

The MARAC Representative's Toolkit

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What is the toolkit for?

This toolkit is designed to be a guide for you to clarify your role as a MARAC representative on behalf of your agency and as a quick and easy reference tool, particularly when you need to trouble shoot practical issues at your MARAC to ensure it focuses on the safety of victims. We hope it will help to make your work with the MARAC as productive as possible in terms of safeguarding victims and to make links between your MARAC work and your 'day job'. This is a generic toolkit aimed at every MARAC representative and focuses on the whole process of which the MARAC meeting is just a part. It is based on the evaluated model of MARACs that is supported by CAADA and the Home Office. If you have specific enquiries about your agency's role at MARAC please contact CAADA on marac@caada.org.uk or read the relevant Practitioner Toolkit which is available to download from our website at www.caada.org.uk.

As a MARAC representative you are a very important link in the whole MARAC process and without your engagement the meeting will be much less effective in achieving its goals.

What is in the toolkit?

- ✓ Flowcharts to highlight the key steps in running a sound MARAC and to outline where common pitfalls occur.
- ✓ Detailed analysis of each step to show your role within it and how this links in with other partner.
- ✓ Key documents that you will use at your MARAC: the updated risk identification checklist, the referral and research forms for MARAC and the sharing information without consent form.

What are the aims of the MARAC?

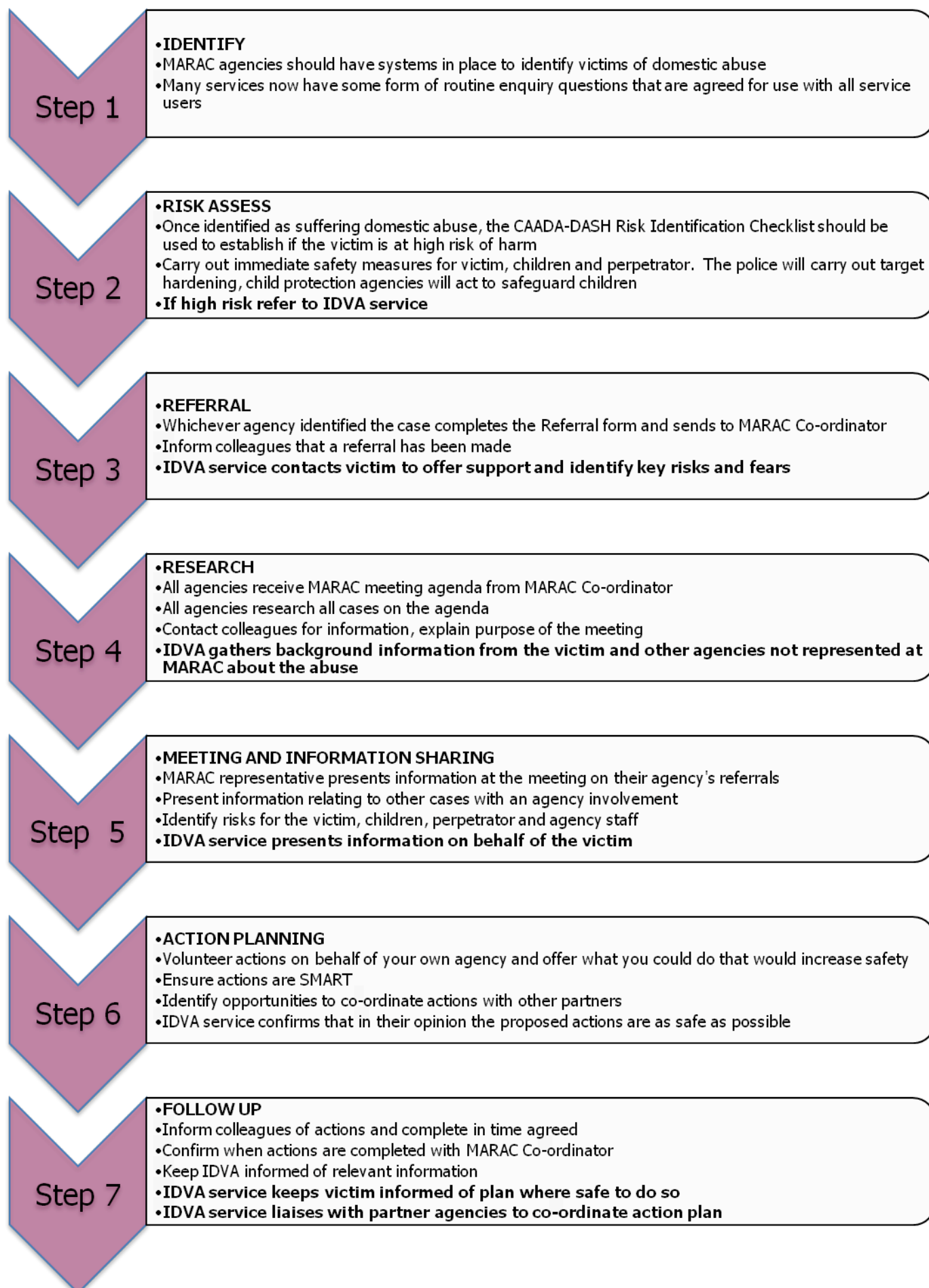
There are four aims of MARAC - to safeguard adult victims, make links with other public protection arrangements in relation to children, perpetrators and vulnerable adults and to safeguard agency staff as well as to address the behaviour of the perpetrator. This is achieved by an information sharing and action planning process at MARAC. To make this work case management and specialist support, before, during and after the meeting, is normally provided by the Independent Domestic Violence Advisor. You should have an IDVA service in your region which will provide specialist support to high risk victims of domestic abuse from the point of crisis and be skilled at working and co-ordinating the responses of different agencies.

What is the support that CAADA can offer my MARAC?

