

# Ayrshire Multi-Agency Risk Assessment Conference Referral guidance

#### **Introduction:**

- Referrals for MARAC are completed using a hyperlink. An electronic referral
  pathway similar to this is used for MARAC referrals in other areas of the UK and
  is secure and GDPR compliant.
- When submitted the referral is received into a system called Oasis.
- Oasis can only be accessed by the MARAC coordination team.
- Referrals can be submitted at any time and are processed on a daily basis –
   Monday Friday excluding Public Holidays.
- Referrals can be added to a MARAC agenda up 10 days before the meeting. If submitted after a cut-off date a referral will be added to the agenda for the MARAC meeting the next month.
- If information within the referral is incomplete a member of the coordination team will be in touch with the referrer to inform them. Please note this may result in a delay in the referral being processed and the referral not included for discussion at the next MARAC meeting.
- Providing an alternative contact is helpful to avoid any delays in the process in the event that the original referrer is unreachable/on leave.
- MARAC dates and the cut off dates for referrals are available on AthenA and updated by the coordination team.

#### **Referral information:**

- The referral is designed to capture as much helpful information as possible about the victim/survivor, the current risk, threshold for referral to MARAC and required information about child(ren) and the perpetrator.
- Equalities monitoring is a requirement and the completion of these fields is therefore mandatory.
- Once someone has been referred to MARAC, an Independent Domestic Abuse Advocate (IDAA) will be appointed if this has not already been put in place. The MARAC Coordinator will check if the victim is already supported by an IDAA agency and if not will make this referral within 48 hours.

#### Reason for referral:

- The threshold for referral to MARAC is: high risk of significant harm from domestic abuse. Evidenced by
  - Visible high risk a score of 14 or more in the DASH Risk Assessment

- Potential escalation of concerns
- A repeat incident involving a victim who has been referred in the past
   12 months
- Professional judgement
- Referrers are asked to clearly note under which criteria the referral is being made.

(More information about this criteria is available in the Ayrshire MARAC Practitioner Guidance)

#### Referral 'form'

All referrals are made via the MARAC referral hyperlink.



The referral is split into 4 sections:

- Information about the victim/survivor including current vulnerabilities.
- Information about the referral including referrer details, the criteria used for referral and current risk
- Information about the perpetrator
- Information about affected children

The link will open a section at a time and once all the information is added a 5<sup>th</sup> section will offer the option to submit.

After a referral is submitted the referrer has the option to download a copy for their records.

**Example referral** (please note some data fields are under review and may be updated:

#### **Client details**

| First Name    | mandatory | Address                 | mandatory     |
|---------------|-----------|-------------------------|---------------|
| riist Name    | manuatory | Address                 | illalidatol y |
| Last Name     | mandatory |                         |               |
| Aliases       |           |                         |               |
| Date of Birth | mandatory | Postcode                |               |
| Current Age   |           | UPRN                    |               |
| Occupation    |           | Normally Resides        |               |
| Place of Work |           | Landlord                |               |
| G.P. Name     |           | Address safe to contact |               |
| G.P. Surgery  |           | Phone Number            |               |

| NHS Number                   | Alt contact number    |   |
|------------------------------|-----------------------|---|
| Email Address                | Phone safe to contact | _ |
| Phone Safety Notes mandatory |                       |   |
| Email Safety Notes mandatory |                       |   |

## **Accessibility Requirements**

| recessionity neganiem   |       |  |
|---|-------|--|
| Has Specific<br>Requirements<br>e.g. wheelchair ramp,<br>hearing loop | Notes |  |
| Interpreter Required<br>(British Sign Language or<br>language)        | Notes |  |
| Primary Language  | Notes |  |

## **Equalities Monitoring**

| Gender          | mandatory | Relationship Status | mandatory |
|-----------------|-----------|---------------------|-----------|
| Transgender     | mandatory | Religion            | mandatory |
| Ethnicity       | mandatory | Sexual Orientation  | mandatory |
| Ethnicity Other | mandatory |                     | mandatory |

| Disability                     | mandatory | Additional Notes |
|--------------------------------|-----------|------------------|
| Physical Impairment            | mandatory |                  |
| Long Standing Illness          | mandatory |                  |
| Sensory Impairment             | mandatory |                  |
| Mental Health Condition        | mandatory |                  |
| Learning Disability            | mandatory |                  |
| <b>Developmental Condition</b> | mandatory |                  |
| Other                          |           |                  |

| Is Victim a Carer        | mandatory | Additional Notes |
|--------------------------|-----------|------------------|
| Parent                   |           |                  |
| Child with Special Needs |           |                  |
| Other Family Member      |           |                  |
| Partner / Spouse         |           |                  |
| Friend                   |           |                  |
| Other                    |           |                  |

