



# **Northern Ireland MARAC administration templates**

**2012**

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# Introduction

## What is a Multi-Agency Risk Assessment Conference (MARAC)?

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, as well as housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan.

The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

## Who is this pack for?

This pack is for local representatives who are involved with the administration of a MARAC, primarily MARAC Chairs, MARAC Administrators/Coordinators, Domestic Violence Coordinators and MARAC Representatives. This pack should be used in conjunction with the Northern Ireland MARAC Governance Templates 2012. There are also MARAC toolkits for frontline agency professionals involved in risk identification work, as well as MARAC representatives, chairs and co-ordinators available at [www.safelives.org.uk](http://www.safelives.org.uk).

## What is in the pack?

This pack contains templates for the documentation supporting administrative aspects of a MARAC. The templates align with the 10 Principles of an effective MARAC. SafeLives believes the 10 principles promote good practice in and around the MARAC to ensure that victims of domestic abuse receive a consistent, safety-focused service wherever they are based whilst allowing for local differences in practice.

The 10 Principles of an effective MARAC (a summary and outline of the principles) can be downloaded here: [http://www.safelives.org.uk/marac/10\\_Principles\\_Oct\\_2011\\_full.doc](http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc)

## Using the templates

The templates here can be used as a guide for developing MARAC documentation. Alternatively, you may wish to customise the templates for use in your local area by adding:

- The name of the MARAC;
- Any appropriate multi-agency logos;
- Reference to information security (e.g. the Secure eMail and/or the local MARAC Information Sharing Protocol);
- The date of the meeting where relevant; and
- MARAC documentation containing data relating to victims should be marked 'RESTRICTED WHEN COMPLETED' and should only be transmitted by secure means.

## For more information

- Contact our Helpdesk on [marac@safelives.org.uk](mailto:marac@safelives.org.uk)
- Visit our resources page:  
[http://www.safelives.org.uk/marac/Resources\\_for\\_people\\_involved\\_in\\_MARACs.html](http://www.safelives.org.uk/marac/Resources_for_people_involved_in_MARACs.html)
- Call SafeLives on (0117) 317 8750

# 1. SafeLives Dash risk checklist for NI MARAC agencies<sup>1</sup>

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. There are a number of questions relating to children, however this does not constitute a full risk assessment for children.

## 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, 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.

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<sup>1</sup>There have been some minor additions to the checklist at the request of the Department of Health, Social Services and Public Safety.

## 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:

- **The Northern Ireland 24-Hour Freephone Domestic Violence Helpline** 0800 917 1414 <http://www.womensaidni.org>
- **Honour Network helpline** - 0800 5999247 - For advice on forced marriage and 'honour'-based violence <http://www.karmanirvana.org.uk>
- **Rape and sexual assault** <http://www.nexusni.org/>  
Belfast: 028 9032 6803  
L'derry: 028 7126 0566  
Enniskillen: 028 6632 0046
- **Gay helpline** 0808 8000 390 <http://www.cara-friend.org.uk/projects/lgbt-switchboard-ni> **Lesbian helpline** 028 9023 8668; **Rainbow Project** 028 9031 9030 <http://www.rainbow-project.org/>

## Asking about types of abuse and risk factors

### Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 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 a GP or A&E nurse.

### Sexual abuse

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

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 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 (e.g. children/siblings). Victims usually know the abuser's 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 or workplace, loitering and destroying/vandalising 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.

### Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 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.

### Children and pregnancy

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

- The presence of children including stepchildren 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.

### Economic abuse

Economic abuse is covered in 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.

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:

- **SafeLives Dash risk Checklist for the identification of high risk cases of domestic abuse, stalking and honour based violence**  
[http://www.safelives.org.uk/dvservices/RIC\\_and\\_severity\\_of\\_abuse\\_grid\\_and\\_IDVA\\_practice\\_guidance.pdf](http://www.safelives.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.pdf)

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.

- **Practice Guidance for Independent Domestic Violence Advisors (IDVAs) using the SafeLives Dash risk checklist**  
This is 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.
- **SafeLives Dash risk checklist – without guidance**  
[http://www.safelives.org.uk/marac/RIC\\_without\\_guidance.doc](http://www.safelives.org.uk/marac/RIC_without_guidance.doc)  
This is a basic version of the RIC to download and use in everyday practice.
- **SafeLives Dash risk checklist – Frequently Asked Questions**  
[http://www.safelives.org.uk/marac/RIC\\_FAQs.pdf](http://www.safelives.org.uk/marac/RIC_FAQs.pdf)  
This addresses a number of practical questions relating to the use of the checklist.
- **SafeLives Dash risk checklist**  
Quick Start Guidance available in 13 community languages.

