

Hammersmith and Fulham Community MARAC Referral Form

For cases of complex or high-risk antisocial behaviour and/or hate crime or where there is a significant impact on an individual or community.

PLEASE READ AND COMPLETE AS YOUR REFERRAL MAY NOT BE ACCEPTED

There are several panels that cases can be referred to in order to best support the complex needs of residents. Please consider the questions below and whether a referral should be made to these panels in addition to CMARAC. If you require any support on how to make a referral to these panels, please let us know.

		Referral made (Yes/No)
1. Is there a domestic abuse element to the case?	Refer to the DA MARAC	
2. Do you have any safeguarding concerns? (Including any family members)	Refer to Children's and/or Adult's safeguarding	
3. Is there any risk to young people that is external to their family or caregiver?(criminal exploitation/ gangs/ serious youth violence)	Refer to Safeguarding Adolescence at Risk Panel	
4. Do you have any safeguarding concerns about self -neglect or hoarding?	Refer to the Adults high risk panel	
5. Are there any cuckooing concerns?	Refer to the Cuckooing panel	
6. Are you concerned that someone maybe made homeless?	Refer to the Homelessness Prevention Panel	

RISK ASSESSMENT

This scorecard is designed to help you identify vulnerable victims, witnesses, and complainants. It should be used as a guide, in combination with your own judgement, to ascertain what support and protection is required. All action taken because 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 published by the Home Office and ACPO in 2014. This version was last updated in December 2015.

1. Other than this occasion - how often do you have this problem?	5 3 2 1 0	Daily Most days Most weeks Only occasionally This is the first time	
2. Do you think the current incident is linked to previous incidents? If so, why?	2 0	Yes No	
3. Do you think that incidents are happening more often and/or are getting worse?	2 0	Yes No	
4. Do you know the alleged perpetrator(s)?	2 1 0	They know each other well They are 'known' to each other They do not know each other	
5. Have you informed any other agencies about what has happened?	0 1	Yes No	
6. Do you think that this incident is deliberately targeting someone? Please specify	4 3 1 0	You Your family You and your neighbours None	
7. Do you feel that this incident is targeted because of faith, nationality, ethnicity, sexuality, gender, age or disability?	3 0	Yes No	

8. Is there anything else happening that could increase you or anyone in your household's personal risk? Details?	3	Yes	
	0	No	
9. How affected do you feel by what has happened? Details:	4	Extremely affected	
	3	Affected a lot	
	2	Affected a little	
	0	Not at all	
10. Has yours or anyone's health been affected as a result of this and any previous incidents? Details	3	Physical health	
	3	Mental health/Stress	
	0	None	
11. Do you have a social worker, health visitor or any other type of professional support?	0	No	
	1	Yes	
12. Do you have any friends and family to support you? Details	3	Complainant lives alone and is isolated	
	3	The complainant is isolated from people who can offer support	
	1	The complainant has a few people to draw on for support	
	0	The complainant has a close network of people to draw on for support	
13. Apart from any effect on you, do you think anyone else has been affected by what has happened? Details:	3	Your family	
	2	Your neighbours	
	1	Other	
	0	None	
To be completed by referrer/professional 14. Does the perpetrator (or their associates) have a history of or reputation for intimidation or harassment?	6	Perpetrator or their associates are currently harassing the complainant and/or others	
	4	Perpetrator or their associates have harassed the complainant and/or others in the past	
	0	Perpetrator or their associates have no history or reputation for harassment or intimidation	
TOTAL SCORE:			
Low (0-15) Remain with referring agency for routine actions		Medium (16-24) Remain with referring agency for routine actions	
		High (25+) Refer to CMARAC for problem-solving	

REFERRAL DETAILS

	Yes	No
1. Upon completion of Risk Assessment Scorecard, does your client meet the threshold for referral to the Community Risk MARAC? (25+ for CMARAC) <i>Consider professionals meeting outside CMARAC if between 20-24 or consult CMARAC coordinator</i>	Please provide background history, giving a reason for referral below	Continue to question 2



