**CONFIDENTAIL - SENSITIVE**

**BCU Central East MARAC Referral Form**

**(Multi Agency Risk Assessment Conference)**

***All sections on this form must be completed***

**REFERRING AGENCY DETAILS**

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| --- | --- | --- | --- | --- | --- |
| **Referrers details** | *(****INCLUDE:*** *Name, Organisation and Team details, contact number and email address)* | **Date referred** |  | **Is victim aware of the referral to MARAC?** | Y/N |

**PRIMARY VICTIM DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First name (s)**  *(include any aliases)* | |  | | | | **Surname (s)**  *(include any aliases)* | | | | |  | | |
| **D.O.B** | |  | | | | **Gender** *(Male/Female/Transgender)*  *Other please state* | | | | |  | | |
| **Ethnic identity**  *(please be specific)* | |  | | | | **Religious beliefs** | | | |  | | | |
| **Victim permanent address** | |  | | | | **Victim temporary address**  **& date of move** | | | |  | | | |
| **Is language support required?**  *(If yes, please state preferred language/dialect)* | | |  | | | | | **Sexuality?** *Heterosexual/ Lesbian/Gay/Bisexual/*  *Other (please state)* | | | |  | |
| **Does the victim have a disability?**  **If yes, specify** | | |  | | | | | **Does the victim have recourse to public funds?** | | | |  | |
| **Victim housing status? (e.g. sole/joint-tenant, privately rented, owner occupier)** | | | | | **Housing Association, Resident Social Landlord, Local Housing Office details** | | | | | | | | |
|  | | | | |  | | | | | | | | |
| **Victim vulnerabilities / risks**  *(long-term health condition, substance/alcohol misuse, literacy, older person, under 18, criminality / exploitation)* | | | | |  | | | | | | | | |
| **Is the victim known to other services?**  *(e.g. Mental Health, Probation, Substance Misuse, Health Visitor, Midwifery Services)* | | | | |  | | | | | | | | |
| **Is it safe to write to the victim?** | | | | | **Y/N** | | | | | | | | |
| **Has the victim been notified that an IDVA will contact them?**  *The IDVA service will not attempt contact if not safe to do so or if a victim has explicitly declined IDVA support* | | | | | **Y/N** | | | | | | | | |
| **Safe contact number** |  | | | **Safe time to contact** | | |  | | **Is it safe to leave a message?** | | | | **Y/N** |
| **Is a Domestic Violence Disclosure Scheme (DVDS) (Clare’s Law Disclosure)**  Clare's Law gives members of the public a right to ask police where they have a concern that their partner may pose a risk to them, or where they're concerned that the partner of a member of their family or a friend may pose a risk to that individual. It also gives police and partner agencies the right to know where an individual is at risk from a partner and there’s a need for them to know this where they may be unaware they’re at risk. | | | | | | | | | | | | | |
| **Is Clare’s Law being requested? Y/N**  **If yes, please email the Police Risk Management Unit at** [CEMailboxSafeguardingRMU@met.police.uk](mailto:CEMailboxSafeguardingRMU@met.police.uk) **with the reason why you feel this is required** | | | | | | | | | | | | | |

**PERPETRATOR OF ABUSE DETAILS**

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| --- | --- | --- | --- | --- | --- |
| **First name (s)**  *(include any aliases)* |  | | | **Surname (s)**  *(include any aliases)* |  |
| **D.O.B** |  | | | **Gender** *(Male/Female/Transgender)* |  |
| **Ethnic identity** |  | | | **Religious beliefs** |  |
| **Perpetrator permanent address** |  | | | **Perpetrators temporary address** |  |
| **Relationship to victim?** | |  | | | |
| **Is the perpetrator known to MAPPA?** | | | **YES /NO /UNKNOWN** | | |
| **Perpetrator vulnerabilities / risks**  *(mental health, physical disability, learning disability, long-term health condition, substance/alcohol misuse, NRPF, literacy, older person, under 18, criminality / exploitation)* | | |  | | |
| **Is the perpetrator known to other services?**  *(e.g. Mental Health, Probation, Substance Misuse, Health Visitor, Midwifery Services)* | | | **Y/N (If yes, please provide details)** | | |

**CHILDREN & UNBORN CHILD DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s name** | **D.O.B or expected date arrival** | **Address** | **Relationship to victim** | **Relationship to perpetrator** | **School** |
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**OTHER VICTIM DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **D.O.B** | **Address** | **Relationship to victim** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Reason for Referral** | |
| 1. **Visible High Risk** *(14 ticks or more identified on the DASH Risk Assessment)* | **Y/N** |
| 1. **Potential escalation** *(4 or more incidents in the past 12 months)* | **Y/N** |
| 1. **Professional judgement** (*If none of the above apply, you can refer a case should you as a professional have concerns about a victim/s situation, this could be in relation to context given which raises serious concerns; extreme levels of fear, cultural barriers particularly in cases of honour base violence)* | **Y/N** |
| **Is this a repeat referral?** *(A repeat is the same victim, perpetrator and MARAC where a further incident has occurred in 12 months of this case last being discussed)* | **Y/N** |

**BASIS OF REFERRAL AND RELEVANT RISK FACTORS**

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| **Please state the date and brief details of the recent incident which led to a MARAC referral. If referring under Professional Judgement, please highlight your concerns as to why this is high risk?** |
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**Privacy Notice**

The information you provide will be used by the London Borough of Tower Hamlets’ MARAC, to enable us to support and signpost effectively.

Your personal information may be shared with internal departments or with external partners and agencies involved in delivering services on our behalf. As stated above this will include statutory, non- statutory, public and private organisations [such as Police, Victim Support, Probation, Courts].

We will only hold your information for as long as is required by law and to provide you with the necessary services. This is likely to be for six years after the case is closed.

You can find full Privacy Notice and your rights on our Data Protection Page on the Tower Hamlets website ([www.towerhamlets.gov.uk/content\_pages/legal\_notices/legal\_notices.aspx](http://www.towerhamlets.gov.uk/content_pages/legal_notices/legal_notices.aspx)). This includes details of your rights about automated decisions, such as the ranking of Housing Applications, and how to complain to the Information Commissioner.

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| **Please return the completed MARAC referral form along with the DASH Risk Assessment to your MARAC representative or if you do not have a MARAC representative, please email the forms to:**  **Email:** [**domestic.violence@towerhamlets.gov.uk**](mailto:domestic.violence@towerhamlets.gov.uk)  **If you have any questions regarding MARAC, please contact Nicola Proud (MARAC Coordinator) on 0800 279 5434/ 020 7364 4986 or email her directly on the email address above.** |