



Toolkit for Marac Marac Co-ordinator/Administrator

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 from a range of statutory and voluntary agencies, such as the police, probation, health, children's services, housing and Independent Domestic Violence Advisors (Idvas). Once agencies have shared all relevant information about the parties concerned (victim, perpetrator and any known children), options are discussed for increasing the safety of the victim and children; appropriate options are then turned into an individual, risk focused safety plan. Whilst the primary focus of the Marac is to safeguard the adult victim, the Marac will also consider actions to safeguard children and manage the behaviour of the perpetrator, including sharing information with fora such as Mappa and safeguarding procedures. At the heart of a Marac is the working assumption that no single agency or individual can see the complete picture of the risks posed to 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, relays their wishes and advocates for their safety.

How this toolkit can help

This toolkit will give you the basic tools to make sure that your MARAC is effective, that responsibility for risk management is shared by all agencies and that the meeting is run as efficiently as possible. You may also want to refer to the MARAC Representative's Toolkit here:

http://www.safelives.org.uk/marac/Toolkit-MARAC-representative.pdf which goes through the Marac process in more detail.

The role of the Marac Coordinator

COMMUNICATION: Your role is crucial in establishing effective communication between all parties who attend MARAC. You may need to give appropriate information to partner agencies about the Marac process and their role in it, signposting them to relevant SafeLives tools when necessary. The Idva is an essential member of the Marac and you will need to ensure that all Marac referrals are forwarded to the Idva service within 24/48 hours of you receiving them, ensuring that the referral includes a safe telephone number so the Idva can contact the victim prior to the meeting. You will also need to work with the Chair to identify agency gaps within the Marac and to continue to establish links with these agencies to enable their full participation at the Marac.

ADMINISTRATION: You will need to ensure that Marac information, such as the Marac case list, is only circulated via secure means, such as secure email. You will need to ensure that the case list is as accurate as possible before circulation to Marac representatives; to achieve this it may be necessary to liaise with police for their support around accessing police databases. We suggest that the case list is circulated at least eight days before the Marac meeting, although this will vary depending on the frequency of your Marac. Appropriate and accurate minutes need to be produced and distributed as soon as possible after the Marac, as does an accurate action plan. All forms are available on the SafeLives website (http://www.safelives.org.uk) to download if required.

OUTCOMES: It is important to record your Marac data, using the spreadsheet provided by SafeLives. This will allow you to identify any gaps in your Marac, such as a lack of agency referrals, or a significantly disproportionate repeat referral rate. Your local data is also included within the national data set which allows comparisons to be made with other Maracs. You can then inform partner agencies and/or your Marac Steering Group of these gaps. Being able to highlight statistics may help with future funding for further resources and identify if there are particular communities that are not currently engaging with any service providers.

Frequently asked questions

What cases are discussed?

Your Marac Operating Protocol should have clearly set criteria for what constitutes an appropriate threshold for referring a case to Marac; although SafeLives provide a base line for referral thresholds they are actually set locally and may therefore vary between areas. It is the referring agency's responsibility to identify the level of risk to the victim and forward the referral to you. The cases can be referred by any agency as long as they meet the threshold for discussion at Marac.

What information should I include on the Marac case list?

You will need to include all names, dates of birth and addresses of victim, children and perpetrator(s). This information needs to be as accurate as possible with any alias names or dates of birth included. Your attending agencies will be relying on this accuracy to check their own records prior to the Marac.

How do I send out the information for the meeting?

You will need to use secure email to circulate the case list and, therefore, you will need to identify which agencies have a secure email system. If you have a Data Protection Officer, they will be able to guide you on best practice. You may need to send the documents by registered post until you have a secure system in place.

How will I know if an action has been agreed?

Sometimes the pace of Marac is fast and it can be difficult to follow which actions are definitely agreed, for whom, and what precisely is meant. It can be helpful for the Chair and other agency attendees if you summarise the actions after each case, highlighting who is responsible for the action, and what time frame was agreed for its completion. This also gives representatives the opportunity to clarify unclear actions for your benefit.

How will I know if an action has been completed?

Good communication between you and the attending agencies is essential. They will need to keep you updated via email or telephone concerning the completion of actions. You may need to develop an action tracking system if one is not already in place, so that you can keep track of the status of actions. It is important that you are aware of any incomplete actions and record them on the agenda for the next meeting. The Chair can then highlight outstanding actions, and ask for an explanation as to why they are outstanding, for the purpose of the minutes, before the new cases are discussed.

