh0dHBzOi8vZGV2b25jb3VudHljb3VuY2lsLm91dHN5c3RlbXNlbnRlcnByaXNlLmNvbS9NQVNIL2hvbWVwYWdlIiwiYnVsbGV0aW5faWQiOiIyMDI0MDQyOS45NDAyMDQyMSJ9.Sw191ckSX38B9DapqmZ9H7SUYfzvQYhCU9ypePdbT_A%2Fs%2F2215434083%2Fbr%2F241520664933-l&data=05%7C02%7Ckaris.williams%40devon.gov.uk%7C712038cc7509498bc09508dc68630482%7C8da13783cb68443fbb4b997f77fd5bfb%7C0%7C0%7C638500021688974201%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=lR7QrGkj7C5Y26BzmODOuZ1zY%2BPdfuL8T6n0N5I8naA%3D&reserved=0) **SHOULD BE FILLED OUT AND SENT TO THE CHILDRENS FRONT DOOR IF SOCIAL CARE INPUT IS REQUIRED.**

Contact Details:

**MASH ENQUIRIES:**

Email: [mashsecure@devon.gov.uk](mailto:mashsecure@devon.gov.uk)

Address: PO BOX 723, Exeter, Ex1 9QS,

Tel: 0345 155 1071, Fax: 01392 448951.

For further information on **the Childrens Front Door** regarding how we use and process this information, please visit : <http://www.devonsafeguardingchildren.org/workers-volunteers/concerned-about-a-child/>

**MARAC**

Exeter: [MARACHAWKINSHOUSE@devonandcornwall.pnn.police.uk](mailto:MARACHAWKINSHOUSE@devonandcornwall.pnn.police.uk)

East & Mid Devon: [MARACHAWKINSHOUSE@devonandcornwall.pnn.police.uk](mailto:MARACHAWKINSHOUSE@devonandcornwall.pnn.police.uk)

North Devon: [DevonBCUDAONORTH@devonandcornwall.pnn.police.uk](mailto:DevonBCUDAONORTH@devonandcornwall.pnn.police.uk)

Devon Rural MARAC (South) [devonbcudaosouth@devonandcornwall.pnn.police.uk](mailto:devonbcudaosouth@devonandcornwall.pnn.police.uk)

Torbay MARAC [torbaydau@devonandcornwall.pnn.police.uk](mailto:torbaydau@devonandcornwall.pnn.police.uk)

For further information on **MARAC** Guidelines visit [www.safelives.org.uk](http://www.safelives.org.uk)