



Ending domestic abuse

Referral into the MARAC process

About this form

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 your internal Data Protection Policy; local MARAC Operating & Information Sharing Protocols; the GDPR and the Data Protection Act 2018.

Article 5 of the GDPR sets out seven key principles which lie at the heart of the general data protection regime. These principles should lie at the heart of your approach to processing personal data.

Compliance

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 GDPR. Failure to comply with the principles may leave you open to substantial fines.

Purpose

The purpose of a 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 populate an accurate agenda to be sent to the relevant agencies listed within the MARAC Operating Protocol (MOP), and to maintain accurate records as agreed within the MOP, and to enable the IDAA team to enable safe contact with the victim of domestic abuse. The form also serves to share information that is relevant and proportionate to the risk and may include details of incidences of abuse & sensitive information that informs the risk assessment, thus, removing the necessity for the victim of domestic abuse to repeat their story where possible.

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 of domestic abuse is at high risk of serious harm or homicide).

The Referring Agency is required to attend MARAC meeting to present the case. If this is not possible please provide details of the Representative who will attend and present the case on your behalf.

MARAC referrals should be sent by **secure email or other secure method** to marac.hIGHLAND@nhs.net

Referring Agency	
Contact Name(s)	
Work Telephone / Email	
Date	

Victim Name		Victim DOB	
Victim Address			
Victim Telephone		Safe to call?	Yes ☐ No ☐
Relevant Contact Information (favoured method / times etc.)			
Diversity data (if known) (Completing this section is very important: Diversity can impact on risks and needs of the individual and so needs to be reflected in safety plans)	B&ME (including Traveller Community) ☐ Disability ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Trans ☐ Male ☐ Female ☐ Non-binary ☐		
Perpetrator Name		Perp DOB	
Perpetrator Address			
Relationship to Victim			
Child Name	Child DOB	Relationship to Victim	Relationship to Perpetrator

Potential Escalation (5 + incidents reported to Police in 12 months)	☐	Visible High Risk (14 yes answers or more on risk checklist)	☐
Professional Judgement	☐	DASH / RIC / DAQ Score checklist)	
MARAC Repeat (any instance of abuse with same perpetrator, within 12 months of the last referral)	Yes ☐ No ☐		
If Yes, please provide the date listed / case number (if known)			
Has the Victim been referred to any other MARAC in a different area previously?	Yes ☐ No ☐		
If Yes, please provide the location and date.			
Is the Victim aware of the risk assessment and informed of MARAC referral?	Yes ☐ No ☐		
If no, why not?			
Has the Victim given consent?	Yes ☐ No ☐		
Confirm lawful basis for the processing of personal information	Article 6 – Vital Interests – <i>The processing is necessary to protect someone's life.</i>		
Under what condition is special category data shared?	Article 9 – Substantial Public Interest – <i>There is a likelihood or risk of significant harm from abuse.</i>		

Relevant Reference Number(s)	
Who is the victim afraid of? <i>(to include all potential threats)</i>	
Who does the victim believe it safe to talk to?	
Who does the victim believe it not safe to talk to?	
Any identified risks to Agency Staff?	
Summary of Incident / Risk and any actions taken to reduce risk.	