

WARWICKSHIRE AGAINST DOMESTIC ABUSE

OFFICIAL-SENSITIVE MARAC Referral

This form, when completed will contain personal information (data) including special category (sensitive) data. You are required to comply with General Data Protection Regulations (GDPR) in the processing (including storage & retention) of this data. Please refer to the below documents:

- your internal Data Protection Policy;
- Warwickshire Marac Operating Protocol (MOP) (<https://www.talk2someone.org.uk/professionals/maracs/>);
- Warwickshire Community Safety Information Sharing Protocol (<https://safeinwarwickshire.com/isp/>); and
- the GDPR and the Data Protection Act 2018.

Article 5 of the UK GDPR sets out seven key principles which lie at the heart of the general data protection regime. MARAC data will typically be lawfully shared under Article 6 (1)(e) public interest or 6 (1)(f) legitimate interest. If you are relying on legitimate interests, you will need to identify the interest[s] (e.g. safeguarding the victim). You must also demonstrate that you have balanced the interests of the data subject, and the protection of their rights and freedoms and your own interest. Information shared should be limited to what is necessary to achieve the purpose identified (e.g. to inform risk and needs assessments for effective intervention/offer of services); be proportionate and relevant.

If you are processing special category data (information regarding a person's ethnicity, religious beliefs, health, sexual orientation or sex life) you must identify a lawful basis for general processing under Article 6, **and** a separate condition for processing under Article 9.

If you are processing data in relation to criminal convictions or offences, you must also identify a lawful basis for general processing **and** an additional condition for processing this type of data under Article 10.

Special category and criminal offence data may be shared without consent if it is necessary on the grounds of substantial public interest. This includes processing data for the purposes of prevention/detection of unlawful acts, or, safeguarding of children and vulnerable adults.

It is the responsibility of the referring agency to comply with GDPR and the seven key principles. Compliance with the spirit of these key principles is a fundamental building block for good data protection practice. It is also key to your compliance with the detailed provisions of the GPDR. Failure to comply with the principles may leave you open to substantial fines.

Purpose and use of information shared in this form and throughout the MARAC process

The purpose of a Marac referral form is to provide only the relevant information required to enable the Marac team to process the personal data and information necessary to populate an accurate agenda to be sent to the relevant agencies listed within the MOP, and to maintain accurate records as agreed within the MOP. Information shared at a MARAC is used to construct a unique safety plan that will attempt to address the risks faced by the adult victim and children and disrupt the alleged perpetrator/perpetrator. It may also cover risks faced by agency staff, neighbours or colleagues and indeed the perpetrator themselves. Information shared during the MARAC process should not be used for any other purpose without obtaining consent from all relevant parties, further information regarding disclosure of information can be found in the MOP.

Criteria for making a MARAC referral

This form should be used to submit a MARAC referral in the following circumstances.

1. The risk to a victim has been assessed as high, either through a risk assessment (scoring 14 or above on the DASH) or professional opinion;
2. When a high risk victim has suffered a repeat incident from the same perpetrator within 12 months of the previous MARAC referral (a 'Repeat MARAC') (<http://www.safelives.org.uk/definition-repeat-marac>);
3. Potential escalation (3 or more standard or medium risk incidents reported to the police in the last 12 months); or
4. When a MARAC victim has transferred into the Warwickshire from another area.

Further guidance in relation to this can be found in the MOP.

