

Safer Cumbria

Cumbria Domestic Violence Operational Group

MARAC

Operating Protocol

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**1. Introduction**

The purpose of the MARAC Operating Protocol is as follows:

* to establish accountability;
* to determine responsibility and reporting structures for the MARAC; and
* to outline the process of the MARAC.

The MARAC Operating Protocol is designed to enhance existing arrangements rather than replace them.

MARACs in Cumbria are operating in accordance with the CAADA Principles to Practice guide 2010

This protocol was agreed by Safer Cumbria on 3rd July 2012 and was updated on 2nd September 2014

**2. Outline of MARAC - Multi Agency Risk Assessment Conference**

MARAC is a multi-agency meeting which has the safety of high risk victims of domestic abuse as its focus.

The aims of the MARAC are:

* to share information to increase the safety, health and well-being of very high risk and high risk domestic abuse victims – and their children;
* to determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
* to jointly construct and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
* to review previous actions
* to reduce repeat victimisation;
* to improve agency accountability; and
* to improve support for staff involved in high risk domestic abuse cases by sharing the burden of risk.

**The responsibility to take appropriate action rests with the 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.

MARAC in Cumbria

There are three MARAC’s that cover Cumbria.

* North Cumbria MARAC covers Carlisle and Eden and is held in Carlisle.
* South Cumbria MARAC covers Barrow and South Lakeland and is held in Barrow.
* West Cumbria MARAC covers Allerdale and Copeland and is held in Workington.

Each MARAC is held every 4 weeks.

Between Jan/ Dec 2013 there were 457 cases discussed at MARAC in Cumbria. 456 children were identified as being affected by high risk domestic violence cases.

Any Partner agencies or organisations can refer to MARAC.

**3. Governance and performance management**

The following outlines the Governance and Performance Management Framework and objectives of the MARAC:

The Domestic Violence Operational Group will:

• Monitor and evaluate the data from the MARAC

• Ensure that effective partnerships are maintained with other public protection bodies and other MARAC areas

• Monitor and regularly assess the overall performance of the MARAC and ensure it operates in line with the 10 principles of an effective MARAC (The 10 Principles and accompanying guides are available on the CAADA website www.caada.org.uk )

• Address operational issues

• Oversee efforts to raise awareness with local practitioners about the MARAC

• Communicate to the public, to stakeholders and to government about the successes of the MARAC;

• Ensure that the MARAC operates in line with legal responsibilities and keeps up-to-date with changes to legislation national guidance

• the Domestic Violence Operational Group will report to Safer Cumbria Partnership

The Domestic Violence Operational Group is chaired by the Detective Chief Inspector, DV Lead, Cumbria Constabulary. Other attendees include:

• Detective Inspector for Public Protection Unit North Cumbria, Cumbria Constabulary, Chair of North MARAC

• Detective Inspector for Public Protection Unit South Cumbria, Cumbria Constabulary, Chair of South MARAC

• Detective Inspector for Public Protection Unit West Cumbria, Cumbria Constabulary, Chair of West MARAC

• Domestic and Sexual Violence Lead /Business Manager, Cumbria County Council, Children’s Services Directorate

• MARAC Co-ordinators (x2)

• Assistant Chief Officer - Cumbria & Lancashire CRC

• Manager Integrated Services - Children’s Services

• Manager Safeguard Adults - Cumbria County Council

• Manager Integrated Domestic Violence Service Health Safeguarding lead

• University Hospital Morecambe Bay, Cumbria Partnership NHS Foundation Trust, Cumbria CCG, Cumbria University Hospital.

• Housing - Chair of the DSVB Housing Sub Group

• HMCTS - Legal Advisor

• OPCC – Head of Commissioning and Contracts

• CPS - Crown Prosecutor

• Public Protection Manager - National Probation Service, North West

• HMP Haverigg – Head of Reducing Reoffending

• CPFT – GP Stakeholder Engagement Manager

• CSP Officers

• Let Go – Manager/Champion’s Network Lead

• Victim Support – Senior Service Deliver Manager

• Service Manager - Unity

• Witness Care Unit – Senior Manager

This representation is able to address the practical and resource implications of MARAC; and develop and maintain internal protocols and procedures in relation to public protection.

The DV Operational Group meets on a bimonthly basis and reports to the Safer Cumbria Action Group.

The MARAC Co-ordinators are employed and line managed by Cumbria Constabulary. They are jointly supervised by the Detective Sergeant in the Public Protection Unit and the Domestic and Sexual Violence Business Coordinator, Cumbria County Council.

**4. Process of the MARAC and Identification of MARAC cases**

Agencies should use the CAADA MARAC Toolkits to identify actions they can take initially. [www.caada.org.uk/marac/Toolkit-MARAC-Representative-Mar-2012.pdf](http://www.caada.org.uk/marac/Toolkit-MARAC-Representative-Mar-2012.pdf)

Agencies should assess the level of risk to the victim and any children, when a domestic abuse disclosure is made or when domestic abuse is identified, using the CAADA-DASH Risk Indicator Checklist model.