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

- **The 10 Principles of an effective MARAC**  
The 10 principles of an effective MARAC provide guidance, and specify the standard, around operational and strategic practice for a MARAC
- **MARAC Representatives' Toolkit**  
The representatives' toolkit is designed to be used by MARAC representatives who attend the MARAC meeting itself. It highlights their crucial role in each stage of the process before, during and after the meeting.
- **Toolkits for specific practitioners attending the MARAC**  
These are aimed at frontline 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.**



Ending  
domestic  
abuse



Department of  
**Justice**  
www.dojni.gov.uk

# SafeLives Dash risk checklist

## 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 MARAC<sup>2</sup> 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 Quick Start Guidance for Domestic Abuse, Stalking and 'Honour'-Based Violence on page 7 of this Toolkit. Full practice guidance and FAQs can also be downloaded here: [http://www.safelives.org.uk/marac/RIC\\_for\\_MARAC.html](http://www.safelives.org.uk/marac/RIC_for_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.

<sup>2</sup> For further information about MARAC please refer to the 10 Principles of an Effective MARAC: [http://www.safelives.org.uk/marac/10\\_Principles\\_Oct\\_2011\\_full.doc](http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc)



**SafeLives Risk Identification Checklist for use by IDVAs and other non-police agencies<sup>3</sup> for identification of risks 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. 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 not the case, please indicate in the right hand column	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
<b>1. Has the current incident resulted in injury?</b> Please state what and whether this is the first injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Are you very frightened?</b> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. What are you afraid of? Is it further injury or violence?</b> 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"/>	
<b>4. Do you feel isolated from family/friends?</b> ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? <b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Are you feeling depressed or having suicidal thoughts?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Is there conflict over child contact?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</b> 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"/>	
<b>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10. Is the abuse happening more often?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11. Is the abuse getting worse?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</b> For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info if not the victim
<b>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</b> 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"/>	
<b>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?</b> If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17. Is there any other person who has threatened you or who you are afraid of?</b> If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18. Do you know if [name of abuser(s)] has hurt anyone else?</b> Consider HBV. Please specify whom, including the children, siblings or elderly relatives: 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"/>	
<b>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>20. Are there any financial issues?</b> For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</b> 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"/>	
<b>22. Has [name of abuser(s)] ever threatened or attempted suicide?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children?</b> 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"/>	

Name of victim:

Date:

Restricted when complete

<b>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</b> If yes, please specify: Domestic abuse <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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total 'yes' responses</b>				

The Northern Ireland Dept of Health, Social Services and Public Safety recommend that the following issues are also explored:				
<b>1. Are there any children, step children that aren't [name of abuser(s)] in the household? Or are there other dependants in the household? (i.e. older relative)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Has [name of abuser(s)] ever hurt the children/dependants?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Has [name of abuser(s)] ever threatened to hurt or kill the children/dependants?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### For consideration by professional

<b>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, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</b>	
<b>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</b>	
<b>What are the victim's greatest priorities to address their safety?</b>	

<b>Do you believe that there are reasonable grounds for referring this case to MARAC?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, have you made a referral?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Signed</b>		<b>Date</b>
<b>Do you believe that there are risks facing the children in the family?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of victim:

Date:

Restricted when complete

<b>If yes, please confirm if you have made a referral to safeguard the children?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date referral made</b>	
<b>Signed</b>			<b>Date</b>
<b>Name</b>			

<b>Practitioner's notes</b>

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool MARAC for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

## 2. MARAC referral form

MARAC referrals should be sent by **secure email or other secure method** to **[insert contact details for MARAC]**.