# **Additional Vulnerabilities**

| Vulnerability | Details | Additional Information |
|---------------|---------|------------------------|
|---------------|---------|------------------------|

| Pregnant   |  |   |  |
|--|--|---|--|
| Mental Health Support  |  |   |  |
| Physical Health Support  |  |   |  |
| Drug Support   |  |   |  |
| Alcohol Support  |  |   |  |
| Offending Support  |  |   |  |
|  |  |   |  |
| Client British National  | mandatory  |   |  |
| If the survivor is not a Briti   | sh national:   | T   |  |
| Immigration Status   |  | Recourse to Public Funds  | Additional Notes   |
| Nationality  |  |   |  |
| Recourse to Public Funds   |  |   |  |
| Any known risks the perpe  | etrator poses to victim / chi  | ldren / agency workers  |  |
| Additional Notes   |  |   |  |
| Referral Details   |  |   |  |
| Referral Date  | mandatory  | Referral Agency   | mandatory  |
| Referral Type  |  | Referral Agency Other   |  |
| Referrer Name  | mandatory  | Referrer Telephone  | mandatory  |
| Referrer Email   | mandatory  |   |  |
| Referral Information   |  |   |  |
|  |  |   |  |
| Professional Judgement of safety   | high risk of serious harm /  | significant concern for   | mandatory  |
| safety   | high risk of serious harm /  |   | mandatory mandatory  |
| safety   | re 'Yes' responses on DASH   |   |  |
| safety Visible High Risk (14 or mo Number of 'Yes' responses   | re 'Yes' responses on DASH   | RIC)  | mandatory  |
| visible High Risk (14 or mo<br>Number of 'Yes' responses<br>Potential Escalation (3 or n   | ore 'Yes' responses on DASH  | RIC) 2 months)  | mandatory<br>mandatory   |
| visible High Risk (14 or mo<br>Number of 'Yes' responses<br>Potential Escalation (3 or r<br>MARAC Repeat (further inc  | ore 'Yes' responses on DASH<br>s on RIC<br>more incidents in the past 12<br>cident identified within 12 n  | RIC) 2 months)  | mandatory mandatory mandatory  |
| visible High Risk (14 or mo<br>Number of 'Yes' responses<br>Potential Escalation (3 or m<br>MARAC Repeat (further ind<br>the last MARAC referral)<br>MARAC to MARAC Transfe  | ore 'Yes' responses on DASH<br>s on RIC<br>more incidents in the past 12<br>cident identified within 12 n  | RIC)  2 months)  nonths from the date of                                | mandatory mandatory mandatory mandatory mandatory  |
| visible High Risk (14 or mo<br>Number of 'Yes' responses<br>Potential Escalation (3 or r<br>MARAC Repeat (further ind<br>the last MARAC referral)<br>MARAC to MARAC Transfe<br>Outline risk factors, releva<br>under DVDS if relevant)   | ore 'Yes' responses on DASH<br>s on RIC<br>more incidents in the past 1:<br>cident identified within 12 n  | RIC)  2 months)  nonths from the date of                                | mandatory mandatory mandatory mandatory mandatory  |
| Visible High Risk (14 or mo<br>Number of 'Yes' responses<br>Potential Escalation (3 or m<br>MARAC Repeat (further ind<br>the last MARAC referral)<br>MARAC to MARAC Transfe<br>Outline risk factors, releva<br>under DVDS if relevant)<br>mandatory<br>Is the victim / survivor awa                                  | ore 'Yes' responses on DASH<br>s on RIC<br>more incidents in the past 1:<br>cident identified within 12 n  | RIC)  2 months)  nonths from the date of  for referral (including basis | mandatory mandatory mandatory mandatory mandatory mandatory sfor request for disclosure            |
| Visible High Risk (14 or mo<br>Number of 'Yes' responses<br>Potential Escalation (3 or r<br>MARAC Repeat (further ind<br>the last MARAC referral)<br>MARAC to MARAC Transfe<br>Outline risk factors, releva<br>under DVDS if relevant)<br>mandatory<br>Is the victim / survivor awa<br>Has the victim / survivor giv | ore 'Yes' responses on DASH s on RIC more incidents in the past 12 cident identified within 12 n er nt background and reason are of this MARAC referral? | RIC)  2 months)  nonths from the date of  for referral (including basis | mandatory mandatory mandatory mandatory mandatory mandatory s for request for disclosure mandatory |