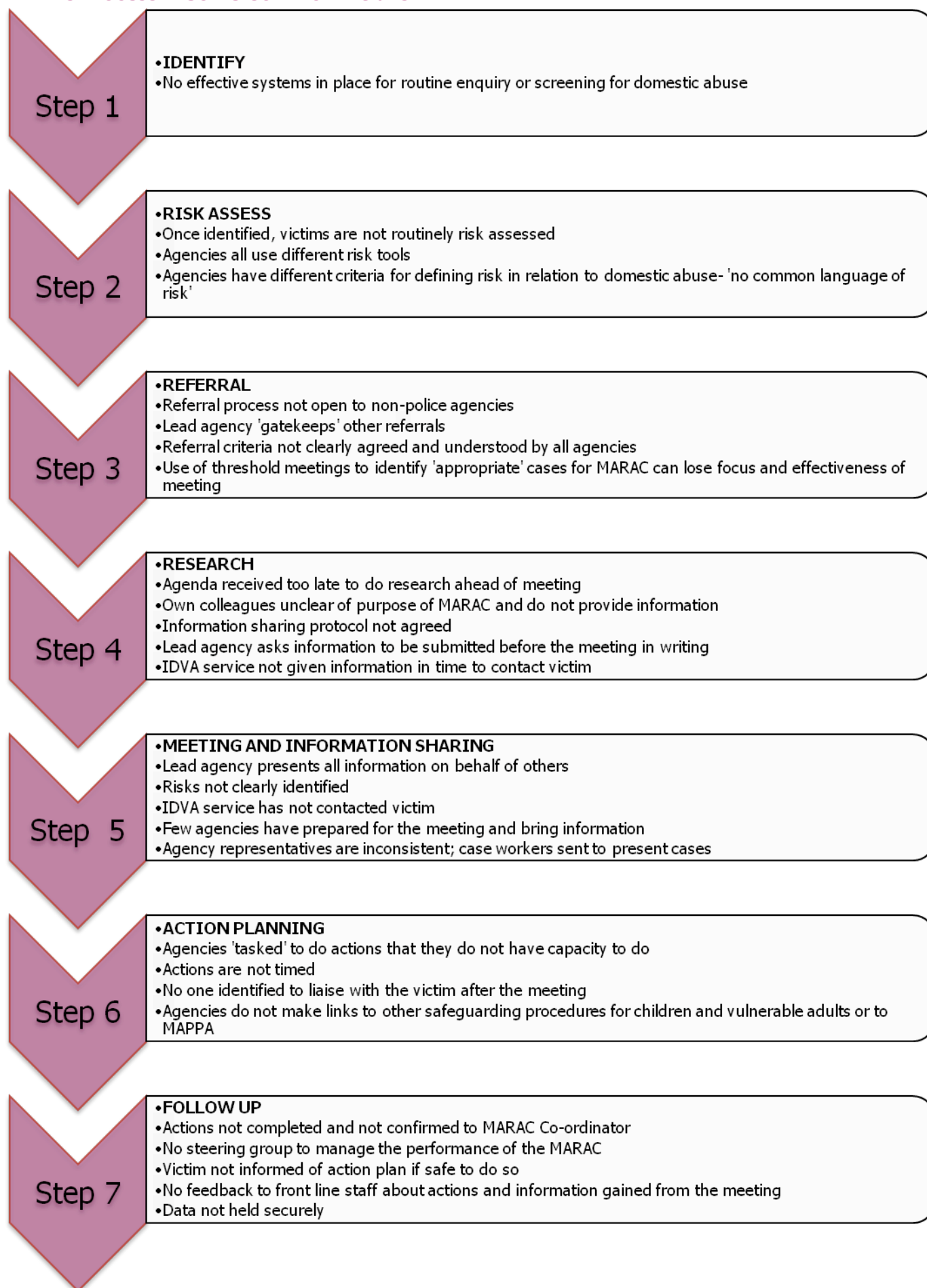
The process that we set out on page 3 of this booklet may not look exactly like the way the MARAC is working in your area. If this is the case, CAADA aims to offer support in a number of ways.

- ✓ **Training:** We provide a range of training aimed at all the key participants in MARAC including the Chair, Co-ordinator, Representatives and IDVAs. We also have developed a MARAC Champions training programme that equips local delegates to cascade training and information about the MARAC to front line practitioners.
- ✓ **Help Desk:** We run a help-desk which can be contacted at marac@caada.org.uk where we will attempt to answer any practical problems regarding the process, but cannot comment on individual cases.
- ✓ **Practical Tools:** In addition to the appendices to this document, we have created simple checklists to help you create sound information sharing and operating protocols.
- ✓ **Data Collection:** We also receive quarterly data from your MARAC Co-ordinator and analyse this in relation to the performance of your MARAC compared with others in your region and nationally. This is something that may be of relevance to you in your work and in communicating the value of MARAC to colleagues in your own agency.
- ✓ **Cost Benefit Analysis:** Equally, CAADA can provide a simple cost benefit analysis for your MARAC if you can provide us with the relevant information in relation to the nature of the cases that you are dealing with.
- ✓ **Quality Assurance:** We believe that it is important for victim safety that MARACs follow the evaluated model set out in this document. Thus the final part of our implementation package is Quality Assurance, which provides an independent assessment of your MARAC in relation to 11 good practice principles. It focuses heavily on the role of the different partners in the MARAC: the Chair, the IDVA, the Co-ordinator and all the representatives from different agencies and as part of this your views will be sought as to how your MARAC is operating. For more information about the MARAC Quality Assurance process please go to www.caada.org.uk.

MARAC Flowchart 1- The Steps to the Process



MARAC Process 2-Some Common Pitfalls



STEP BY STEP GUIDE TO THE REPRESENTATIVE'S ROLE

Step 1

•IDENTIFY

- MARAC agencies should have systems in place to identify victims of domestic abuse
- Many services now have some form of routine enquiry questions that are agreed for use with all service users

You are probably already familiar with your organisation's procedures for identifying cases involving domestic abuse. However, it may be the case that your colleagues within your agency are less familiar with the existence of MARAC and how they can use it to support victims who they identify. You may wish to use the CAADA Toolkit for your agency which is designed for frontline practitioners to explain the process and their role within it. There may also be a CAADA trained 'Champion' in your area who is equipped with the relevant training materials to be able to explain the process and address any practical concerns with colleagues.

Your role is to make links with front line colleagues, or your in-house domestic abuse specialist so that they are able to contact you if a victim of domestic abuse is identified.

