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, 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 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 Coordinators**](https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-attending).

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**](https://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20FINAL.pdf). 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.

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 us at info@safelives.org.uk
* Visit our [**Marac resources webpage**](https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-attending)
* Call SafeLives on (0117) 403 3220

1. SafeLives Dash Risk Identification 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 [[1]](#footnote-2) 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](https://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL_0.pdf)**. 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.

SafeLives DASH Risk Identification Checklist for use by Idvas and other non-police agencies[[2]](#footnote-3) 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) |
| 1. **Has the current incident resulted in injury?**   Please state what and whether this is the first injury. | ☐ | ☐ | ☐ |  |
| 1. **Are you very frightened?**   Comment: | ☐ | ☐ | ☐ |  |
| 1. **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: | ☐ | ☐ | ☐ |  |
| 1. **Do you feel isolated from family/friends?**   Ie, does [name of abuser(s)] try to stop you from seeing  friends/family/doctor or others?  Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling depressed or having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?** | ☐ | ☐ | ☐ |  |
| 1. **Is there conflict over child contact?** | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?** |  |  |  |  |
| 1. **Is the abuse getting worse?** | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?** | ☐ | ☐ | ☐ |  |
| **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** |
| 1. **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) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **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) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| 1. **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? | ☐ | ☐ | ☐ |  |
| 1. **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 ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever threatened or attempted suicide?** | ☐ | ☐ | ☐ |  |
| 1. **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 ☐ | ☐ | ☐ | ☐ |  |
| **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** |
| 1. **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 ☐  Other ☐ | ☐ | ☐ | ☐ |  |
| **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 case to** Marac**?** | | | Yes ☐  No ☐ | |
| **If yes, have you made a referral?** | | | Yes ☐  No ☐ | |
| **Signed** |  | | **Date** |  |
| **Do you believe that there are risks facing the children in the family?** | | | Yes ☐  No ☐ | |
| **If yes, please confirm if you have made a referral to safeguard the children?** | | Yes ☐  No ☐ | **Date referral made** |  |
| **Signed** |  | | **Date** |  |
| **Name** |  | | | |

|  |
| --- |
| **Practitioner’s notes** |
|  |

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

1. 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)** | | Black, asian and racially minoritised ☐ Disabled ☐  LGBT+ ☐ 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?** | |  | |

1. 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 defined1 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

1. 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

|  |  |
| --- | --- |
| **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 Marac list 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 |  |

|  |  |
| --- | --- |
| **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?** |  |

1. 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 bought 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

1. 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.

1. Notification of Marac cases where 12 months have passed since the last Marac
2. Any other business
3. Marac list

|  |  |  |  |
| --- | --- | --- | --- |
| **Marac name** |  | **Date of Marac** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case no.** | **Victim name & address** | **Victim**  **DOB** | **Perpetrator name & address** | **Perpetrator DOB** | **Children name & address (if different)** | **Children DOB** | **Referring agency** | **Reason for referral[[3]](#footnote-4)** | **Brief comments[[4]](#footnote-5)** |
|  |  |  |  |  |  |  |  |  |  |
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1. Marac confidentiality statement

|  |  |  |  |
| --- | --- | --- | --- |
| **Marac name** |  | **Date of Marac** |  |

**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 DA 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. |

**By signing this document we agree to abide to these principles.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Name of representative** | **Signature** | **Email** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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1. 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.

|  |  |
| --- | --- |
| **Marac name** |  |
| **Date of Marac** |  |
| **Marac venue** |  |
| **Marac Chair** |  |

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 and racially minoritised services |  |
| Specialist Lesbian, Gay, Bisexual and Trans (LGBT+) services |  |
| Other (e.g. Fire Service, Cafcass, sexual abuse services, community perpetrator programmes, other specialist services relating to equality of outcome) |  |

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** |
|  |  |  |  |  |  | * *Complete* * *Incomplete due to change in circumstances [state reason]* * *Incomplete as not undertaken [state timescale for completion]* |
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1. Review cases on the Marac list
2. Notification of Marac cases where 12 months have passed since the last Marac

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| --- | --- | --- | --- | --- | --- | --- |
| **Case no.** |  | **Has the victim been informed of the referral to Marac? If no give reason** | | Y / N | | |
| **Victim consent?** | | Y / N | **If no, give reason** | |  | |
| **Marac repeat?** | | Y / N | **If yes, date last listed** | |  | |
| **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)** | | Black, Asian & racially minoritised ☐ Disabled ☐  LGBT+ ☐ 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)** |
|  |  |  |  |  |  |
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Information shared at the meeting

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

|  |  |
| --- | --- |
| **Referring agency** | *Agency name* |
| **Reason for referral** | *Summary of case as presented by the referring agency.* |

|  |  |
| --- | --- |
| **Agency name** | **Information shared** |
|  | *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.* |
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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.