What are the legal grounds for sharing information?

Disclosures to Marac are made under the Data Protection Act and the Human Rights Act and Caldicott Guidelines. Relevant information can be shared when it is necessary to prevent a crime, protect the health and/or safety of the victim and/or the rights and freedoms of those who are victims of violence and/or their children. It must be proportionate to the level of risk of harm to a named individual or known household. For further information see the FAQs on disclosure of information at Marac available at: http://www.safelives.org.uk/marac/Disclosure of Info at MARAC FAQs.pdf

Does the victim need to know they are being discussed at Marac?

Ideally, the referring agency would inform the victim that they had been referred to Marac and discuss with them the reasons for this, as well as what the Marac involves. However, whether agencies discuss the Marac with the victim will depend on their assessment of the victim's risk. For example, a professional may decide not to discuss the Marac with the victim if they deem that it would increase the victim's risk to do so. As Marac coordinator you may be responsible for ensuring that an action is agreed, in every case, as to who and what will be fed back to the victim; whether or not the victim has consented to their referral will clearly influence this action.

There is a grid at the end of this toolkit where you can enter details of your local Marac representatives.

Other Marac toolkits and resources

To help you run your Marac meeting, we have a suggested Marac agenda, information sharing without consent form, FAQs about disclosing information at Marac, action tracking, example minutes, and information about the Marac to Marac referral process and other resources: http://www.safelives.org.uk/marac/Resources for MARAC Chairs and Coordinators.html

For representatives attending the Marac, Marac Representatives Toolkit can be downloaded here: http://www.safelives.org.uk/marac/Toolkit-MARAC-representative.pdf.

This essential document troubleshoots practical issues around the whole Marac process.

For frontline practitioners referring to Marac, the following toolkits offer a practical introduction to Marac within the context of a professional role:

A&E Ambulance Service BAMER Services

Children and Young People's Services

Drug and Alcohol

Education

Fire and Rescue Services Family Intervention Projects

Health Visitors, School Nurses & Community

Midwives Housina

Independent Domestic Violence Advisors

LGBT Services Marac Chair Marac Coordinator

Mental Health Services for Adults

Police Officer Probation

Social Care Services for Adults Sexual Violence Services

Specialist Domestic Violence Services

Victim Support

Women's Safety Officer

For more guidance on the Marac process see the 10 Principles of an Effective Marac: http://www.safelives.org.uk/marac/10 Principles Oct 2011 full.doc. This forms the basis of the Marac Self-Assessment process and national standards for Marac.

Flowcharts

Steps to the Marac process

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

Risk

- Once identified as suffering domestic abuse, the SafeLives Dash risk checklist should be used to establish if the victim is at high risk of harm
- · Carry out immediate safety measures for victim, child and perpetrator. The police will carry out target hardening; child protection will act to safeguard children
- ·If high risk refer to Idva service

assess

- Whichever agency identified the case completes the Referral form and sends to Marac Coordinator
- Referral
- · Inform colleagues that a referral has been made
- Idva service contacts victim to offer support and identify key risks and fears

- ·All agencies receive Marac meeting agenda from Marac Coordinator
- All agencies research all cases on the agenda
- Contact colleagues for information, explain purpose of the meeting
- Research
- ·ldva gathers background information from the victims and other agencies not represented at Marac about the abuse

Meeting & info

- 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

sharing

- Volunteer actions on behalf of your own agency and offer what you could do that would increase safety
- Ensure actions are 'Smart'

Action planning

- · Identify opportunities to coordinate actions with other partners
- ·Idva service confirms that, in their opinion, the proposed actions are as safe as possible

- ·Inform colleagues of actions and complete in time agreed
- Confirm when actions are completed with Marac Coordinator
- Keep Idva informed of relevant information

Folllow up

- ·Idva service keeps victim informed of plan where safe to do so
- ·Idva service liaises with partner agencies to coordinate action plan

Your role in the Marac process

Practice in your agency will differ according to local policy and organisational structure, but below is an outline of the Co-ordinator's administrative role for the Marac assuming that they are based in a police station.

Statutory and voluntary agencies complete referral form and risk checklist (see attached) and forward it to you, having already established that they meet Marac threshold.