Step 2

•RISK ASSESS

- Once identified as suffering domestic abuse, the CAADA-DASH Risk Identification Checklist should be used to establish if the victim is at high risk of harm
- Carry out immediate safety measures for victim, children and perpetrator. The police will carry out target hardening, child protection agencies will act to safeguard children
- If high risk refer to IDVA service**

Once you have identified someone as suffering domestic abuse, you then need to establish if they are a high risk victim. To do this we would suggest that you:

- Use the CAADA-DASH risk identification checklist and accompanying guidance notes which can be downloaded from www.caada.org.uk/library_resources/Risk%20Indicator%20Checklist%20for%20use%20by%20IDVAs%20guidance.pdf. The checklist includes recommendations on how to classify a case of high risk involving both your clinical/professional judgement and an actuarial measure which can help support this decision.
- You may feel less confident about completing the risk identification checklist within your own agency. We would encourage you to consider this, however there may be instances where it is appropriate to refer the case to your local IDVA service and ask them to work with the victim and to identify the level of risk. However, if you have not established whether the victim is high risk by use of the risk identification tool then you will need to have their consent in order to make this referral.
- We would recommend that you make links with the IDVA service and indeed perhaps keep some of their literature at your office so that you are able to explain their work briefly and give information to any victim who might want to contact them proactively.

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There are clear benefits in all MARAC partners using the same risk identification tool and having common thresholds for referral into the meeting. The thresholds that are set out in our guidance we believe to be defensible in terms of information sharing legislation, however, you may find that the volume of cases in your area is so high that you need to review one or more of these criteria in order to maintain a manageable workload at your MARAC which we see as an average of no more than 20 cases per meeting.

Your role is to establish the level of risk, either within your agency, or by making a referral to a domestic abuse specialist such as the IDVA.

Step 3

•REFERRAL

- Whichever agency identified the case completes the Referral form and sends to MARAC Co-ordinator
- Inform colleagues that a referral has been made
- IDVA service contacts victim to offer support and identify key risks and fears**

If you have completed the risk identification checklist and established that the victim is at high risk of harm, the next step is to refer the case to your local MARAC Co-ordinator. You may find it helpful to use the CAADA MARAC Referral Form which gives you an opportunity to outline the key features of the referral and allows the Co-ordinator to include these on the MARAC agenda which is then circulated to all representatives. It is important to establish at this stage whether the victim consents to have their information discussed at MARAC or whether you have to take the case forward without consent. We have also produced an Information Sharing Without Consent Form which you can use in order to come to a balanced and defensible decision as to whether to share information without the victim's consent. Clearly, wherever possible, it is better to have the victim's consent and your ability to explain to colleagues how the MARAC works and what it can offer will be instrumental in obtaining this.

Your role is to complete the referral form and send it to your MARAC Co-ordinator.

Step 4

•RESEARCH

- All agencies receive MARAC meeting Agenda from MARAC Co-ordinator
- All agencies research all cases on the agenda
- Contact colleagues for information, explain purpose of the meeting
- IDVA service gathers background information from the victim and other agencies not represented at MARAC about the abuse**

Typically eight days before the MARAC you will receive an agenda which has the names and other key information relating to the cases which will be discussed at the next meeting. This should include the name of the case that you referred and also the names that have been referred by other agencies. At this point you will need to research the information that your agency holds on each one of those cases and this can be an onerous task. We have developed a simple research form which we hope will allow you to collect information in a systematic way but we

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recognise the additional work that this creates. Within certain agencies this will require you to collect information in relation to the victim, the perpetrator and the children. You will need to use your discretion about what information is relevant. For example, information relating to historic stays in a refuge would normally be relevant, while for another agency, only information relating to the previous year might be appropriate to share.

Depending on the size of your organisation you will need to liaise with colleagues and ask them to help you find the relevant information and you will also need to be clear with your fellow MARAC representatives just what is realistic for you to collect within your agency. For example, if you are the representative from the A&E Department it may be that you can bring A&E information about dates and attendances for the victim, children and perpetrator. In another area you may have the capacity which allows you to bring this information plus a brief outline of any serious injuries. Obviously your MARAC partners will be hungry for all this information but it needs to stay realistic and practical from your point of view. You will need to be clear with partners what information is realistic to bring on a regular basis. It is well worth taking the time every six months for all agencies just to share with partners precisely their role and the information that they can bring as staff changes will mean that your MARAC team will evolve over time. This can help to avoid misunderstandings about your role. **The key point to good information is that the research must be done before the meeting.** There may be points arising at the meeting that have to be followed up on but without the information being brought at the meeting it makes the whole process far more lengthy, far more cumbersome and far less effective.

Your role is to ensure that up to date, relevant information is gathered BEFORE the meeting on every case on the agenda where your agency has had contact.

Step 5

•MEETING AND INFORMATION SHARING

- MARAC representative presents information at the meeting on their agency's referrals
- Present information relating to other cases with an agency involvement
- Identify risks for the victim, children, perpetrator and agency staff
- IDVA service presents information on behalf of the victim**


By now it will be clear to you that the meeting is just one part of a much longer process and without successful completion of all the steps it will render the whole approach less effective. At the meeting you will be required to do four things:

- a. Give an update to the Chair on any incomplete actions from the previous meeting.
- b. Present the case that you have referred to the meeting.
- c. Present information in the cases brought by other attendees.
- d. Volunteer actions in all cases.

During the information sharing process, it can be very helpful for others if you note the risk factors which appear most significant to you. Despite the use of a common checklist, different agencies will perceive different elements of a case as being particularly worrying and also elements where their agency is best placed to respond. If you think that a significant risk factor has been missed you need, at this stage, to highlight this to the group. This might be as a result of specific information being brought, or by the clarity brought from joining up apparently disconnected pieces of information. Thus for example, if the police have evidence of repeated call outs relating to 'verbal' incidents and A&E have repeated presentations with injuries on the same dates, this raises the probable

risk that the victim is not disclosing the full situation to either agency, rendering them both unable to support the victim effectively.

Your role is to share information in a proportionate way, staying alert to the risks identified both in the information presented and also that become clearer as a result of linking information brought by two or more agencies.