Referring agency			
Contact name(s)			
Telephone / Email			
Date			
Victim name		Victim DOB	
Address			
Telephone number		Is this number safe to call?	Y / N
Please insert any relevant contact information, eg times to call			
Diversity data (if known)	B&ME <input type="checkbox"/>	Disabled <input type="checkbox"/>	LGBT <input type="checkbox"/> Gender M / F
Perpetrator(s) name		Perpetrator(s) DOB	
Perpetrator(s) address		Relationship to victim	

Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

### Reason for referral / additional information

Professional judgement	Y / N	Visible high risk (14 ticks or more on SafeLives - DASH RIC)	Y / N
Potential escalation (3 or more incidents reported to the Police in the past 12 months)	Y / N	MARAC repeat (further incident identified within twelve months from the date of the last referral)	Y / N
If yes, please provide the date listed / case number (if known)			
Is the victim aware of MARAC referral?	Y / N	If no, why not?	
Has consent been given?	Y / N		
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?			
Has the victim been referred to any other MARAC previously?	Y / N	If yes where / when?	

## 3. Information for victims referred to MARAC

The victim's safety should be at the centre of the MARAC. Keeping a clear focus on safety is easier when the victim is engaged in the process and their views are represented at the meeting. Normally the IDVA is best placed to do this by both contacting the victim before and updating the victim after the meeting (where it is safe to do so), in addition to liaising with partner agencies. The referring agency should usually inform the victim of MARAC referral where it is safe to do so. This may be done by letter if there has been an incident of public record (e.g. reported to the police). If the perpetrator is unaware that the victim has sought help in relation to domestic abuse then it may be safer to discuss the referral by phone or in person (e.g. disclosures to a midwife).

To supplement these contacts, local areas often produce information for victims referred to the MARAC. In some cases a 'Leaflet Informing the Victim of the MARAC' is provided to the victim on referral where it is safe to do so.

### Leaflet informing victims of the MARAC

This might contain:

#### Definition of a MARAC, including:

- What is the purpose of the MARAC
- Who is referred to the MARAC
- Which agencies would normally attend the MARAC
- How the victim is represented at the MARAC
- The role of the IDVA and how victims can contact them

#### Confidentiality at the MARAC:

- Define what is meant by confidentiality
- Identify exceptions to confidentiality, including links to Safeguarding Children and Adults

#### What happens after the MARAC:

- What kind of actions might come from the MARAC
- How will the MARAC help the client

#### Contact details for IDVA service and local police

#### Useful contact numbers for your local area and websites

Name of victim  
Address of victim

Date

Dear Ms/Mr ABC

You have been referred to the [insert area name] MARAC, because we believe that you are at high risk of current or future harm because of domestic abuse. Domestic abuse is defined<sup>1</sup> as 'any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.' It can include honour based violence, female genital mutilation, and forced marriage.

The Multi-Agency Risk Assessment Conference (MARAC) is a meeting that brings together representatives from a number of agencies in the area (both statutory and voluntary) to talk about the safety, health and well-being of people experiencing domestic abuse (and their children) and draw up an action plan to make them safer.

Your case has been referred to the MARAC by [insert name of agency] because you have been identified as being at risk of current or future harm from domestic abuse. Normally this is because of the things that an abuser is doing or the things they are saying they will do. By referring you to the MARAC, we are trying to make you safer by working with other agencies to get help and support. We hope that you will support this process as with your involvement we can be best placed to address your safety concerns.

Anyone referred to the MARAC is offered support by an IDVA (Independent Domestic Violence Advisor) from [insert area name]. The IDVA's role at the MARAC is to represent your views, act as link between agencies and to ensure that any actions agencies take will make you safer. Ahead of a meeting, they will contact you to talk about your situation, what would make you feel safer and identify any issues that you think should be addressed at the meeting. Usually, they (or sometimes another professional who you know) will contact you to provide feedback about the meeting. You do not attend the meeting yourself, but are represented. Practitioners from a range of statutory or voluntary agencies attend. There is also a protocol between agencies participating in the MARAC which makes it clear what is expected of individual agencies, including how to store, manage and share any information they gain from the MARAC.

We work with many local organisations that may also be able to provide you with help and advice. I am enclosing a list of useful telephone numbers with details of some of these groups.

Yours sincerely,

MARAC Chair

## 4. Research form for MARAC

Consistent and accurate research will help attendees at MARAC to build up as comprehensive a picture as possible of a case at the meeting.

In practice, most agencies will frequently be unaware of information held by others. If research is done before the meeting, it can be shared where appropriate and an action plan can be established in the timeliest way possible.

