



**PLEASE READ AND COMPLETE IN FULL AS YOUR REFERRAL MAY NOT BE ACCEPTED**

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| --- | --- |
| **Subject of referral** (incl. any aliases) |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Address** (& landlord if known) |  |
| **Do they have a Disability** (Defined by the Disability Discrimination Act (DDA) *‘*‘*a disabled person is someone who has a* ***physical*** *or* ***mental*** *impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’)* |  Yes No |
| **Does the subject of referral have any children (under 18s only)** |  |
| **V/S Pregnant – Yes/ No?** |  |
| **Perpetrator(s) of abuse - details (if any)** |
| **Name(s)** (include any aliases) |  |
| **Date(s) Of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Do they have a Disability** (Defined by the Disability Discrimination Act (DDA) *‘*‘*a disabled person is someone who has a* ***physical*** *or* ***mental*** *impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’)* |  Yes No |
| **Relationship to Person Referred** |  |
| **Address** (& landlord if known) |  |

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| **Information Sharing and Consent** |  **Yes No**  |
| Have you asked the victim if they consent to their information being shared with other agencies to assist in supporting and protecting them?  |  |
| Have you explained to the victim that in high-risk cases a multi-agency case summary will be created, and their case will be discussed at a monthly panel meeting to determine actions to support and protect them? |  |
| **If consent is not gained from victim, please contact your co-ordinator to request an Information Sharing Without Consent Form** |

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| **Signature of referrer** |  |
| **Date (as signed by caseworker)** |  |
| **Signature of manager** |  |
| **Date (as signed by manager)** |  |

**What is Hillingdon Community MARAC?**

The Hillingdon Community MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk/complex cases between representatives of Safer Communities, Local Police, Mental Health, Child Protection, housing practitioners, Safeguarding Advisors and other specialists from the statutory and voluntary sectors.

After sharing all relevant information, they have about a victim /perpetrator, the representatives discuss options for increasing the safety of any victim and turn these into a co-ordinated action plan.

The main focus of the MARAC is to assist with managing the risk to the vulnerable victim but in doing this it will also consider other persons affected and managing the behaviour of any perpetrator.

The panel will decide on the best approach to managing the overall risk to the victim/the community at large and on effective safety planning strategies.

Information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

The MARAC is not an agency and does not have a case management function.

**The responsibility to take appropriate actions rests with individual agencies; it is not transferred to Community MARAC.**

**Who should be referred?**

A victim / perpetrator should be referred to the Hillingdon Community MARAC if they are vulnerable or at risk to either themselves or others. The case may be complex or involve a multi-agency approach. The case may be unusual and doesn’t fall under the responsibility of another panel.

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| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Is there a Domestic Abuse element to the case?
 | Consider DA MARAC  | Continue to question 2 |
| 1. Any safeguarding concerns? Including any family members?
 | Consider other agencies | Continue to question 3 |
| 1. Any concerns regarding Sexual Exploitation?
 | Consider CSE | Continue to question 4 |
| 1. As the referrer, have you explored all possible avenues to resolve the identified issues?
 | Include details of whom at the end of this form  | Not suitable for CR MARAC |
| 1. Upon completion of Risk Assessment Scorecard, does your client meet the threshold for referral to Community MARAC?
2. (25+ for Community MARAC)

*Consider Multi Agency outside Community MARAC if between 20 - 24 - or consult MARAC coordinator* | Please ensure you highlight the score given and indicate with detail the reasons why this score applies. | Not suitable for Community MARAC |

**The responsibility to take appropriate action rests with individual agencies, it is NOT transferred to Hillingdon Community MARAC**

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| This scorecard is designed to help you identify vulnerable victims, witnesses, and complainants. It should be used as a guide, and in combination with your own judgement to help ascertain what support and protection is required in any given situation. All action taken as a result of your assessment should be discussed with the witness to ensure it meets their needs. This Risk Assessment Scorecard is adapted from the Risk Assessment Matrix which was published by the Home Office and ACPO in 2014. This version was last updated in December 2015. |

History

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| --- | --- | --- |
| 1. On a scale of 1-5 (with 5 being the worst) what is the frequency of issues arising regarding the individual?  | 53210 | Daily Most days Most weeks Most months Only occasionally  |
| 2. Is this current incident linked to previous incidents  | 20 | YesNo |
| 3. Do you think that incidents are happening more often and/or are getting worse? | 20 | Yes No |
| 4. Does the individual know the victim/perpetrator?  | 210 | They know each other wellThey are ‘known’ to each otherThey do not know each other |
| 5. On a scale of 1-6 (with 6 being the worst) has the individual been involved or been subjected to harassment or intimidation? | 6420 | Perpetrator or their associates are currently harassing the complainant Perpetrator or their associates have harassed the complainant in the pastPerpetrator or their associates have not harassed the complainant, but have a history or reputation for harassment or violent behaviourPerpetrator or their associates have no history or reputation for harassment or intimidation |
| 6. Have you been in contact with or informed other agencies about what has happened?  | 01 | YesNo |

Vulnerability

|  |  |  |
| --- | --- | --- |
| 7. Which of the following do you think that this incident deliberately targeted | 4310 | The individual The individuals familyThe individuals CommunityNone |
| **8.** Do you feel that this incident is associated with the individual's faith, nationality, ethnicity, sexuality, gender or disability? | 30 | Yes No  |
| **9.** In addition to what has happened, do you feel that there is anything that is increasing the individuals or their household’s personal risk (e.g. because of personal circumstances)  | 30 | Yes No  |
| **10.** How affected is the individual? | 53210 | Extremely affectedAffected a lotModerately affectedAffected a littleNot at all |

Support

|  |  |  |
| --- | --- | --- |
| 11. Has the individuals or anyone’s health been affected as a result of this and any previous incidents? | **3****3** | Physical health Mental health  |
| 12. Does the individual have a social worker, health visitor or any other type of professional support?  | **1****0** | NoYes  |
| 13. Does the individual have any friends and family to support them?  | **3****2****1****0** | The individual lives alone and is isolatedThe individual is isolated from people who can offer supportThe individual has a few people to draw on for supportThe individual has a close network of people to draw on for support |
| **14.** Apart from any effect on the individual, do you think anyone else has been affected? | **3****1****1** | Local communityThe individual’s familyOther |
| **SCORE TOTAL:** |  |  |

|  |  |  |
| --- | --- | --- |
| **LOW****Remain with referring agency for routine actions****0 - 15** | **MEDIUM****Remain with referring agency for routine actions****16 - 24** | **HIGH****Refer to case management panel for problem solving** **25 +** |

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| --- |
| Summary of the case: |

|  |
| --- |
| What actions have you already taken? |

|  |
| --- |
| What help/assistance do you hope to get from Hillingdon Community MARAC: |

Please complete below what other agencies have already been involved with your case and provide names and contact details of all involved

|  |  |
| --- | --- |
| **Agency name** | **Contact Details and Information shared** |
| Police |  |
| ASBET |   |
| Housing - LBH |  |
| Housing / Other Landlord |  |
| Mental Health |  |
| Safeguarding Children |  |
| Adult Social Care  |  |
| GP |  |
| ARCH |  |
| Community Health |  |
| Youth Offending Service |  |
| Others (please specify) |  |

**Please forward your completed form to the Community MARAC Co-ordinator Emma Stark**

**CommunityMARAC@hillingdon.gov.uk**