•ACTION PLANNING


- Volunteer actions on behalf of your own agency and offer what you could do to increase safety
- Ensure actions are SMART
- Identify opportunities to co-ordinate actions with other partners
- IDVA service confirms that, in their opinion, the proposed actions are as safe as possible

It is very important, just as with information gathering, that the action planning stays realistic. The action planning step will have important links with the 'day job' of all partners, whether or not domestic abuse is their primary focus. The key steps to consider are:

- a. Listen carefully to the information that is being shared by all agencies and identify which of the risks identified could be addressed by an action or actions from your agency. Some might be actions you offer on your own, while others might be by combining your services with those of another MARAC agency. For example, you might offer a joint visit with another service. Please refer to the MARAC Guide 2009 for more detail on action planning.
- b. You should then volunteer actions on behalf of your agency to the Chair of the meeting. We believe that this works better than being 'tasked' by the Chair to complete an action which may or may not be realistic in the context of the resources available to you. You will know what is possible in terms of actions, both to prioritise services for vulnerable victims or to offer additional support where possible. There will be opportunities to link up with other MARAC partners to be able to offer a more co-ordinated response to the victim.
- c. The Chair may then check with the IDVA representative, or whoever has had most contact with the victim, whether the whole action plan is as safe as possible. Where possible, link your actions to the risks and fears identified by the IDVA. The role of the IDVA within the action planning process is to ensure that the voice of the victim is brought to the meetings and that all partners are aware of their concerns and fears so that the action planning can be as focused as possible. There will, of course, be instances where the IDVA is unable to make contact with the victim and, inevitably, action planning in these cases will be more difficult. You may find that you volunteer an action which the IDVA feels is unsafe for the victim based on their conversation and it is important that safety is always held paramount throughout the meeting.
- d. You may be in a position where your primary focus is not on the safeguarding of the victim but rather the safeguarding of the children. In these cases you should consider how to make links with other services to address those concerns, and what actions you will take to safeguard their safety. It is important to clarify with partners the referrals that you will be making in order to address their needs.
- e. You may be responsible for trying to address the perpetrator's behaviour. Again, you will need to outline to your MARAC partners what additional referrals you might make to do this.

- f. One key action is to systematically put a marker on the files of cases that have been referred to MARAC which normally we would expect to stay on for twelve months from the date of the meeting although in cases involving child protection and sex offenders you may have a responsibility to tag a file for longer than this. The so called 'flagging and tagging of files' allows you to identify where a victim has suffered a repeat incident of which your agency becomes aware and should be referred back to MARAC for the action plan to be reviewed. The situations where this would be appropriate would be where violence or threats of violence have been used, where there has been sexual abuse and where there have been incidents of stalking and/or harassment. This is part of the important safety net that MARAC can offer and gives agencies an opportunity to put in additional support for a victim.

Your role is to offer realistic actions on behalf of your agency that you are confident can be completed in a timely fashion and which address risks identified during the meeting.



•FOLLOW UP

- Inform colleagues of actions and complete in time agreed
- Confirm actions completed with MARAC Co-ordinator
- Keep IDVA informed of relevant information
- IDVA service keeps victim informed of plan where safe to do so**
- IDVA service liaises with partner agencies to co-ordinate action plan**

After the meeting it will be important to complete your actions in each case within the timescale that you indicated when you volunteered the action. We recommend that actions should always be timed where possible in order to allow partner agencies to know when different elements of the action plan will be implemented. You will also need to feedback to those colleagues within your organisation who helped you in terms of researching cases about any parts of the meeting that are relevant for them to know. Please note that the security of information at MARAC is of great importance and that if you feel you need to share information with somebody outside the meeting you need to seek permission from the meeting to do so.

It is also your responsibility to let the MARAC Co-ordinator to know when you have completed your actions or if it has been impossible to complete an action and the reasons why. Failing to do this leaves the MARAC Co-ordinator with the unenviable task of having to chase all of the different agencies at the meeting to find out whether or not they have completed their actions. Once this is completed the whole process starts over again.

Your role is to liaise with colleagues and keep them updated about the actions agreed and any information that has been agreed for you to share with them that affects their professional role (in relation to the victim, children or perpetrator) and their safety.

SUMMARY OF THE ROLE OF THE IDVA WITHIN THE MARAC PROCESS

IDVA

•Provides the specialist support before, during and after the meeting to address the risks faced by the victim and to co-ordinate the action plan

As you will be aware, cases are normally only discussed once in MARAC with the feedback on the completion or non-completion of actions being taken at the next meeting, a second discussion only being prompted if there is a repeat incident. This often concerns representatives and it is important to understand the role of the IDVA in supporting victims before, during and after the MARAC meeting. As noted above, the IDVA service will normally provide:

- a. A response to high risk victims from the point of crisis and would normally get a referral within 24 hours of an incident taking place. Normally their referrals come from the police and the health service. However, they increasingly are receiving self-referrals as their role becomes more widely known.
- b. The IDVA service will offer practical support to high risk victims ahead of the meeting. This includes:
 - a. Reviewing an existing risk assessment that has been done by another agency (say the police) and checking it again with the victim. Often, the victim will disclose more to an IDVA than to other professionals;
 - b. Discussing the full range of safety options with the victim, aiming wherever possible to keep them safe in their home;
 - c. Supporting them in whatever way meets their safety needs most effectively. This may be through the family courts, the criminal courts or in relation to housing, immigration or other issues.
 - d. As noted above, the IDVA will normally represent the views of the victim at the meeting and it is their role to try and contact them beforehand and establish how best the partners can address the risk and safety issues.
 - e. After the meeting it is normally the IDVA's role to follow up with the victim in order to communicate the key elements of the action plan and will typically work with the victim for four to six months in total.

We recommend that an IDVA should have a caseload of no more than 100 referrals per annum of which we would expect something around 70-75% to engage with the service. Thus it is important to make sure that your IDVA service locally is properly resourced in order to support the volume of victims that your MARAC is dealing with.