- When undertaking research in advance of the meeting, it is important that agencies do not automatically contact the victim unless they need to take immediate actions to address risk. In most cases, the IDVA service will contact the victim in advance of the meeting and agencies should contact either the IDVA service or the referring agency in the first instance;
- Some agencies will be working with either children or the perpetrator; in this case the research form may need to be adapted to reflect their particular source of information;
- The research form should be completed by the designated agency representative themselves or they may contact the relevant officer or support / key worker;
- The information within the research form should be current, accurate and, where necessary make a distinction between fact and professional opinion;
- Expectations about the use of a common research form by agencies should be addressed in the MARAC Operating Protocol (MOP). SafeLives would recommend that research forms are internal documents for use by the relevant agency and the information contained within them should be shared verbally at the MARAC meeting, where relevant and proportionate.
- It is possible that you will record info on the research form that you decide is not relevant to share at the MARAC. You may wish to write this and the reasons for not sharing the information on the research form.



# Research form for MARAC

<b>Name and agency</b>	
<b>Telephone / Email</b>	
<b>Date</b>	
<b>Victim name</b>	
<b>Victim DOB</b>	
<b>Victim address</b>	
<b>MARAC case number (from agenda)</b>	

		<b>Please insert any changes / errors / other information (eg aliases or nicknames) below</b>
<b>Are the victim details on the MARAC list accurate?</b>	Y / N	
<b>Are the children(s) details on the MARAC list accurate?</b>	Y / N	
<b>Are the perpetrator details on the MARAC list accurate?</b>	Y / N	

<b>Note records of last sightings, meetings or phone calls</b>	
<b>Note recent attitude, behaviour and demeanour, including changes</b>	
<b>Highlight any relevant information that relates to any of the risk indicators on the checklist (eg the pattern of abuse, isolation, escalation, victim's greatest fear etc)</b>	
<b>Other information (eg actions already taken by agency to address victim's safety)</b>	
<b>What are the victim's greatest priorities to address their safety?</b>	
<b>Who is the victim afraid of? Include all potential threats, and not just primary perpetrator</b>	
<b>Who does the victim believe it safe to talk to?</b>	
<b>Who does the victim believe it <u>not</u> safe to talk to?</b>	

## 5. Suggested MARAC agenda

MARAC name		Date of MARAC	
------------	--	---------------	--

1. Introduction of all attendees
2. Chair reads out MARAC confidentiality statement
3. Confidentiality statement signed by all attendees
4. Incomplete actions from last meeting brought to the attention of the Chair
  - A record of incomplete actions should be kept to highlight actions that were impossible to complete or where agencies have not completed an action;
  - Complete actions should be reported to the MARAC Administrator and a record of this should be kept
5. Chair invites discussion of new cases referred (the 'MARAC list') to the MARAC involving children (after these are completed agencies providing services to children may leave) followed by cases involving adults only
  - Referring agency to present the case, including the reason for referral;
  - All agencies with information about a case share this at the meeting;
  - Agencies volunteer appropriate actions to assist in reducing the risk to the victim; and
  - Chair summarises action points after each case.
6. Notification of MARAC cases where 12 months have passed since the last MARAC
7. Any other business

## 6. MARAC list

MARAC name		Date of MARAC	
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Case no.	Victim name & address	Victim DOB	Perpetrator name & address	Perpetrator DOB	Children name & address (if different)	Children DOB	Referring agency	Reason for referral <sup>4</sup>	Brief comments <sup>5</sup>

<sup>4</sup> Professional judgement, visible high risk, escalation or a MARAC repeat.

<sup>5</sup> For example: pregnancy, GP details, children's School

## 7. MARAC confidentiality statement

MARAC name		Date of MARAC	
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**The chair of the meeting reminds all concerned of the principles within the MARAC Information Sharing Protocol (ISP).**

Information discussed by the agency representatives, within the ambit of this meeting, is strictly confidential and must not be disclosed to third parties who have not signed up to the MARAC ISP, without the agreement of the partners of the meeting. It should focus on domestic abuse and child protection concerns and a clear distinction should be made between fact and professional opinion.

All agencies should ensure that all minutes and related documentation are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

### The purpose of the meeting is as follows:

- To share information to increase the safety, health and well being of victims – adults and their children;
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
- To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- To reduce repeat victimisation;
- To improve agency accountability; and
- Improve support for staff involved in high risk DV cases.
- The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.