(Cumbria Constabulary uses the ACPO CAADA-DASH Risk Indicator Checklist).

High risk cases should then be referred to the MARAC Co-ordinators. Agencies should also make contact with the IDVA Service in their area.

**5. Criteria for MARAC**

• The threshold for MARAC is very high risk with 14 ticks on the CAADA-DASH Risk

• Indicator Checklist or where professional judgement warrants a MARAC referral.

• Professional judgement referrals can be made by any agency that has a high concern for a victim. The risk factors and the concerns of the referring agency must be clearly documented on the referral form. Police can also refer based on 3 police call outs within a 12 month period. These call outs must show a degree of escalation in either severity or frequency. This threshold will be reviewed regularly by the MARAC steering group.

• Professional judgement referrals will be received by the Marac Coordinators; checks will be made to ensure that agencies have attempted to introduce their own organisations interventions; before it can be referred on to MARAC.

* + All MARAC repeats are as a consequence of at least one incident being reported to at least one MARAC agency following an appearance at MARAC. The incident will involve:

• Violence or threats of violence to the victim (including threats against property);

 and/or

• Where there is a pattern of stalking or harassment (the repeated following of communication with or other intrusions on the privacy of a victim);

and/or

• Where rape or sexual abuse is disclosed (multiple incidents occurring between MARAC meetings only result in one MARAC repeat.)

* The MARAC Threshold is attached in the administration pack in Appendix 1.

• For data recording purposes the following are not counted as a repeat to MARAC. This does not mean that they will not be discussed at MARAC. Agencies should refer any victim that meets the criteria above.

• Where a case is reviewed at the MARAC involving the same victim but a different perpetrator or group of perpetrators.

• Where a case is reviewed at the MARAC involving the same perpetrator but a different victim.

• Where an incident not involving criminal behaviour occurs and is therefore not reviewed at MARAC.

• Where the same combination of victim and perpetrator is involved, but being reviewed at a different MARAC. This is clearly a repeat incident in human terms, however will not be recorded as such for the purposes of this indicator.

• Cases which were previously reviewed at the MARAC more than 12 months ago.

**16 and 17 year olds and criteria for MARAC**

• Child protection processes/procedures should always take president for safeguarding concerns relating to 16 & 17 year olds.

• A referral to MARAC of a victim aged 16 or 17 can be made if the case meets the MARAC threshold.

• Relevant agencies will be required to provide research and share information at the meeting (Inspira, Youth Offending Service, Children’s Services).

• For individuals between 16 and 17 years of age a discussion shall take place between the young people’s services and the adult services to determine the most appropriate actions. The actions may be delivered in partnership.

**6. Referral**

• Agencies refer cases to the MARAC using the MARAC referral form.

• The referral form needs to include as much information as possible including the name, date of birth; address of victim, perpetrator and children.

• If the referral is based on professional judgement all concerns need to be documented. The MARAC referral form is attached in the administration pack in Appendix 2.

* The MARAC operates a rolling referral system and cases are listed to the nearest available MARAC. Each MARAC meets every 4 weeks.
* Referring agencies should also make contact with the IDVA service for support.

**7. MARAC list/agenda**

* The MARAC agenda is circulated 11/12 days (including weekends) prior to a MARAC meeting.
* A research form is available for partner agencies to assist in completing their research.

The research form is attached in the administration pack in Appendix 1.

**8. Actions before the MARAC**

• There are some actions that will be completed ahead of the MARAC. Agencies involved with immediate safeguarding should take action prior to the MARAC and not wait for the meeting to take place.

• Referring agencies are responsible for ensuring appropriate referrals are submitted to safeguarding agencies such as Children’s services, Police, IDVA and Adult Social Care.

• The IDVA service can provide crisis intervention and safety planning prior to the MARAC.

• All agencies are expected to systematically flag and tag files involving MARAC families. This is to include the removal of flags after a 12 month period.

• The MARAC Co-ordinators will inform the IDVA service of referrals for cases they are unaware of within 24 hours of receiving the referral (this will be longer if the referral is received over a weekend). They will also check the police system (Sleuth PVP) and update the system with any risk and safety information not already recorded.

**9. Victim contact before the meeting**

• Where possible and safe to do so, the IDVA Service will make contact with the victim prior to the meeting in order to bring the views of the victim to the meeting.

• When it is safe to do so, the referring professional or IDVA will notify the victim of the MARAC and feedback relevant actions.

• If it is not safe to contact or advise the victim of the MARAC referral then it is still possible for the case to be discussed at MARAC without the victim’s knowledge. It is preferred that the victim is aware of the MARAC referral.

**10. MARAC meeting**

• The MARAC meets every four weeks.

• The Chair of the MARAC is the Public Protection Detective Inspector or if they are unavailable, the Public Protection Sergeant. The role of the Chair is to structure the MARAC.