Appendices:

1. CAADA-DASH Risk Identification Checklist 2009 with Quick Start Guidance
2. Referral Form
3. Research Form
4. Info Sharing without consent form
5. Action planning guidance

CAADA Quick Start Guidance for the Risk Identification Checklist (RIC) for Domestic Abuse, Stalking and 'Honour'-Based Violence

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

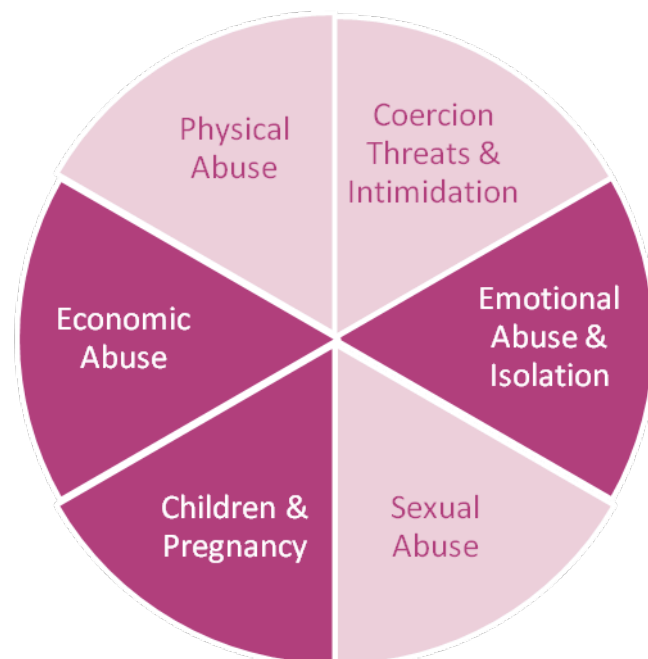
- ✓ The purpose of the RIC is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.
- ✓ The RIC should be introduced to the victim within the framework of your agency's:
 - Confidentiality Policy
 - Information Sharing Policy and Protocols
 - MARAC Referral Policies and Protocols
- ✓ Before you begin to ask the questions in the RIC:
 - Establish how much time the victim has to talk to you? Is it safe to talk now? What are safe contact details?
 - Establish the whereabouts of the perpetrator and children;
 - Explain why you are asking these questions and how it relates to the MARAC
- ✓ Whilst you are asking the questions in the RIC:
 - Identify early on who the victim is frightened of – ex-partner/partner/family member
 - Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.
- ✓ Revealing the results of the RIC to the victim: Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to MARAC and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.
- ✓ Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.
The responsibility for identifying your local referral threshold rests with your local MARAC.
- ✓ **Resources:** Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:
 - ✓ National Domestic Violence Helpline - 0808 2000 247 - For assistance with refuge accommodation and advice
 - ✓ 'Honour' Helpline - 0800 5999247 - For advice on forced marriage and 'honour' based violence
 - ✓ Sexual Assault Referral Centres - <http://www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences/sexual-assault-referral-centres/referral-centre-locations/>
 - ✓ Broken Rainbow - 08452 604460 – www.broken-rainbow.org.uk for advice for LGBT victims

We ask about **PHYSICAL ABUSE** in questions 1, 10, 11, 13, 15, 18, 19 & 23

- ✓ Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- ✓ You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- ✓ Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- ✓ The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- ✓ Sometimes violence will be used against a family pet.
- ✓ If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as GP or A&E Nurse.

We ask about whether the victim is experiencing any form of **SEXUAL ABUSE** in question 16

- ✓ Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- ✓ If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

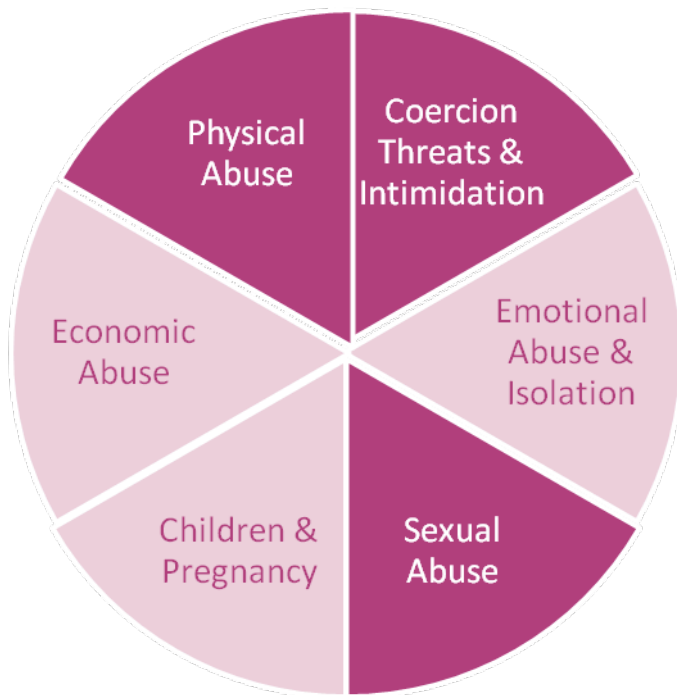


COERCION, THREATS AND INTIMIDATION is covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 & 24.

- ✓ It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (i.e. children/siblings). Victims usually know the abusers behaviour better than anyone else which is why this question is significant.
- ✓ In cases of 'Honour' Based Violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- ✓ Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can..."
- ✓ Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home, workplace etc, loitering and destroyed or vandalised property.
- ✓ Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- ✓ Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- ✓ Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- ✓ Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- ✓ Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

ECONOMIC ABUSE – Question 20

- ✓ Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.
- ✓ The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.



CHILDREN & PREGNANCY – Questions 7, 9 & 18 refer to being pregnant and children and whether there is conflict over child contact.

- ✓ The presence of children including step children can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- ✓ Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- ✓ The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- ✓ Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

We ask about **EMOTIONAL ABUSE** and **ISOLATION** in questions 4, 5 & 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- ✓ The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- ✓ Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- ✓ Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health and they might feel depressed or even suicidal.
- ✓ Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

CAADA-DASH Risk Identification Checklist (RIC)

Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers². These can be downloaded from www.caada.org.uk/marac.html

Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

The responsibility for identifying your local referral threshold rests with your local MARAC.

What this form is not:

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

¹ For further information about MARAC please refer to the CAADA MARAC Implementation Guide www.caada.org.uk.