## 8. Example minutes for MARAC

While the minutes produced by each area will reflect local practice, the template here includes all the information that the minutes should capture in order to serve as an effective audit trail. In particular this should include the date and venue of the MARAC; the name of the Chair; the name and agency of those representatives present (the agencies listed below are the most commonly found at MARAC) and the details of agencies sending apologies and/or information. Incomplete actions from the last meeting should be reviewed at the meeting and recorded in the minutes, making a distinction between those that were not possible to complete due to a change in circumstance and those where an agency has not undertaken the action.

<b>MARAC name</b>	
<b>Date of MARAC</b>	
<b>MARAC venue</b>	
<b>MARAC Chair</b>	

### Present

Agency	Name of representative
Police	
IDVA Service	
Primary Care Trust	
Acute Trust	
Probation	
Housing	
Children's Social Care	
Mental Health	
Safeguarding/Vulnerable Adults	
Education	
Registered Social Landlord	
Drug & Alcohol Service	
Specialist Black, Asian, Minority Ethnic and Refugee (BAMER) services	
Specialist Lesbian, Gay, Bisexual and Trans (LGBT) services	

Other (eg Fire Service, CAFCASS, sexual abuse services, community perpetrator programmes, other specialist services relating to equality of outcome)	
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### Observers

Agency	Name of representative	Conditionality statement signed
		Y/N
		Y/N
		Y/N
		Y/N

### Apologies

Agency	Name of representative	Information sent	Date received

Those persons present were reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. Similarly, copies of the minutes should not be photocopied or shared without the agreement of the agencies concerned. All agencies should ensure that they develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to age, disability, race, belief, sexual orientation, gender or gender identity.

1. Confidentiality agreement read out by Chair
2. Outstanding actions from last MARAC reviewed and recorded

MARAC date	Case no.	Victim name	Action	Agency / representative	Date status reported	Status
						<ul style="list-style-type: none"> <li>Complete</li> <li>Incomplete due to change in circumstances [state reason]</li> <li>Incomplete as not undertaken [state timescale for completion]</li> </ul>

3. Review cases on the MARAC list
4. Notification of MARAC cases where 12 months have passed since the last MARAC

<b>Case no.</b>		<b>Has the victim been informed of the referral to MARAC? If no give reason</b>	Y / N
<b>Victim consent?</b>	Y / N	<b>If no, give reason</b>	
<b>MARAC repeat?</b>	Y / N	<b>If yes, date last listed</b>	
<b>Victim name</b>			<b>Victim DOB</b>
<b>Address</b>			
<b>Telephone number</b>			<b>Is this number safe to call?</b>
	Y / N		
<b>Please insert any relevant contact information, eg times to call</b>			
<b>Diversity data (if known)</b>	B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Gender    M / F		
<b>Perpetrator(s) name</b>			<b>Perpetrator(s) DOB</b>
<b>Perpetrator(s) address</b>			<b>Relationship to victim</b>

Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

### Information shared at the meeting

Information sharing should be relevant and proportionate. The minutes should make a clear distinction between fact and professional opinion.

<b>Referring agency</b>	<i>Agency name</i>
<b>Reason for referral</b>	<i>Summary of case as presented by the referring agency.</i>

Agency name	Information shared
	<i>For each agency detail risk factors to the victim, children and others, including agency staff. Identify the victim's views and wishes and the actions already undertaken, including date of referral to IDVA and links to other multi-agency arrangements for safeguarding.</i>

### Action planning

The action plan should clearly identify and address the risks and needs identified and be SMART; where appropriate they should include joint working and refer to other multi-agency arrangements.



Risk identified	Action	Agency / representative	Completion date
General	Flagging of files		
General	Feedback to victim		
Persons unsafe to contact	<i>Name them here</i>		

## 9. Action tracking

There is a responsibility on all agencies, given the severity of abuse experienced by victims discussed at MARACs and their children to have action plans developed at MARAC that need to be clear and implemented. This is further reinforced by the introduction of homicide reviews. The responsibility for actions (and their completion) lies with each agency so that transparency and accountability are crucial.

As the action plans should be SMART, it is important that local areas have the capacity to track the completion of actions. It is the responsibility of agencies to report the status of actions to the MARAC administrator in advance of the next meeting. Incomplete actions from the last meetings should be reviewed at the next meeting and recorded in the minutes. Where this is a consistent issue around completion, this should be addressed by the steering group. The process of action tracking should be addressed in the MARAC Operating Protocol.