| _  | victim / survivor given consent on information to relevant agencies? |                               |                           |
|--|--|-------------------------------|---------------------------|
|  | dentified any priorities to inc                                      | crease their safety or meet   | their needs?              |
| Who is the victim / survivo                            | or afraid of? (e.g. all potentia                                     | al threats, and not just prin | nary perpetrator)         |
| Has the (potential) perpeti<br>member)                 | rator made threats to anyon  | e else? (e.g. children, a ne  | w partner/other family    |
| Are there any safeguarding mandatory                   | g concerns? (e.g. for a child)                                       |                               |                           |
| Who does the victim / surv                             | vivor believe it is safe to talk                                     | to? (e.g. agencies/family i   | members/ friends)         |
| Who does the victim / surv<br>friends)                 | vivor victim believe <u>it is not</u> s                              | safe to talk to? (e.g. agenci | es/family members/        |
| Has consideration been giv<br>Disclosure Scheme (DVDS) | en to disclosure under the D   | omestic Violence              |                           |
| Is it a 'Right to Ask' applicat                        | tion?  |                               |                           |
| Is it a 'Right to Know' applic                         | cation?  |                               |                           |
| Has the victim / survivor be                           | een referred to any other MA   | ARAC previously?              |                           |
| If yes, where / when?                                  |  |                               |                           |
| Has the (alleged) perpetrat MAPPA previously?          | or been considered by any N  | 1ARAC or managed within       |                           |
| If yes, where / when?                                  |  |                               |                           |
|  |  |                               |                           |
| Niche Number   |  | Incident Details              |                           |
| Has crime recording been                               | explained to the victim?   |                               |                           |
|  | es regarding Police action of police to investigate / do no          | -                             | owing this referral being |

Perpetrator(s)

| Forename               | mandatory | Address       | mandatory |
|------------------------|-----------|---------------|-----------|
| Surname                | mandatory |               |           |
| Other Names / Alias    |           |               |           |
| Gender                 |           | Postcode      |           |
| Date of Birth          | mandatory | UPRN          |           |
| Age                    |           | Occupation    |           |
| Relationship to Client |           | Place of Work |           |
|                        |           | Contact No    |           |

| I G D Namo |  |
|------------|--|
| G.P. Name  |  |
|            |  |
|            |  |

| G.P. Surgery                  |  |
|-------------------------------|--|
| Any known risks the perpetest | trator poses to victim / children / agency workers |

| Transgender     | mandatory | Religion             | mandatory |
|-----------------|-----------|----------------------|-----------|
| Ethnicity       | mandatory | Sexual Orientation   | mandatory |
| Ethnicity Other |           | Primary Language     | mandatory |
|                 |           | Interpreter Required |           |

| Disability                     | mandatory | Additional Notes |
|--------------------------------|-----------|------------------|
| Physical Impairment            | mandatory |                  |
| Long Standing Illness          | mandatory |                  |
| Sensory Impairment             | mandatory |                  |
| Mental Health Condition        | mandatory |                  |
| Learning Disability            | mandatory |                  |
| <b>Developmental Condition</b> | mandatory |                  |
| Other                          |           |                  |

| Is perpetrator a carer | mandatory |
|------------------------|-----------|
|------------------------|-----------|

### Children

| Forename               | mandatory | Address  | mandatory |
|------------------------|-----------|----------|-----------|
| Surname                | mandatory |          |           |
| Other Names / Alias    |           |          |           |
| Gender                 |           | Postcode |           |
| Date of Birth          | mandatory |          |           |
| Age                    |           |          |           |
| Relationship to Victim | mandatory |          |           |
| Relationship to Perp   | mandatory |          |           |

| G.P. Name    | School           |  |
|--------------|------------------|--|
| G.P. Surgery | Child Lives With |  |

If you have any queries in relation to this guidance please get in touch with the MARAC Coordination Team: <a href="mailto:aa.clinical">aa.clinical</a> MARAC@aapct.scot.nhs.uk