² For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

Name of Victim:
Case ID Number:

Date:
Time:

Restricted when completed

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies³ for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not</u> the case please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)...) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Name of Victim:
Case ID Number:

Date:
Time:

Restricted when completed

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

Name of Victim:
Case ID Number:

Date:
Time:

Restricted when completed

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service?
Describe:

Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No

If yes, have you made a referral? Yes/No

Signed:

Date:

Do you believe that there are risks facing the children in the family? Yes / No

If yes, please confirm if you have made a referral to safeguard the children: Yes / No

Date referral made

Signed:

Date:

Name:

Practitioner's Notes

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If you are a professional working with domestic abuse and would like to know more about the Risk Identification Checklist you can find the following publications on our website:

- ✓ **CAADA-DASH MARAC Risk Identification Checklist (RIC) 2009 for the identification of high risk cases of domestic abuse, stalking and honour based violence plus Full Practice Guidance**
This is the downloadable version of the RIC which has a Severity of Abuse Grid (SAG). The SAG gives practitioners the chance to profile the domestic abuse in more detail and identify significant concerns which may be relevant to include in a safety plan or share at a MARAC. It contains a full and detailed guide for IDVAs and practitioners using the RIC. It takes you through the process of completing the RIC with your client and provides detail on why and how to ask each question. It also provides supplementary questions to gather additional detail about each risk factor and provides general safety planning advice. This is a helpful guide for IDVAs or practitioners new to the RIC and who want to become more familiar and confident in managing the process.
- ✓ **CAADA-DASH Risk Identification Checklist – without guidance**
This is a basic version of the RIC to download and use in everyday practice.
- ✓ **CAADA-DASH Risk Identification Checklist – Frequently Asked Questions**
This addresses a number of practical questions relating to the use of the checklist and the recent changes to the RIC.

For additional information and materials on Multi Agency Risk Assessment Conferences (MARACs), you can find the following on our website

- ✓ **The new MARAC Guide 2009 – From Principles to Practice**
This provides detailed guidance on the whole MARAC process and is linked to the 11 Principles which form the basis of the Quality Assurance audit and national standards for MARAC. It is aimed to be used by MARAC steering groups, those MARACs approaching the QA audit and for MARACs who are seeking comprehensive guidance on implementation issues.
- ✓ **Toolkits for specific practitioners attending the MARAC**
These are aimed at front line practitioners who may encounter a victim of abuse and consider a MARAC referral or who may be asked to undertake research on a MARAC subject or their children. The full range of agencies covered can be viewed on our website this list is being expanded regularly so please keep an eye on this page for updates.

We also have a library of resources and information about your nearest IDVA training course, Continuing Professional Development for IDVAs and how to develop IDVA Services through our Leading Lights programme.

MARAC REFERRAL FORM

CASE NUMBER

Tel: Fax: Date:

Victim: Name and Date of Birth

Ethnicity:

Address of Victim:

Perpetrator(s): Name(s) and Date(s) of Birth

Address of Perpetrator(s):

Children: Names and Dates of Birth

Address of Children:

Is this a repeat? Y/N/DK

If yes, give date when last
at MARAC:

Reasons for Referral:

Background and Risk Issues:

Is the person referred aware of the MARAC referral? Yes/No

If so, have they given their informed consent to share information about them or their children? Yes / No / Decision unavailable

If person is aware of MARAC referral and it is safe to contact them please consider the following questions;

- Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)
- Who does the victim believe it safe to talk to?
- Who does the victim believe it not safe to talk to?

(Attach Risk Identification Checklist where Completed)

Referring Practitioner and Agency:

Contact Details:

Telephone:

Mobile:

Email:

Address:

RESEARCH FORM FOR MARAC

Name of Agency:

Contact:

Tel:

Mobile:

Email:

Research all information, files and databases using NAME, DOB OR/AND ADDRESSES of ALL individuals concerned. Confirm basic contact information, ages of all concerned and number of children.

Contact relevant officer or support/key worker in your team and request current, accurate information and their professional opinion about the individuals concerned. Record this here.

Note records of last sightings, meetings or phone calls.

Note recent attitude, behaviour and demeanour, including changes.

Highlight any relevant information on the risk identification checklist e.g. the pattern of abuse suffered, abuse of immigration status, victim's greatest fear etc

Identify any other concerns your agency may have about the victim. Clarify any areas of potential misunderstanding for the partner agencies at the MARAC or inaccuracies on the agenda (e.g. information missing, more than one individual/alias names, conflicting information, more/less children than on agenda).

Has the victim indicated to you what would help them most to feel safe?

INFORMATION SHARING WITHOUT CONSENT FORM

Client information:

Date:

Name/address of client:

Names and D.O.B. of children:

Concern

	Immediate risk/crisis	Risk identified through risk identification checklist
Child(ren) at risk/Danger to child(ren)	<input type="checkbox"/>	<input type="checkbox"/>
Danger to client	<input type="checkbox"/>	<input type="checkbox"/>
Client poses a risk to self or others	<input type="checkbox"/>	<input type="checkbox"/>

Check that consent form does not cover this situation &/or you do not have consent.

Risk Identification Checklist Outcome _____ (No. of ticks out of 24)

(You may have the opportunity to complete a formal RIC in an emergency. If you have, please attach it.)

Details of incident/information causing concern: (include source of information)

Legal Authority to Share

- Protocol relevant _____
- OR
- Legal grounds (please tick 1 or more grounds below)
- Prevention and detection of crime
- Prevention/detection or crime and/or apprehension or prosecution of offenders (DPA, s. 29)
- To protect vital interests of the data subject; serious harm or matter of life or death (DPA, Sch. 2 & 3)
- For the administration of justice (usually bringing perpetrators to justice (DPA, Sch. 2 & 3)
- For the exercise of functions conferred on any person by or under any enactment (police/social services) (DPA, Sch. 2 & 3)
- In accordance with a Court order
- Overriding public interest (Common law)
- Child protection – disclosure to social services or police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential (DPA, Sch. 2 & 3)
- Right to life (Human Rights Act, Art. 2 & 3)
- Right to be free from torture or inhuman or degrading treatment (Human Rights Act, Art. 2 & 3)

Balancing Considerations

- Pressing need
- Respective risks to those affected
- Risk of not disclosing
- Interest of other agency/person in receiving it
- Public interest of disclosure
- Human rights
- Duty of confidentiality

Comments:

Internal consultations: (Names, dates and advice/decisions)

External consultations: (Home Office guidance, Information-sharing Helpline)

Client notification

Client notified of disclosure(s)? Yes/No Date:
If not, why not?