The MARAC Administrator should have the capacity to track the following outcomes for actions:

- **Complete:** The agency has completed the action.
- **Incomplete due to change in circumstances:** It has not been possible to complete the action due to a change in circumstances (of the victim / perpetrator(s) / children) despite the best efforts of the agency.
- **Incomplete as not undertaken:** The action has not yet been undertaken by the agency.

Actions should not routinely be marked 'not undertaken' as they have been volunteered by agencies and should be SMART. Where an agency consistently fails to undertake actions to which they have agreed, this should be addressed by the Steering Group.

MARAC date	Case no.	Victim name	Action	Agency / representative	Date status reported	Status
						<ul style="list-style-type: none"> <li>• Complete</li> <li>• Incomplete due to change in circumstances [state reason]</li> <li>• Incomplete as not undertaken [state timescale for completion]</li> </ul>

# 10. Information sharing without consent form

Victim name		Victim DOB	
Address			

Children	DOB	Address	School (If known)

Who is at risk? (eg children, client, family, others)	Who are they at risk from? (eg partner, ex-partner, family, self)	What are the concerns around this risk?	What are the immediate risks to this victim?	Risk Identified through risk assessment
Risk Identification Checklist (if it has been possible to complete a SafeLives DASH RIC, attach it here)		/ number of ticks out of 24		
Details of incident / information causing concern (include source of information)				

## Legal authority to share

Protocol relevant	Y / N	If yes, please detail	
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Or:

Legal grounds (if yes, please tick one or more grounds below)	Y / N
Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29)	<input type="checkbox"/>
To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)	<input type="checkbox"/>
For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)	<input type="checkbox"/>
For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)	<input type="checkbox"/>
In accordance with a court order	<input type="checkbox"/>
Overriding public interest (common law)	<input type="checkbox"/>

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)	<input type="checkbox"/>
Right to life (Human Rights Act, art. 2 & 3)	<input type="checkbox"/>
Right to be free from torture, of inhuman or degrading treatment (Human Rights Act, art. 2 & 3)	<input type="checkbox"/>

### Balancing considerations

Pressing need	<input type="checkbox"/>	Risk of not disclosing	<input type="checkbox"/>
Respective risks to those affected	<input type="checkbox"/>	Interest of other agency / person in receiving it	<input type="checkbox"/>
Public interest of disclosure	<input type="checkbox"/>	Human rights	<input type="checkbox"/>
Duty of confidentiality	<input type="checkbox"/>	Other	<input type="checkbox"/>
Comments			
Internal consultations (Names / Dates / Advice / Decisions)			
External consultations (Home Office, Information Sharing Helpline)			

### Client notification

Client notified	Y / N	Date notified	
If not, why not?			

### Review

Date for review of situation (review to include feedback from the agencies informed as to their response)	
Name of person responsible for ensuring the situation is reviewed by this date	

### Record the following in the case file

Date information shared	
Agency & named person informed	
Method of contact	
Legal authority for each agency	
Signature of caseworker	
Date (as signed by caseworker)	
Signature of manager	
Date (as signed by manager)	



# 12. MARAC data collection guidelines

**Please read these notes through in detail before completing the excel spreadsheet of the MARAC Data Form (even if you've completed the form before).**

The MARAC data form should be completed by the MARAC Administrator after every MARAC meeting.

## Why should I complete the MARAC data form?

We believe that by tracking the impact of your MARAC through data collection you will benefit in a number of ways:

- You will be able to track the impact you have on the victims' safety, through the repeat victimisation rate.
- You will be able to look at engagement rates from the agencies at the MARAC, thereby promoting accountability and consistency between agencies (through referral figures).
- You will be able to collect information on the profile of the local population referred to the MARAC in order to monitor equality of outcome to all.
- You must keep data on your MARAC to complete the Quality Assurance stage of the MARAC Development Programme
- By completing this data and sending it to SafeLives you are helping to build a national picture of MARACs, which enables SafeLives to work pro-actively with the National MARAC Steering Group to address common issues at a strategic level and develop policy that supports your work.