Where to send the referral

- Referral forms will only be accepted in a Microsoft Word format. PDF and hand written referral will not be accepted.
- MARAC referrals should be sent by secure email to warwickshire.maracreferrals@refuge.cjsm.net
- If the referrer can only use in-secure email, then the relevant password should be obtained via telephone (0800 4081552) from the MARAC Coordinator and the referral form sent as a password protected doc.x file to warwickshiremaracreferrals@refuge.org.uk

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REFERRER INFORMATION			
Date of MARAC <small>To be completed by MARAC admin</small>			
Date of referral		MARAC Locality	Please select
Referring agency	Referring agency is required to attend MARAC meeting to present case, if this is not possible please provide details of the agency representative who will attend and present the case on your behalf (they must be fully informed of up to date information at the date of the meeting)		
Contact name and position			
Telephone and email address			
Victim / Survivor			
Alleged Perpetrator / Perpetrator			
MARAC reference <small>(To be completed by MARAC admin)</small>			

REASON FOR REFERRAL (all sections must be completed)	
Primary reason for referral	Choose an item.
DASH Risk Assessment Score (if completed)	
Has the victim / survivor been referred to any other MARAC in a different area previously? <i>If yes, please state where & when</i>	Choose an item.

REPEAT MARAC DETAILS (all sections must be completed if information is known to referrer)	
Is this a repeat MARAC referral?	
If yes, please details the last MARAC date and MARAC reference	
If known, please include the RARA outcomes agreed at the last MARAC	<p><u>Victim risk outcome:</u></p> <p>Removed <input type="checkbox"/> Reduced <input type="checkbox"/> Avoided <input type="checkbox"/> Accepted <input type="checkbox"/></p> <p>If risk accepted, reason for this:</p> <ul style="list-style-type: none"> AP and V are possibly/believed to be in contact <input type="checkbox"/> Relationship is ongoing <input type="checkbox"/> Agencies unable to engage victim / victim has declined support <input type="checkbox"/> AP controls are being breached <input type="checkbox"/> No controls in place for perpetrator <input type="checkbox"/> Investigation status unknown <input type="checkbox"/> <p><u>Perpetrator outcome:</u></p> <p>Diverted <input type="checkbox"/> Managed <input type="checkbox"/> Disrupted <input type="checkbox"/> Prosecuted <input type="checkbox"/></p>
If known, please include the Chair summary provided at the last MARAC and the agreed action plan:	
Chair summary:	
Previous MARAC action plan:	
Action	Agency / Representative
	Update received following MARAC

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CONSIDERATIONS FOR REFERRAL (all sections must be completed)			
Is the victim been informed and consented to the MARAC referral?	Choose an item.	If no, please provide the reason?	
Has the victim / survivor been referred to DVSW for independent domestic violence advocate support	Choose an item.		
Please confirm the lawful basis for the processing of this personal information <i>Further guidance can be found above and within the Warwickshire Community Safety Information Sharing Protocol</i> https://safeinwarwickshire.com/isp/	Choose an item.		
I confirm that where any special category data is shared within this referral form, it is done so lawfully under section 9(2)(a) (explicit consent) or 9(2)(g) of the GDPR (processing is necessary on the grounds of substantial public interest). Criminal offence data is shared lawfully under section 10 of GDPR.			
YES <input type="checkbox"/> NO <input type="checkbox"/>			

VICTIM / SURVIVOR DETAILS			
Victim / Survivor (include all known aliases)		Date of birth	
Usual home address and district	Choose an item.		
Current address and district	Choose an item.		
Tenure / Ownership of the property/properties?	<i>If the victim / survivor is a tenant, please specify the details of who the landlord is. If the property is jointly owned/rented please outline those details</i>		
Contact number		Is the number safe to call?	Choose an item.
		Leave voicemails?	Choose an item.
		Send text messages?	Choose an item.

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Email address		Is the email address safe to contact?	Choose an item.
Please insert any relevant contact information such as times to call etc		Gender	
		Language spoken	
		Ethnicity	
		Ethnic Minority	
		Disability – Equalities Act 2010 defines a person as having a disability if ‘he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’	Choose an item.
		Sexual orientation	
		Pregnant	Choose an item.
		Honour based violence	Choose an item.

