WEST MIDLANDS MARAC REFERRAL FORM



**Advice when completing this form**

* Fields marked with \* are compulsory and forms will not be accepted without this information. If the mandatory information is not given, the referral will be declined and the referring agency requested to review and resubmit.
* Referral forms can only be accepted in Microsoft Word format, with PDFs and handwritten submissions being returned.
* Where a risk assessment tool (such as DASH) has been completed, a copy should be submitted with the referral form.
* The referrer is expected to attend the relevant MARAC to present this case and will be invited if the referral is accepted.

**About this form**

This form should be used to submit a MARAC referral when the risk to a victim of domestic abuse has been assessed as high, either through a risk assessment or professional opinion and a MARAC discussion is required. It should also be used when an already known high risk victim has suffered a repeat incident from the same perpetrator within 12 months after the first MARAC hearing and a MARAC discussion is required.

When completed, this form will contain personal information (data) including special category (sensitive) data. You, the referrer, are required to comply with General Data Protection Regulations (GDPR) in the processing (including storage & retention) of this data.

**GDPR**

Article 5 of the GDPR sets out six 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, depending on whether you are a public sector organisation or voluntary agency. If you are relying on your legitimate interests, you need to be clear as to what these interests are, e.g. your interest in safeguarding victims of domestic abuse, and preventing further victimisation. You will also need to have carried out a ‘balancing exercise’ where you weigh up the interests of the data subject, and the protection of their rights and freedoms, against your own interest. There is further protection where ‘special category’ data is shared. This used to be called ‘sensitive’ data, and includes information about ethnicity, health, sex life or sexual orientation. This protection also applies to information concerning criminal offences. Information may be shared without consent if it is needed on the grounds of substantial public interest, which includes processing for the purposes of preventing or detecting unlawful acts, or safeguarding of children and vulnerable adults. You must have policies in place which govern information sharing with MARAC for either of these reasons.

**Compliancy**

It is the responsibility of the referring agency to comply with GDPR and the six 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 and criminal prosecution.

**Purpose**

The purpose of the MARAC Referral Form is to provide only the relevant information required to enable the MARAC Administrative team to process the personal data and information necessary to assess the threshold of the referral and populate an accurate MARAC agenda. This will then be sent to the relevant agencies listed within the MARAC Terms of Reference, as agreed within the West Midlands MARAC Operating Protocol.

It is the responsibility of the referring agency to be satisfied that the threshold for MARAC is reached (that the victim of domestic abuse is at high risk of serious harm or homicide) before referring; this threshold will also be reviewed by the MARAC team.

**Consent**

The GDPR sets a high standard for consent. However, when a person is assessed to be at high risk of serious harm or homicide (meeting the MARAC threshold) information can be shared without consent and the client cannot choose to withdraw from the process. In many circumstances, it would increase the risk of the victim suffering further harm if consent were sought or given. If safe, consent may still be sought by the practitioner, however even if consent is not obtained, this referral should still be made.

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| **CONSIDERATION FOR REFERRAL** | | | | |
| PRIMARY REASON FOR REFERRAL\* | Please select | | | |
| HAS A SEPARATE REFERRAL  BEEN MADE FOR IDVA SUPPORT? | Please select | IF YES, PLEASE PROVIDE DETAILS | NAME OF IDVA SERVICE | DATE REFERRED |
|  |  |
| HAS CONSENT BEEN OBTAINED TO REFER TO AN IDVA? \* | Please select | IF NO IDVA REFERRAL HAS BEEN MADE, PLEASE PROVIDE REASON |  | |
| IS THE VICTIM AWARE OF THIS REFERRAL, AND OF YOUR CONCERNS? \* | Please select | IF VICTIM IS NOT AWARE, PLEASE EXPLAIN WHY NOT |  | |
| HAS CONSENT BEEN OBTAINED TO MAKE A MARAC REFERRAL? \* | Please select | | | |
| PLEASE CONFIRM THE LAWFUL BASIS FOR THE PROCESSING OF THIS PERSONAL INFORMATION \*  (see GDPR guidance above) | Please select | | | |
| I, THE REFERRER, CAN CONFIRM THAT WHERE ANY SPECIAL CATEGORY DATA IS SHARED WITHIN THIS REFERRAL FORM, IT IS DONE SO LAWFULLY UNDER SECTION 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 \* | | | | |
| Please select | | | | |

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| **REFERRER INFORMATION** | | | |
| DATE OF REFERRAL |  | LAST MARAC DATE  (IF REPEAT REFERRAL) |  |
| MARAC LOCALITY \* | Please select | REFERRED BY \* | Please select |
| REFERRING AGENCY\* |  | | |
| NAME OF REFERRER \* |  | | |
| POSITION / JOB TITLE \* |  | | |
| CONTACT NUMBER \* |  | | |
| EMAIL ADDRESS \* |  | | |