## Where do I get the MARAC data form from?

- If your MARAC meets every month, please let SafeLives know and SafeLives will issue you with a template entitled **MARAC Monthly**.
- If your MARAC meets fortnightly, please let SafeLives know and SafeLives will issue you with a template entitled **MARAC Two Weekly**.
- If your MARAC meets at any other interval please contact SafeLives and we will tailor a template to your requirements.
- NB – you only need to enter information onto the first tab of this Excel spreadsheet. **Please do not** enter any data onto the tab labelled 'Results'. However, you may find this 'Results' page useful to see the rolling totals / percentage repeats etc.
- If you **change the frequency** of your MARAC then please let us know and send your form to us. We will make the necessary changes to it and return it to you.

## When / how do I submit the data?

The MARAC Data Form needs to be submitted to SafeLives at the end of each Quarter:

- Please submit data from January to March before 15 April.
- Please submit data from April to June before 15 July.
- Please submit data from July to Sept before 15 October.
- Please submit data from October to December before 15 January.

The data should be emailed to [marac\\_data@safelives.org.uk](mailto:marac_data@safelives.org.uk).

**You will always receive an email acknowledgement of receipt from SafeLives – if you do not, please call 0117 317 8750 to confirm receipt.**

## What does each column mean and what do I put in it?

- Please put all the possible names of your MARAC in the top left hand cell of the first page (overwriting the words 'enter MARAC here'). If your MARAC has several names please enter them all. For example you might call your MARAC the 'Yeovil MARAC', the 'Somerset East MARAC' and the 'BCU1 MARAC' in which case please note them ALL to avoid confusion.
-

<b>Date held</b>	<p><b>If you are a new MARAC:</b> Put the date of your <b>first MARAC</b> in the 'Date Held' column.</p> <p><b>If you are an existing MARAC but submitting data for the first time:</b> Put the date for the first MARAC for which you have continuous records. For example, if you have been running for 3 years but only started collecting data in January, then enter the date of the January MARAC and follow with subsequent meetings.</p> <p><b>If you have been submitting data regularly:</b> We will send you your current data in this form and you can continue to use it just as before.</p> <p><i>NB: If, for any reason, a MARAC is not held please enter the date on which it should have been held and then enter '0' across the whole row.</i></p>
<b>Number of cases discussed</b>	This is the total number of cases that were discussed in that MARAC – whether they are new cases or repeats.
<b>Number of repeat cases</b>	<p>This is the number of cases seen at this MARAC which come under the definition of a 'Repeat' as clarified below:</p> <p><i>NB: There is no difference between the meaning of this version and the definition released by the Home Office or Analysis of Policing and Community Safety (APACS).</i></p> <p>SafeLives defines a case at MARAC as one between the same victim and perpetrator(s), where the victim has been identified as meeting the MARAC threshold for that area. A repeat MARAC case is one which has been previously referred to a MARAC and at some point in the twelve months from the date of the last referral a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police). A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:</p> <ul style="list-style-type: none"> <li>• Violence or threats of violence to the victim (including threats against property), or</li> <li>• A pattern of stalking or harassment, or</li> <li>• Rape or sexual abuse</li> </ul> <p>Where a repeat victim is identified by any MARAC agency, that agency should refer the case back to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement. To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to 'flag and tag' their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.</p> <p>The MARAC should be able to record repeat victimisation and should do so using the SafeLives MARAC Data Form. For more information contact <a href="mailto:marac_data@safelives.org.uk">marac_data@safelives.org.uk</a></p> <p>The definition does not include cases which are being referred for a second time for any other reason than where there has been a repeat incident. There are specific instances where a second referral might be made but no repeat incident has occurred, such as, for example, where a perpetrator is about to be released from jail, where potential risks are identified but no specific threats have been made and the case is discussed in order to make sure that every agency is aware and able to put in place any appropriate safety measures.</p> <p>Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident.</p>

