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**LEWISHAM MARAC REFERRAL FORM**

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| **Lewisham** | [dv.marac@lewisham.cjsm.net](mailto:dv.marac@lewisham.cjsm.net) **(from a CJSM account)**  [dv.marac@lewisham.gov.uk](mailto:dv.marac@lewisham.gov.uk) or and theresa.stone@lewisham.gov.uk (from a local authority account or via Egress/password protected)  **Lewisham Police MARAC officer is PC Corinne Vella –** [**corinne.vella@met.police.uk**](mailto:corinne.vella@met.police.uk)  **Lewisham MARAC Co-ordinator is Theresa Stone** – [theresa.stone@lewisham.gov.uk](mailto:theresa.stone@lewisham.gov.uk) |

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| **SECTION 1 – Referring agency** | | | | | |
| **Officer referring** |  | | **Referring agency** |  | |
| **Telephone number** |  | | **Email** |  | |
| **Date of referral** | Click here to enter a date. | | **CRIS ref. / MERLIN No.** |  | |
| **Repeat referral?** | Yes | | **If yes, date of last MARAC if known** | Click here to enter a date. | |
| **Referral made to Children’s Services (if appropriate)** | Yes | No | **Referral made to Adults Services (if appropriate)** | Yes | No |

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| **SECTION 2 - Victim** | | | | | | | | | |
| **Name** |  | | | | **Aliases (if any)** | | |  | |
| **Date of birth** |  | | **Age** |  | **Gender** | | | Female | |
| **Address** |  | | | | **Telephone number(s)** | | |  | |
| **Is it safe to contact the victim?** | Yes | No | | | If not, should IDVA and other professionals first contact the referrer. Please specify: | | | | |
| **Type of tenancy** | Council property | | | |
| **Victim’s first language, if not English** |  | | | | **Does the victim require an interpreter?** | | | Yes | No |
| **GP’s details** |  | | | | **Pregnant?** | Select | **EDD** | |  |
| **Occupation if known** (does LADO need to be considered?) |  | | | | **Place of work** | | | Unknown | |
| **Is the victim aware of the MARAC referral** | Yes | | No | | **Has the victim consented to the MARAC referral? If no, Section 9 must be completed** | | | Yes | No |

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| **SECTION 3 – Diversity**  **Victim’s Diversity Data:**  Ethnicity:  Sexual Orientation:Choose an item.  Gender:  Gender identity the same as the gender assigned at birth: Choose an item.  Disability and or additional vulnerabilities:Choose an item. Choose an item.  Dependency and Recovery Based Need(sChoose an item. Choose an item.  Mental Health Based Need(s) :Choose an item. Choose an item.  Primary Mechanism of Abuse:: Choose an item.  Additional Abuses: Choose an item.  Languages Spoken:  No Recourse To Public Fund: Choose an item. |

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| **SECTION 4 – Perpetrator details** | | | | | | | | |
| **Name** |  | | | | | **Aliases (if any)** |  | |
| **Date of birth** |  | | **Age** | |  | **Gender** | Select | |
| **Address** |  | | | | | **Type of tenancy (if known)** | Select | |
| **Ethnicity** | White - British | | | | | **Relationship to victim** |  | |
| **Do they live together?** | | Yes | | No | | **Have they ever lived together** | Yes | No |

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| **SECTION 5 – Dependents details** | | | | | | | |
| **Name** | **DoB** | **Age** | **Gender** | **Address** | **Relationship to victim** | **Relationship to perpetrator** | **School attended** |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |

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| **SECTION 6 – Others in household** | | | | | | | |
| **Name** | **DoB** | **Age** | **Gender** | **Address** | **Relationship to victim** | **Relationship to perpetrator** |
|  |  |  | Select |  |  |  |
|  |  |  | Select |  |  |  |
|  |  |  | Select |  |  |  |

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| **SECTION 7 – Reason for referral** | | | | | | | | | |
| **Reason for referral** | **Professional judgement** |  | **Escalation** |  | **Repeat victim** | |  | **Claire’s Law authorisation** |  |
| **Risk to victim based on F124D SPECSS and other risk factors** | **Standard**  **Medium**  **High** | | | | | | | | |
| **Risks identified**  Select all that apply | Substance misuse  Mental health problems  Animal cruelty  Strangulation  Pregnancy / new birth  Child contact  Children in the household  Escalation  Threats to kill  Separation  Weapons  Firearms  HBV  Minimisation  Forced marriage | | | | | Breach of orders  Threats to commit suicide  Intimidation  Isolation  Harassment  Controlling / coercive / jealous behaviours  Sexual abuse  Financial issues / economic abuse  Cultural barriers / pressure  Child protection  Stalking  Criminal history  Violent history  Disengagement from services | | | |
| **Other (please specify)** |  | | | | |  | | | |

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| **SECTION 8 – Additional information required** | | |
| **Current incident** | | **Information to include:**   * Date / place of incident and briefly what happened * Why is this case high risk now? * Escalation? Please explain how the situation has escalated |
|  | | |
| **Four or more incidents within the last 12 months? Please give brief details of each incident below** | | |
| **Background** | | **Information to include:**   * How long together? * When separated? * Over what period of time has abuse occurred and brief summary of what has occurred. (You do not need to list every incident, use ‘first’, ‘last’, ‘worst’ incidents). |
|  | | |
| **Who is the victim afraid of? Include all potential threats, and not just primary perpetrator** |  | |
| **Who does the victim believe it is NOT safe to talk to?** |  | |
| **Action taken at time of referral** | Arrest of perpetrator  IDVA referral  Child protection referral  Initial safety planning / crime prevention advice  Panic alarm  NCDV referral / non-molestation order  Legal advice  999/101 advice  Special Schemes  TecSos | |
| **Anything else you wish to note?** |  | |

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| **SECTION 9 – Information sharing without consent** | | |
| * Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, Sch. 29) * To protect vital interests of the data subject; serious harm or matter of life or death (DPS, Sch. 2 & 3) * For the administration of justice - u*sually bringing perpetrators to justice* (DPA, Sch. 2 & 3) * For the exercise of functions conferred on any person by or under any enactment - *Police/Social Services* (DPA, Sch. 2 & 3) | | |
| **If no consent, on what legal basis is this referral being made?** | In accordance with a court order?  Local Authority Enquiry under Care Act 2014  Prevention of abuse and neglect (The Care Act 2014)  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* (DPA, Sch. 2 & 3)  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** | Pressing need  Respective risk to those affected  Public interest of disclosure  Duty of confidentiality | Risk of not disclosing  Interest of another agency receiving information  Human Rights  Other |
| **SECTION 10 – Risk Management forward planning** | | |
| **What services is the client already known to?** |  | |
| **Has safety planning been implemented? Yes/No** | Yes – What is it? | No – why not? |
| **What would you like to achieve from the MARACV referral?** |  |  |

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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. | ☐ | ☐ | ☐ |  |
| 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?**   Ie, 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 [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. | ☐ | ☐ | ☐ |  |
| 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 [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. |  |  |  |  |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?** | ☐ | ☐ | ☐ |  |
| 1. **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) ☐ | ☐ | ☐ | ☐ |  |
| **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** |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 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 [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) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| 1. **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? | ☐ | ☐ | ☐ |  |
| 1. **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 ☐ |  |  |  |  |
| 1. **Has [name of abuser(s)] ever threatened or attempted suicide?** |  |  |  |  |
| 1. **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 ☐ |  |  |  |  |
| 1. **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** |  | | | |