Search databases and create Marac list including names/addresses and dates of birth of victim, children and perpetrator.

Distribute Marac list and previous Marac minutes at least eight days before the Marac using secure email or registered post. Create agenda for Marac including apologies from agencies unable to attend.

Ensure that any agency that is not attending provides you with the research or a report from their organisation before the Marac on each case where they hold information which is relevant to share. This can either be read out by you or the Chair.

Provide spare copies of Marac list /agenda for attendees. Help the Chair to identify who is in attendance with the smallest number of cases and rearrange order of cases if necessary to accommodate this.

You may be required to take the minutes of the meeting. Ensure that you record the difference between fact and opinion. You will need to summarise the actions after each case.

After the meeting distribute the actions to any relevant colleagues and any agency who was not in attendance but may have an action. Facilitate joint visits by providing contact details for agencies. Feedback any information from the Marac to the police that may need actioning immediately.

Complete minutes as soon as possible and distribute to all attendees via secure methods.

Referring a case to the Marac

Although you will not directly be referring cases into the Marac, the referral process below will be a helpful overview for you in your role as Co-ordinator.

Policies on **making a referral** to your particular Marac will be available locally but here is an outline of the process.

Disclosure of domestic abuse is made to practitioner. At this point practitioner will check with domestic violence policy and complete appropriate actions.

Practitioner completes risk checklist with the client. Alternatively, makes a clinical judgement of level of risk faced by client or passes up to Marac representative to do so.

If risk level meets Marac threshold refer to manager to discuss safety options to put in place now. Fill out referral form and hand to Marac representative.

Refers case to Idva or appropriate DV service.

If does not meet the Marac threshold: continue to complete appropriate actions and refer to local specialist domestic abuse services. END

Referral made to Marac

Marac representative/practitioner involved fills out as much of the research form as possible and takes it to the meeting. Other agencies do the same and information is shared at the meeting.

Marac meeting

Following the Marac meeting the Marac representative will inform you of any information that was shared which could have an impact on your response to the victim/perpetrator(s). Also you might have been assigned actions to help improve the safety of the victim and any children, such as introducing the patient to the Idva.

Notify your representative once those actions are completed.

SafeLives Dash risk checklist

Quick start guidance

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 risk checklist 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 risk checklist should be introduced to the victim within the framework of your agencies:

- Confidentiality Policy
- Information Sharing Policy and Protocols
- Marac Referral Policies and Protocols

Before you begin to ask the questions in the risk checklist:

- 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

While you are asking the questions in the risk checklist:

- 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 risk checklist 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 (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- 'Honour' Helpline (tel: 0800 5999247) for advice on forced marriage and 'honour' based violence
- **Sexual Assault Referral Centres** (web: http://www.rapecrisis.org.uk/Referralcentres2.php) for details on SARCs and to locate your nearest centre.
- Broken Rainbow (tel: 08452 604460 / web: <u>www.broken-rainbow.org.uk</u> for advice for LGBT victims) for advice and support for LGBT victims of domestic abuse.

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/expartners. 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/expartner 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.

Additional versions of the Dash risk checklist

If you are a professional working with domestic abuse and would like to know more about the risk 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

This is a helpful guide for Idvas or practitioners new to the risk checklist and who want to become more familiar and confident in managing the process. It takes you through the process of completing the risk checklist with your client and provides detail on why and how to ask each question. This guide also provides supplementary questions to gather additional detail about each risk factor and provides general safety planning advice.

It includes the **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.

SafeLives-Dash risk checklist - without guidance

http://www.safelives.org.uk/marac/RIC without guidance.doc

This is a basic version of the risk checklist to download and use in everyday practice.

SafeLives-Dash risk checklist - Frequently Asked Questions

http://www.safelives.org.uk/marac/RIC_FAQs.pdf

This addresses a number of practical questions relating to the use of the checklist.

We also have a **library of resources and information** about training for frontline practitioners at http://www.safelives.org.uk/marac/Information_about_MARACs.html



Ending domestic abuse

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 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 FAQs. These can be downloaded from: 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.