<p>2. If the risk assessment does not reach the threshold does your professional judgement indicate that this case should be referred to the CMARAC?</p>	<p>Please provide background history, giving a reason for referral below</p>	<p>Not suitable for CMARAC</p>
<p>When making a referral on professional judgement, consider:</p> <ul style="list-style-type: none"> • Is an individual or community is at serious risk of harm? (injury, damage to property etc.) • Is there a significant impact on an individual or community (e.g. is the behaviour causing significant distress, impact on mental health, physical health or wellbeing)? • Also consider escalation in frequency and/or severity as well as high levels of isolation 		
<p>REFERRAL DETAILS</p> <p>Please include information about:</p> <ul style="list-style-type: none"> - Community Risk / Hate Crime / Anti Social Behaviour - The risks / impact associated with this behaviour <p><i>*If you are referring from Pinnacle please obtain a signature for the referral from Village Services Manager</i></p> <p><i>*If you are referring from LBHF Housing please obtain a signature for the referral from Neighbourhoods Services</i></p>		
<p>What do you hope to achieve from a referral to CMARAC?</p>		
<p>Details of any professionals working with the victim or perpetrator</p>		
<p>Details of actions taken so far</p>		
<p>Any relevant background info</p>		

SUBJECT DETAILS

Victim
 Perpetrator
 Area-Based

VICTIM	
<p>Name (include any aliases)</p>	
<p>Date of Birth</p>	
<p>Male / Female / Transgender / Other</p>	
<p>Address (& landlord if known)</p>	
<p>Ethnicity</p>	
<p>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')</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Does the subject have any children (under 18s only)</p>	
<p>Pregnant – Yes/ No?</p>	
<p>Are there other vulnerabilities or concerns (e.g. mental health /sub. misuse)?</p>	<p><i>Please state any concerns or diagnoses and GP details</i></p>

What issues are affecting the victim's personal safety? (Select all that apply)	<input type="checkbox"/> Crime <input type="checkbox"/> Hate Crime <input type="checkbox"/> Hoarding/fire risk <input type="checkbox"/> Being exploited (financial or losing control of home) <input type="checkbox"/> Homelessness <input type="checkbox"/> Other please specify
PERPETRATOR	
Name(s) (include any aliases)	
Date(s) of Birth	
Male / Female / Transgender / Other	
Does the subject have any children (under 18s only)	
Pregnant – Yes/ No?	
Relationship to Victim	
Address (& landlord if known)	
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')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other vulnerabilities or concerns (e.g. mental health /sub. misuse)?	<i>Please state any concerns or diagnoses and GP details</i>

INFORMATION SHARING AND CONSENT	Yes	No
Is the subject aware of the risk assessment and informed of CMARAC referral? <i>If no, state why:</i>		
Has the subject been informed that their data will be processed by CMARAC for the purposes of protecting their vital interests or the interests of others?		
Has information been given about the type of data that may be shared and with what organisations? <i>For more information on what information you must give see the CMARAC Privacy Notice</i>		
If consent is not gained, please complete the CMARAC Information Sharing Without Consent Form.		
Signature of referrer		
Date (as signed by caseworker)		
Signature of manager		
Date (as signed by manager)		

CMARAC Privacy Notice

Under the General Data Protection Regulation framework ([GDPR 2018](#)) practitioners referring to the CMARAC are required to inform the person they are referring how the person's data will be used in a clear and understandable way. This should include the following: [Link to full CMARAC Privacy Notice Below.]



- Your details & your organisation's Data Protection Officer's details.
- Purposes and legal basis for sharing information
- What will be shared
- Who will it be shared with (*CMARAC reps*)
- The retention period for the CMARAC data
- They have a right to access, rectify, erase and restrict their personal data and to object to processing
- They can request to access the CMARAC records held about them
- That they can complain to a supervisory authority (ICO)

Practitioners do not have to share the above information if the subject has already been informed OR if informing them requires "disproportionate effort" or "seriously impairs the achievement of the objectives of processing" this includes where informing them would heighten the risk of harm to them or others or would prevent them from engaging with support.

ALL REFERRALS AND QUERIES:

CommunityMARAC@lbhf.gov.uk (secure)

should be password protected if being sent from a non-secure email address

N.B Police email is secure -DO NOT PASSWORD PROTECT documents sent to Police email.