

City Community Multi-Agency Risk Assessment Conference (CCM) Referral/Risk assessment form

REASON FOR REFERRAL – CRITERIA

A: REASON FOR REFERRAL – NEW CASES Please consider the below options as your reason for considering this referral high risk	
MANDATORY All ASB cases that have not been resolved within 6 months with complex issues should automatically be referred to the CCM	
1) POTENTIAL ESCALATION: There have been a number of incidents by the same Perpetrator on the same Victim(s) in the last 6 months and they are increasing in severity or frequency:	
2) ASB VULNERABILITY RISK ASSESSMENT: Victim(s) deemed to be high risk (score over 26)	
3) PROFESSIONAL JUDGEMENT: You as a professional consider the Victim(s) to be high risk (at risk of serious harm or death). Please take into consideration the Victim’s own perception of risk and: A) Impairment that may limit mobility or capacity/learning difficulties B) Mental health issues C) Drug or alcohol misuse D) Limited support network	
4) NOTIFICATION PURPOSES ONLY: This will support referrals for monitoring purposes and share information (of high-risk perpetrators and vulnerable Victims) with partners where cases may not always meet threshold for such meetings.	

What is the City Community MARAC?

The City Community MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk/complex cases between representatives of the Community Safety Team, City of London Police, Mental Health, Adult Social Care, housing practitioners, Victim Support 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 CCM is on 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 CCM is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

The CCM 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 the CCM.**

Who should be referred?

A Victim /Perpetrator should be referred to the CCM 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.

COMPLETED FORMS TO COMMUNITY SAFETY TEAM:

PLEASE SEND ALL REFERRALS TO

ccmarac@cityoflondon.gov.uk

Please also send a copy of completed forms to your Agency's CCM Representative

Victim(s) details	
Name(s) (include any aliases)	
Date of Birth	
Gender	
Relationship to Perpetrator	
Address (& landlord if known)	
Ethnicity	
Is it perceived to be a Hate Crime?	
Is consent given for a support service to contact the Victim?	
Is the Victim safe to contact? (Y/N) If Yes please include safe contact details (e.g. mobile/ email & any specific hours safe to contact)	
Is the Victim pregnant or have any children? Consider if there are children who may be exposed to such incidents even if there is no biological connection	
Perpetrator(s)	
Name(s) (include any aliases)	
Date(s) Of Birth	
Gender	
Relationship to Victim	
Address (& landlord if known)	
children who may be exposed to such incidents even if there is no biological connection	
BASIS OF REFERRAL & RELEVANT RISK FACTORS	
<i>Please provide a brief background of the current situation</i>	
<i>Description of the current risks identified (consider how this may have impacted the Victim/s):</i>	
<i>What actions have you already taken?</i>	

What actions would you like to happen as a result of CCM Referral? (consider the research you would like from other services; is there anything you would like to have more information about?)

Is the Victim aware of CCM Referral? (Yes/No) If No, please state why:

Referrer's Name & Agency

Telephone / Email

Date referred to CCM

Please ensure the relevant referrals to partner agencies have been completed prior to referral to CCM:

Children and Families

Adult Social Care

ELFT (East London Foundation Trust)

Turning Point

Southwark/CALM Mediation

Victim Support

The CCM is not an emergency response service, and you may need to consider alerting 101 or reporting to the police on 999 based on the situation.

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ASB VULNERABILITY RISK ASSESSMENT

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. If in your professional opinion this case needs a multi-agency approach even if the risk is low, you can submit the form and state your reasons or contact the CCM Co-ordinator.

History	1. On a scale of 1-5 (with 5 being the worst) what is the frequency of issues arising regarding the individual?	5 3 2 1 0	Daily Most days Most weeks Most months Only occasionally
	2. Is the current incident linked to previous incidents?	2 0	Yes No
	3. Do you think that incidents are happening more often and/or are getting worse?	2 0	Yes No
	4. Does the individual know the victim/perpetrator?	2 1 0	They know each other well They are 'known' to each other They 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?	6 4 2 0	
	6. Have you been in contact with or informed other agencies about what has happened?	0 1	Yes No
Vulnerability	7. Which of the following do you think that this incident deliberately targeted	4 3 2 1 0	The individual The individual's family The individuals Community The Property None
	8. Do you feel that this incident is associated with the individual's faith, nationality, ethnicity, sexuality, gender or disability?	3 0	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)	3 0	Yes No
	10. How affected is the individual?	5 3 2 1 0	Extremely affected Affected a lot Moderately affected Affected a little Not 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	No Yes
	13. Does the individual have any friends and family to support them?	3 2 1 0	The individual lives alone and is isolated The individual is isolated from people who can offer support The individual has a few people to draw on for support The 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 community The individual's family Other
TOTAL SCORE:			

<p>LOW Remain with referring agency for routine actions 0 - 14</p>	<p>MEDIUM Remain with referring agency for routine actions 15 - 24</p>	<p>HIGH Refer to case management panel for problem solving 25 +</p>
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