Review

Date for review of this situation: _____
(Review to include feedback from the agencies informed as to their response.)

_____ is responsible for ensuring the situation is reviewed by this date.

Record following details of information-sharing in case file:

- **Date info shared**
- **Agency and named person informed**
- **Method of contact (by email, letter, phone call)**
- **Legal authority for each agency**

Signed and dated by Caseworker

Signed and dated by Manager

Information Sharing and Action Planning Guidance

What Information to Share?

Only accurate information that is directly relevant to the safety of the victim should be shared by the attending agencies. This falls into four main categories:

1. Basic demographic information including any pseudonyms used and whether there are any children and their ages.
2. Information on key risk factors including where appropriate, professional opinion on the risks faced.
3. Any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim.
4. The 'views' of the victim. Typically the IDVA or another support agency should represent the perspective of the victim on the risks s/he faces, and how best to address them.

Information sharing at MARAC conferences is strictly limited to the aims of the meeting and attendees should sign a declaration to the effect at the start of each conference. Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.

Examples of the kind of information that different agencies might bring to the meeting and the actions that might arise are shown in the tables at the end of this chapter. These are merely some examples and in no way represent a comprehensive list of either information or actions.

Guidance on the legal grounds for information sharing can be found on the CAADA website in the library of resources.

What actions to take:

Most of the actions that arise from the MARAC reflect an altered perception of risk as a result of the information shared and therefore a more tailored response for the victim. With additional information, agencies are more able to prioritize actions, to support the victim and to support their staff. There are single agency actions that are listed in the table below but also combined actions between agencies.

The main categories of action include:

- **Flagging files:** systems vary between agencies and between different parts of the country but where possible it can be very useful to put a 'flag' or marker on individual records to show that the individual is a very high risk victim of domestic violence. This might apply to A&E records, health visitor, midwife, housing officer etc as well as obviously the police. This action is designed to ensure that the individual receives a response from whichever practitioner they meet that reflects their experience of domestic violence.
- **Joint meetings/separate meetings:** in certain circumstances it can be very difficult to make contact with the victim of domestic violence, especially on their own. In such cases it may be possible for the IDVA to co-ordinate with perhaps a health or education professional in order to meet them in a safe place. Equally, there may be opportunities when the perpetrator (or even the victim) is having another appointment such as with probation, to arrange a safe time to see the victim without any risk that the perpetrator will be present.

- **Prioritising cases:** this occurs when information disclosed at MARAC gives individual agencies grounds to prioritise an individual case. This could apply to housing, social services, mental health or Drug & Alcohol Teams (DAT) and others.
- **Legal options:** the MARAC may learn of non-compliance with bail conditions, inappropriate conditions or decide that civil injunctions may be appropriate in a particular case. They may be able to alert police officers to intelligence about harassment or more serious offences including sexual offences.
- **MARAC letters:** in certain cases there may be local agencies who are unable to send a representative to MARAC or who choose not to engage with the process. If this gives cause for the participating agencies to be concerned about the specific safety issues that this creates, then it is appropriate to send a letter from the MARAC as a body explaining the situation. This can also be used with agencies that are not part of MARAC at all- for example where apparently unsafe child contact conditions have been agreed by the court.

Examples by Agency:

Some examples of possible actions are summarized in the tables below:

The tables below show **examples** of the kinds of information and actions that might be taken by a range of agencies that are regularly involved in the MARAC. Other agencies such as a range of community projects might attend the MARAC occasionally. In many parts of the country specialist DV services for B&ME or LGBT victims may not exist. In such cases, it is important to have some input from more generalist support agencies. They may have important information about the victim, children or perpetrator and may also be a non-threatening way to establish contact with any of them for any of the other agencies.

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Police	Number of previous DV Incidents/Offences Relevant previous convictions from Police National Computer (PNC)	Provide intelligence package to sector inspector All agencies aware of risks
	Details of incidents, use of weapons, threats to kill, threats to harm children	Arrest offender Referral to Social Services
	Previous call outs to the address	Put occurrence marker on the address
	Breaches of bail	Arrest offender Intelligence marker for Officer in Case (OIC) Heightened awareness by agencies and likelihood that bail might not be granted in future
		Target hardening of address, install CCTV system
		Put police watch on the address
	Any warning signals such as threats of suicide, drugs, weapons, assault on police	Locate perpetrator and do spot checks on behaviour
		Organise special measures at court if appropriate- DV co-ordinator to check
		Inform agencies who visit home (midwives, health visitors) if perpetrator released
		Supply housing support letters

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
IDVA	Update on whether or not victim has engaged with IDVA	Crucial for safety
	Update on whether victim has engaged with other agencies who might not be part of the MARAC	Gives broader picture of extent of support accessed
	Information about victim's fears	Relevant to intervention by other agencies
	Information about specific abusive behaviour	Possible relevance to harassment charge?
	Details of sexual abuse/assault if relevant	Might suggest option of supporting a criminal prosecution Referral to specialist support
	Details of impact on children	Cross reference to information from CAMHS, Social Services, Health Visitor and Education and have an impact on the approach taken by these agencies
	Actions taken by victim to protect themselves e.g. change phone number/ request for personal alarm	Application made to Community Safety
	Information about harassment	Discuss victim making a statement
	Information about incidents not reported to the police	Police to investigate alleged incidents Probation to be informed
	Update on other legal protection	Whether injunctions are in existence and dates
	Information about contact disputes	Information to CAFCASS, risks to children and non-abusing parent
		Track outcomes of court process and inform victim
	Victim needs to be re-housed	Supply housing support letters

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Housing	Confirm information about incidents affecting property with dates	If this constitutes Criminal Damage then Police can take action
	Information about where victim and perpetrator are living and terms of tenancy	e.g. can terms be put on perpetrator's tenancy to prevent him harassing victim
	If victim has made an application alone	Get Tenant Support team to assess victim
	Information about rent arrears	Co-ordinate with refuge provider about re-housing needs