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| --- | --- | --- | --- |
| **Risk identified** | **Action** | **Agency / representative** | **Completion date** |
| General | Flagging of files |  |  |
| General | Feedback to victim |  |  |
| Persons unsafe to contact | *Name them here* |  |  |
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# Action tracking

There is a responsibility on all agencies, given the severity of abuse experienced by victims discussed at Marac s 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.

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| **Marac date** | **Case no.** | **Victim name** | **Action** | **Agency / representative** | **Date status reported** | **Status** |
|  |  |  |  |  |  | * *Complete* * *Incomplete due to change in circumstances [state reason]* * *Incomplete as not undertaken [state timescale for completion]* |
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1. Information sharing without consent form

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| --- | --- | --- | --- |
| **Victim name** |  | **Victim DOB** |  |
| **Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Children** | **DOB** | **Address** | **School**  **(If known)** |
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| --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  | |  |  |
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|  |  |  | |  |  |
| **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** |  |

**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)** | ☐ |
| **To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)** | ☐ |
| **For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)** | ☐ |
| **For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)** | ☐ |
| **In accordance with a court order** | ☐ |
| **Overriding public interest (common law)** | ☐ |
| **Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)** | ☐ |
| **Right to life (Human Rights Act, art. 2 & 3)** | ☐ |
| **Right to be free from torture, of inhuman or degrading treatment (Human Rights Act, art. 2 & 3)** | ☐ |

Balancing considerations

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

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| --- | --- |
| **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)** |  |

1. Potential Marac action plan

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.

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| --- | --- | --- | --- |
| **Risk identified** | **Action** | **Agency / representative** | **Completion date** |
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1. 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 Marac s, 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@safelives.org.uk](mailto:marac@safelives.org.uk).

**You will always receive an email acknowledgement of receipt from SafeLives – if you do not, please call 0117 403 3220 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.

|  |  |
| --- | --- |
| **Date held** | If you are a new Marac:  Put the date of your **first Marac** in the ‘Date Held’ column.  If you are an existing Marac but submitting data for the first time:  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.  If you have been submitting data regularly:  We will send you your current data in this form and you can continue to use it just as before.  *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.* |
| **Number of cases discussed** | This is the total number of cases that were discussed in that Marac – whether they are new cases or repeats. |
| **Number of repeat cases** | This is the number of cases seen at this Marac which come under the definition of a ‘Repeat’ as clarified below:  *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).*  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:     * Violence or threats of violence to the victim (including threats against property), or * A pattern of stalking or harassment, or * Rape or sexual abuse   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.  The Marac should be able to record repeat victimisation and should do so using the SafeLives Marac Data Form. For more information contact [marac@safelives.org.uk](mailto:marac@safelives.org.uk)  Incidents that occur more than 12 months after the last Marac referral do not constitute a repeat incident. |
| **Number of children in the household** | 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.  If a woman is pregnant, this baby does not count as a child.  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.  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. |
| **Referring agency** | This is the number of referrals from each agency. Please record here which agency made the referral of each case to the Marac.  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.  **IMPORTANT** 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).  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.  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.  Specific Definitions of Some Agencies   * **Idva** –This includes Idvas from charitable and statutory organistions. * **Childrens Social Care** – Also known as Children and Young People’s Services * **Primary Care Services** – This normally includes referrals from Community Based Health Services, e.g. Midwives, Health Visitors, School Nurses, GPs, etc. Dentists, Opthamologists and Pharmacists are also part of Primary Care. * **Secondary Care / Acute Trust** – This includes all hospital based services, e.g. Accident & Emergency, Obstetrics, Elderly Medicine, Sexual Health (GUM) Clinics etc. * **Education** – Please include referrals from Schools or Education Welfare Officers * **Housing** – This includes Housing and Homelessness organisations – both voluntary & statutory * **Mental Health** – This includes community and hospital based mental health Services and mental health charities. * **Voluntary Sector** – This includes other specialist DA 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 black, asian and racially minoritisd / LGBT+ organisations from the voluntary sector. * **Substance Abuse** – This includes referrals from both voluntary and statutory Substance Abuse Agencies. |
| **Number of cases from black, asian and racially minoritised community** | For the purposes of this spreadsheet any victim discussed at Marac who is not White / British is defined as being from a racially minoritised community. |
| **Number of LGBT+ cases** | This is the number of cases where the victim identifies as lesbian, gay, bisexual or transgender (LGBT+). |
| **Number of cases where victim has a disability** | 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.’ |
| **Number of male victims** | This is the number of victims who are male, regardless of whether the perpetrator is male or female. |

Some dos and don’ts

* **Do call SafeLives – 0117 403 3220 or email us at marac@safelives.org.uk** 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 black, asian, racially minoritised 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.

1. For further information about Marac please refer to the 10 Principles of an Effective Marac: <http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc> [↑](#footnote-ref-2)
2. Note: This checklist is consistent with the ACPO endorsed risk assessment model Dash 2009 for the police service. [↑](#footnote-ref-3)
3. Professional judgement, visible high risk, escalation or a Marac repeat. [↑](#footnote-ref-4)
4. *For example: pregnancy, GP details, children’s School* [↑](#footnote-ref-5)