ALLEGED PERPETRATOR / PERPETRATOR DETAILS			
Alleged perpetrator / Perpetrator (include all known aliases)		Date of birth	
Relationship to victim / survivor		Gender	
Ethnicity		Disability	
Usual home address and district		Current address and district	
	Choose an item.		Choose an item.
Tenure / Ownership of the property/properties?	If the AP is a tenant, please specify the details of who the landlord is. If the property is jointly owned/rented please outline those details		

CHILD DETAILS (please provide details of all children of the victim and alleged perpetrator)					
NAME	DOB	RELATIONSHIP TO		LIVING WITH/ADDRESS	SCHOOL
		Victim / Survivor	Perpetrator / Alleged Perpetrator		

RISKS AND TRIGGERS	
Risks to Victim / Survivor	
Repeat victim of DA (victim has previously been an abusive relationship) <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Emotional <input type="checkbox"/> Controlling and Coercive behaviour <input type="checkbox"/> Intimidation/threats <input type="checkbox"/> Non-fatal strangulation/suffocation/choking <input type="checkbox"/> Stalking <input type="checkbox"/> Harassment <input type="checkbox"/> Threats to share intimate images <input type="checkbox"/> Tech Abuse <input type="checkbox"/> Sexual <input type="checkbox"/> Economic <input type="checkbox"/> Joint tenancy/ownership <input type="checkbox"/> Homelessness <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/> Suicidality <input type="checkbox"/> Diagnosed Personality Disorder <input type="checkbox"/> Child contact <input type="checkbox"/> Separating from AP/Perpetrator <input type="checkbox"/> Isolation <input type="checkbox"/>	
Risks to children	

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Physical ☐ Emotional ☐ Threats ☐ Intimidation ☐ Sexual ☐ Isolation ☐ Controlling and Coercive behaviour ☐
Economic ☐ Stalking ☐ Harassment ☐ Honour Based Violence ☐

Perpetrator triggers

Alcohol ☐ Drugs ☐ Homelessness ☐ Child contact ☐ Mental Health ☐ Suicidality ☐ Threats of self-harm/suicide ☐
Diagnosed Personality Disorder ☐ Serial Perpetrator/Previous DA history ☐ Access to weapons ☐ Jealousy ☐

REASON FOR REFERRAL

NB: Consider relevancy, proportionality and whether the information provided is necessary for the purpose of this referral form. It is the responsibility of the referring agency to be satisfied that the threshold for Marac is reached (that the victim / survivor of domestic abuse is at high risk of serious harm or homicide).

Briefly explain your grounds for the referral

Date of most recent incident

Provide details of the most recent incident(s), please confirm whether this has been reported to the police?

If the most recent incident has taken place outside of Warwickshire (and has been reported to the police), please provide the crime reference number (if known).

Provide a brief history of the relationship between the victim / survivor and the offender

Please confirm whether the abuse disclosed has been reported to the police. Again, if this took place outside of Warwickshire please provide the crime reference number (if known).

Set out the details of the support and safeguarding already in place

Provide details of the support and safeguarding required from MARAC.

Voice of the Victim / Survivor (IDVA or advocate to complete)

- 1. What does the victim / survivor believe the risks posed by the Alleged Perpetrator / Perpetrator are?*
- 2. What does the victim / survivor believe are their greatest priorities to address their [and their children's] safety?*
- 3. Once you have explained the purpose of the MARAC, is*

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there anything else that the victim / survivor wishes to raise with the agencies attending?	
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POLICE INVOLVEMENT (TO BE COMPLETED IF THIS IS A POLICE REFERRAL)			
CRIME REFERENCE			
OIC DETAILS AND EMAIL ADDRESS			
SIG MARKER ON ADDRESS?	Choose an item.		
IS THERE A NON-MOL ORDER OR RESTRAINING ORDER IN PLACE?	Choose an item.	IF YES, WHAT IS THE EXPIRY DATE?	
OFFENDER CURRENT DISPOSAL	Choose an item.		
BAIL CONDITIONS			
CHARGES, COURT DATE, SENTENCING SUMMARY			
PNC MARKERS			
POLICE HISTORY / LATERALS / PNC /PND / GENIE			
DVDS DISCUSSION REQUIRED?	Choose an item.		