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Children & Young People's Services	Feedback on assessment	
	Update on what support is in place and whether appointments are attended	
	Update on specific needs of children in need, children at risk and children with disabilities	Make referral to CAMHS Give additional support to family Make joint visits with health for example

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Health Visitor/ Midwife	Update on whether or not appointments are attended	Relevant for safety of children
	Developmental update including progress of pregnancy, routine enquiry	Important for other agencies
	Anything unusual about client e.g. attendance by partner at all appointments	Potential risk factor of controlling behaviour Difficult for client to disclose abuse if partner is there
	Any damage noted to the home address on previous visits with dates i.e. observes damage that might not have been reported to police	General information from MARAC of relevance for staff going to victim's home

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Probation	Previous history of convictions	Relevant to other agencies working with perpetrator
	Update on attendance at Integrated Domestic Abuse Programme (IDAP)/supervision	Make supervision/case officer aware of DV or other relevant behaviour disclosed by another agency at MARAC
	Breaches of orders	Pursue action on breaches
	Update from Women's Safety Officer	
	Prison information such as recalls and release dates where possible	Prioritise recalls if appropriate
		Use information from MARAC for pre-sentence report writing, giving guidance to magistrates on options for addressing behaviour
		Get information from other MARAC partners, especially IDVA, regarding compliance with terms of orders

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Drug and Alcohol Team	Perpetrator substance misuse issues	Prioritize support Safety of victim and children affected
	Victim substance misuse issues	Prioritize support Child protection issues?
		Increased information from other agencies about 'history' of individuals

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Adult Mental Health Services	History of perpetrator mental health issues	Create complete picture with other agencies Make referrals
	History of victim mental health issues	Create complete picture with other agencies Make referrals

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Refuge Provider	Previous stays in refuge with dates etc Details of severity of abuse	Informs risk assessment
	Attempts by perpetrator to contact/find victim	Get support from police to protect whereabouts of victim
		Update information on particular needs of victim and children

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
A&E	Number of attendances with dates and pattern of injuries if possible for victim, perpetrator and children	Links to information from police, housing and IDVA
		Flagging/tagging of patient records if possible

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Adult Services	Update on specific needs of victim if a vulnerable adult	Make referral to vulnerable adults team and/or voluntary sector support e.g. Age Concern Potential for joint visits with Police/IDVA
	Update on needs/services available to perpetrator if a vulnerable adult	Make referral to vulnerable adults team

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Education	School and attendance	
	School performance/ behavioural issues	
	Incidents at the school e.g. attempted abduction of child	Police to put occurrence marker on the school and inform staff on need to know basis
	Provide information on who takes and collects children from school	Gives other agencies information on perpetrator's movements If the perpetrator does not go to the school, then it may be possible to contact the victim through the school
		Inform school of wider concerns

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Cafcass (statutory duty in relation to child protection)	Update on court proceedings and court orders.	Safety of victim and children affected Establish inconsistencies between bail conditions and contact orders
	Feedback from supervised contact sessions	Clarifying any risks to victim and children
	Views of children if appropriate	Relevant to social services and other children's services; may prioritize additional support
	Professional opinion	Relevant to all agencies
	History of involvement with either victim or perpetrator from previous cases, either public or private law	Could be relevant to other agencies
		CAFCASS officer gets broader picture of risks in the case

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Specialist B&ME DV service	Information about specific clients	
	Detail of abuse and needs of victim	Victim may not wish to access generic services
	Detail of role of extended family if any	May be relevant to criminal investigation, bail conditions, conditions of injunction
	Detail on immigration status of victim and/or perpetrator	Relevant to financial security and accessibility of generic services
	Provide information about victim's movements	Other agencies could make a joint visit

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
LGBT Service	Information about specific clients including whether they are 'out' or not	Impact on degree of isolation. Allows agencies to access individuals appropriately and manage confidentiality (e.g. around their sexual orientation or gender identity)
	Detail of abuse and needs of victim	Victim may not wish to access 'generic' services because of concerns about real or perceived homo/bi/trans phobia
	Details of any support network, e.g. local LGBT group	Clarifies gaps in support and may offer a point of contact (to either a local or national contact such as Broken Rainbow)
	Information about unique needs	Impact on accurate risk assessment
	Information regarding counter allegations	Essential to resolve counter-allegations and avoid minimising risk (e.g. by inappropriately labelling a case as mutual abuse)

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Sexual Violence Services	Information from the victim about history of abuse, fears, barriers to accessing support (i.e. a bad experience with a particular agency)	Relevant for those supporting the victim
	Information regarding incidents of sexual abuse	Offer to support victim through criminal prosecution if appropriate
		Offer services to victim of sexual abuse

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Community Perpetrator Programme	Professional judgement on attitude of perpetrator	Relevant to other agencies working with perpetrator
	Update on attendance at perpetrator programme	Relevant for those supporting victim
	May bring information on drug, alcohol or mental health issues	Relevant for all other agencies involved particularly those conducting home visits
		Support efforts of other agencies to prioritize a case

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
CAMHS	Reasons for referral	Information for all agencies
	Update on whether or not appointments are attended	Implications for safety
	Extent of mental health issues and need for additional support	

When should actions be taken:

If victims and their children are at high risk of being severely hurt or killed, agencies must agree to prioritise the actions assigned and deliver them on the day of the MARAC or as soon as possible thereafter. To ensure MARACs have the most up to date information possible and have time to implement agreed actions, it is recommended that meetings be held insofar as it is possible, mid-week to enable prompt action to be taken before the weekend.

What is the role of the IDVA at MARAC?

The IDVA is crucial to the MARAC process. In the context of the meeting itself, their role is to keep victim safety and that of any children central to the process. They are likely to have more information about the victim's situation and what might influence their safety than any other agency and this information will be crucial in developing a safe and appropriate risk management plan for each family.

Finally, they will be expected to keep the victim informed of any decisions made by the other agencies where safe to do so, and to make sure that the other agencies perform their functions safely. Since risk is always changing in domestic violence situations, a decision, which was safe at one time, may not be only a short time later and therefore the impact of an agency's actions can be affected.