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| **RISK ASSESSMENT** | | |
| HAS A DOMESTIC ABUSE RISK ASSESSMENT BEEN COMPLETED? \* | Please select | |
| WHAT WAS THE SCORE? |  |
| WHERE A RISK ASSESSMENT HAS NOT BEEN COMPLETED, PLEASE EXPLAIN WHY THIS WAS NOT POSSIBLE |  |

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| **VICTIM DETAILS** | | | | | |
| NAME \*  (include all known alias’) |  | DATE OF BIRTH \* | |  | |
| VICTIM AGE GROUP \* | | Please select | |
| CONTACT NUMBER |  | IS NUMBER SAFE | | Please select | |
| ALTERNATIVE KNOWN SAFE CONTACT NAME AND CONTACT NUMBER (I.E  PARENT, FRIEND) |  | SAFE CONTACT INFORMATION  (I.E SAFE TIMES TO CALL, SAFE WORDS) | |  | |
| CURRENT ADDRESS, WHERE THE VICTIM IS STAYING \* |  | GENDER \* | | Please select | |
| HOUSING TENURE TYPE | Please select | LANGUAGE SPOKEN | |  | |
| ETHNICITY \* | Please select | | | | |
| USUAL ADDRESS  (if different from above) |  | | DISABILITY | | Please select |
| VICTIM IDENTIFIES AS LGBTQIA+ | | Please select |
| GP SURGERY | |  |
| ANY OTHER RELEVANT INFORMATION REGARDING MENTAL HEALTH, SUBSTANCE MISUSE OR OTHER SIGNIFICANT ADDITIONAL NEEDS OF THE INDIVIDUAL, INCLUDING DETAILS OF ANY IDENTIFIED DISABILITY AND WHETHER DIAGNOSED | | | | | |
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| **PERPETRATOR DETAILS** | | | | | | | | | | |
| NAME \*  (include all known alias’) | |  | | DATE OF BIRTH \* | | |  | | | |
| PEREPTRATOR AGE GROUP \* | | | Please select | | | |
| RELATIONSHIP TO VICTIM | |  | | PERPETRATOR IS A KNOWN SERIAL PERPETRATOR | | | Please select | | | |
| USUAL HOME ADDRESS\* | |  | | GENDER \* | | | Please select | | | |
| ETHNICITY \* | | Please select | | | | | | | | |
| HOUSING TENURE TYPE | | Please select | | | DISABILITY | | | Please select | | |
| CURRENT ADDRESS  (if different from above) | |  | | |
| ANY OTHER RELEVANT INFORMATION REGARDING MENTAL HEALTH, SUBSTANCE MISUSE OR OTHER SIGNIFICANT ADDITIONAL NEEDS OF THE INDIVIDUAL, INCLUDING DETAILS OF ANY IDENTIFIED DISABILITY AND WHETHER DIAGNOSED | | | | | | | | | | |
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| **CHILD DETAILS** | | | | | | | | | | |
| NAME \*  (include all known alias’) | | DOB \* | | RELATIONSHIP TO | | | | | | LIVING WITH / ADDITIONAL COMMENTS |
| VICTIM | | | PERPETRATOR | | |
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| TOTAL NUMER OF CHILDREN |  |
| HAS A REFERRAL BEEN MADE TO CHILDREN’S SOCIAL CARE? | Please select |
| IF NOT, PLEASE EXPLAIN WHY NOT\* |  |

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| **REASONS FOR REFERRAL** | |
| DATE OF INCIDENT \* |  |
| BRIEFLY EXPLAIN YOUR GROUNDS FOR REFERRAL, I.E YOUR PROFESSIONAL JUDGEMENT OF THE RISK OF DOMESTIC ABUSE \* |  |
| PROVIDE DETAILS OF THE MOST RECENT INCIDENT(S) \* |  |
| PROVIDE A BRIEF HISTORY OF THE RELATIONSHIP BETWEEN THE VICTIM AND THE PERPETRATOR \* |  |
| PROVIDE DETAILS OF SUPPORT AND SAFEGUARDING  ALREADY IN PLACE \* |  |
| PROVIDE DETAILS OF THE SUPPORT AND SAFEGUARDING REQUIRED FROM MARAC \* |  |
| HAS THIS INCIDENT BEEN REPORTED TO THE POLICE EITHER BY THE VICTIM OR THE REFERRING AGENCY?  IF NOT, PLEASE PROVIDE THE REASON. \* |  |

**On completion, this form should be submitted via secure email to** [**marac\_referrals@westmidlands.police.uk**](mailto:marac_referrals@westmidlands.police.uk)**.**