 Restricted when completed

# 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 |  |
| Health and Social Care Trust |  |
| Mental Health |  |
| Safeguarding/Vulnerable Adults |  |
| Education |  |

|  |  |
| --- | --- |
| Registered Social Landlord |  |
| Drug & Alcohol Service |  |
| Specialist Black, Asian and racially minoritised |  |
| Specialist Lesbian, Gay, Bisexual and Trans (LGBT+) services |  |
| Other (eg Fire Service, Cafcass, sexual abuse services, community perpetrator programmes, other specialist services relating to equality of outcome) |  |

## 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]* | |  |
|  |  |  |  |  |  |  | | | | |
|  |  |  |  |  |  |  | | | | |
|  |  |  |  |  |  |  | | | | |

**3. Review cases on the Marac list**

### 4. Notification of Marac cases where 12 months have passed since the last Marac

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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)** | | B&ME ☐ 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)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## 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.* |  |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |

## Action planning

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

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