<p><b>Number of children in the household</b></p>	<p>A child is defined as anyone age 17 or under who is not themselves referred as a victim. Children from both new and repeat cases should be counted in this column.</p> <p>If a woman is pregnant, this baby does not count as a child.</p> <p>If the victim is aged under 18, a decision will need to be made whether the case should be referred as a child protection case, or whether it should be referred to MARAC.</p> <p>The number of children in the household is counted as the number of children normally expected to be in the house on a regular basis and who would therefore be affected by domestic abuse. Those in long term care would be excluded, and short term included.</p>
<p><b>Referring agency</b></p>	<p>This is the number of referrals from each agency. Please record here which agency made the referral of each case to the MARAC.</p> <p>This should be equal to the total number of cases discussed (see column labelled 'Number of Cases Discussed' – to check that this is correct, please use the 'Cross Check of Referrals', located at the far right hand side of the table.</p> <p><b>IMPORTANT</b> note about 'Cross Check of Referrals' column: If the number in this column is greater than '0' then you have recorded too many referrals, if the number is smaller than '0' then you have a case or more which has been seen but for which there is no referring agency).</p> <p>If you have a case where the referral came from two agencies at the same time, please note it as 0.5 of a referral in each column.</p> <p>If you have any agency which refers to MARAC regularly but is not listed on one of the columns, please put it in the 'other' column and then let us know in an email when you send in the data collection sheet.</p> <p><b>Specific Definitions of Some Agencies</b></p> <ul style="list-style-type: none"> <li>• <b>IDVA</b> – This includes IDVAs from charitable and statutory organisations.</li> <li>• <b>Childrens Social Care</b> – Also known as Children and Young People's Services</li> <li>• <b>Primary Care Services</b> – This normally includes referrals from Community Based Health Services, e.g. Midwives, Health Visitors, School Nurses, GPs, etc. Dentists, Ophthalmologists and Pharmacists are also part of Primary Care.</li> <li>• <b>Secondary Care / Acute Trust</b> – This includes all hospital based services, e.g. Accident &amp; Emergency, Obstetrics, Elderly Medicine, Sexual Health (GUM) Clinics etc.</li> <li>• <b>Education</b> – Please include referrals from Schools or Education Welfare Officers</li> <li>• <b>Housing</b> – This includes Housing and Homelessness organisations – both voluntary &amp; statutory</li> <li>• <b>Mental Health</b> – This includes community and hospital based mental health Services and mental health charities.</li> <li>• <b>Voluntary Sector</b> – This includes other specialist DV services and any non-statutory body that is not included elsewhere on this spreadsheet (e.g. if the IDVA who refers is from a voluntary agency, it is still recorded under 'IDVA' rather than under 'Voluntary Sector') This also includes specialist BME / LGBT organisations from the voluntary sector.</li> <li>• <b>Substance Abuse</b> – This includes referrals from both voluntary and statutory Substance Abuse Agencies.</li> </ul>
<p><b>Number of cases from black and minority ethnic community</b></p>	<p>For the purposes of this spreadsheet any victim discussed at MARAC who is not White / British is defined as being from a minority ethnic community.</p>



<b>Number of LGBT cases</b>	This is the number of cases where the victim identifies as lesbian, gay, bisexual or transgender (LGBT). For further information on cases involving LGBT people please visit the following page on the SafeLives website: <a href="http://www.safelives.org.uk/policy/research-and-evaluation.html">http://www.safelives.org.uk/policy/research-and-evaluation.html</a>
<b>Number of cases where victim has a disability</b>	This is the number of cases where the victim identifies as having a disability in line with the Disability Discrimination Act (DDA). The DDA define 'a disabled person as 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.'
<b>Number of male victims</b>	This is the number of victims who are male, regardless of whether the perpetrator is male or female.

### Some dos and dont's

- **Do call SafeLives – 0117 317 8750** if you have ANY questions or queries about the data or how to complete the sheet. We are always happy to answer questions on the data.
- **Do** put all the possible names of your MARAC on the form that you use – otherwise we will not be able to identify it!
- **Do** use separate forms for each MARAC that you administrate. If you are the coordinator for more than one MARAC please submit the data separately, not combined. It may be useful for you to see that information, but SafeLives do not require it.
- **Do not** enter any information on the **tab** marked 'Results' as this sheet contains formula.
- **Do not** alter any of the titles / formats columns or rows
- **Do not** leave any gaps on the spreadsheet – each MARAC should be on the row directly beneath the last MARAC. If you have no referrals from an agency in one MARAC or do not have any BME cases, please put 'zero' in that column. That ensures that we, at SafeLives know, that you have completed the form and not missed sections out.

If you have any questions or queries on MARAC Data Collection, please contact SafeLives on [marac\\_data@safelives.org.uk](mailto:marac_data@safelives.org.uk) or call 0117 317 8750.