¹ 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

Date:

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² 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.				T KNOW	State source of info if not the
this	s assumed that your main source of information is the victim. If s is <u>not the case</u> , please indicate in the right hand column	YES	ON	DON	victim (eg police officer)
1.	Has the current incident resulted in injury? Please state what and whether this is the first injury.				
2.	Are you very frightened? Comment:				
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:				
4.	Do you feel isolated from family/friends? le, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:				
5.	Are you feeling depressed or having suicidal thoughts?				
6.	Have you separated or tried to separate from [name of abuser(s)] within the past year?				
7.	Is there conflict over child contact?				
8.	Does [name of abuser(s)] 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.				
9.	Are you pregnant or have you recently had a baby (within the last 18 months)?				
10.	Is the abuse happening more often?				
11.	Is the abuse getting worse?				
12.	Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? 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.				
13.	Has [name of abuser(s)] ever used weapons or objects to hurt you?				

² 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	ON	DON'	State source of info if not the victim
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who:		_		
You Children Other (please specify)				
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?				
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? If someone else, specify who.				
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.				
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children Another family member Someone from a previous relationship Other (please specify)				
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?				
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?				
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? If yes, please specify which and give relevant details if known. Drugs Alcohol Mental health				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
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? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions Non Molestation/Occupation Order Child contact arrangements Forced Marriage Protection Order Other				

24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic abuse Sexual violence Other violence	
Total 'yes' responses	
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, geographic isolation 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	Yes □
case to Marac?	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?	Date referral made
Signed	Date
Name	

Date:

Restricted when complete

Name of victim:

Practitioner's notes	

Date:

Restricted when complete

Name of victim:

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.

Marac referral form

Marac referrals should be sent by **secure email or other secure method**.

Referring agency					Referring agency is <u>required</u> to attend Marac meeting to present case, if this is not possible please provide details of the agency representative who will attend and present the case on your behalf (they must be fully informed of up to date information at the date of the meeting).		
Contact name(s)							
Work Telephone / em	ail						
Date							
Name of victim referre	ed				Victim DOB		
Address							
Contact telephone numbers (mobile or landline)					Safe to call?		
GP Surgery (if known)							
Diversity data (if known)		B&ME ☐ (including Traveller Control of the provided HTML) Bisexual ☐ Gay ☐ Bisexual ☐ Gender: M ☐ F ☐ Non-binate ☐ Does the person's gender match that assume Tyes ☐ No ☐ Unknown ☐			☐ Trans ☐		
Perpetrator(s) name (include any known alias)					Perpetrator(s) DOB		
Perpetrator(s) address					Relationship to victim		
Children (please add extra rows if DOB necessary)			Relationship to victim	Relationship to perpetrator	Address	School (If known)	

Reason for referral and lawful basis for sharing this information

NB: Consider relevancy, proportionality and whether the information provided is necessary for the purpose of this referral form.

It is the responsibility of the referring agency to be satisfied that the threshold for Marac is reached (that the victim of domestic abuse is at high risk of serious harm or homicide). It is not necessary for the purpose of this Marac referral form to share details here. It is, however, important to indicate under which criteria the threshold is met:

Professional judgement	Y / N	Visible high risk? (14 yes answers or more on SafeLives Dash risk checklist)	Y / N ore:
Potential escalation in frequency and/or severity of abuse	Y / N	Marac repeat (see 2018 definition <u>here)</u>	Y / N
If repeat, please provide the date listed / case number (if known)			
Has the victim been referred to any other Marac in a different area previously?	Y / N	If yes, please state where & when	
Has the victim been referred to the Idva service?	Y / N		
Is the victim aware of the risk assessment and informed of Marac referral?	Y / N	If no, why not?	
Please confirm the lawful basis for the processing of this personal information (your Privacy Notice or MOP should include the lawful basis as well as the purpose for the processing)			
Under what condition (Article 9 (2) GDPR) is special category data shared? Please detail.			

Research form for Marac

Name and agency		
Telephone / Email		
Date		
Victim name		
Victim DOB		
Victim address		
Marac case number (from agenda)		
		Please insert any changes / errors / other information (eg aliases or nicknames) below
Are the victim details on the Maraclist accurate?	Y / N	
Are the children(s) details on the Marac list accurate?	Y / N	
Are the perpetrator details on the Marac list accurate?	Y / N	
		l
Note records of last sightings, meetings or phone calls		
Note recent attitude, behaviour and demeanour, including changes		
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)		
Other information (eg actions already taken by agency to address victim's safety)		
What are the victim's greatest priorities to address their safety?		
Who is the victim afraid of? 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?		

Contact details for Marac representatives

Agency	Name of Marac representative & deputy	Contact details