• MARAC attendees should identify a deputy to attend the full MARAC meeting if they are unable to attend. If a deputy is unavailable, a report should be submitted to the MARAC Co-ordinator prior to the meeting.

**11. Minutes and administration**

• The MARAC Co-ordinators are based within the Public Protection Unit at the County Triage team. They will distribute the Action List within 24 hours, wherever possible and the minutes as soon as possible following the MARAC.

• The MARAC Co-ordinators will notify partners when cases have had 12 months since the last MARAC and therefore would not be considered a repeat should another incident occur. This information will be provided in the minutes.

• The MARAC Co-ordinators use a computer system called Modus (Paloma) to administer the MARAC process. This system is also used by IDVA’s to case manage clients.

* + - * The MARAC Co-ordinators will develop a list of agencies they will offer MARAC training to and review it annually in April.
			* The MARAC Co-ordinators will create a database storing information on what courses have been offered, to whom, and when. Record who attended and which agencies they were from.
			* Audit how many professional judgement cases are made annually; scores they were given and who submitted them.
* MARAC Co-ordinators will set a date annually to email all MARAC attendees to provide reminder information on:

What a repeat victim constitutes

Links to the CAADA toolkits

What types of information attendees need to bring to the meetings .i.e. new, timely and factual updates.

If actions that have been agreed to are not completed following the first reminder; it will be escalated to the DV Operational Group after 2 weeks from that reminder.

Remind agencies to flag and tag cases and spell out the importance of why we need to do it.

**12. Information shared at MARAC**

• Only accurate information that is directly relevant to the safety of the victim should be shared by the attending agencies. This falls into 4 main categories:

1. Basic demographic information including any pseudonyms used and whether there are any children and their ages.

2. Information on key risk indicators including where appropriate, professional opinion on the risks faced.

3. Any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim.

4. The ‘views’ of the victim. Typically the IDVA will represent the perspective of the victim on the risks faced and how best to address them.

• Information sharing at MARAC meetings is strictly limited to the aims of the meeting.

* At the start of each MARAC meeting the chair will read out and then ask agencies to sign the confidentiality statement.

• The Information-Sharing Protocol (ISP) is attached in Appendix 4.

• If a case has been referred on professional judgement and the victim has not been informed of the referral it is necessary to complete the Information Sharing Without Consent Form. This is attached in the administration pack in Appendix 2.

**13. Action planning**

• A tailored action plan will be developed at the MARAC to increase the safety of the victim, children, perpetrator, other vulnerable parties and any staff.

• The following types of actions will be agreed:

• flagging and tagging of files;

• referral to other appropriate multi-agency meetings; and

• prioritising of agencies’ resources to MARAC cases.

• It is essential that actions are completed in a timely manner. Confirmation of completion and action updates should be submitted to the MARAC Co-ordinator within the timescale set at the meeting. Incomplete actions will be circulated prior to the next meeting and subsequently reviewed at the next MARAC meeting.

• If actions are incomplete, the responsibility and accountability remains with the named agency and not the MARAC or the chair.

• If the victim moves to another area, MARAC agencies must inform their counterparts in the relevant area that the victim is high risk.

• MARAC takes place all over the country. If an agency feels a victim who has re-located is high risk the MARAC referral form must still be completed. This is to be submitted to the MARAC Co-ordinators along with information on where the victim has re-located to. The MARAC Co-ordinators will then forward the referral and information to the appropriate MARAC area.

• For further information on the types of actions agreed at MARAC please see CAADA documentation on the website www.caada.org.uk

**14. Emergency MARACs**

• In exceptional circumstances it may be necessary to hold an emergency MARAC meeting. If an agency feels this is the case, contact should be made with the MARAC Co-ordinators as soon as possible. The relevant forms must still be completed by the referring agency. A MARAC meeting is only called if the risk of harm is so imminent that statutory agencies have a duty of care to act at once.

**15. MAPPA and MARE**

• MARAC has good links with the MAPPA and MARE process.

• The MARAC agenda is sent to the MAPPA Administrator who checks for MAPPA involvement both past and present. Relevant information is sent to the MARAC Co-ordinators who bring it to the meeting.

• All new MAPPA subjects are forwarded to the MARAC Co-ordinators who check for MARAC and IDVA involvement. Any relevant MARAC information is forwarded to the MAPPA Co-ordinator.

• Where the victim is subject to a MARAC and the offender is managed at a level 2 or 3 MAPPA meeting, the MAPPA meeting will take priority; the IDVA team must be invited to the MAPPA meeting. The MAPPA meeting will ensure that the Risk Management Plan effectively identifies and puts actions into place to protect the victim.

• The MAPPA Co-ordinator will look to invite the IDVA to MAPPA meetings if appropriate.

• The MARAC agenda is sent to the development officer for mentally disordered offenders who checks for MARE involvement. Relevant information is brought to the MARAC meeting via the mental health representative.

• If during the MARAC meeting a MARE is highlighted as a possible consideration the mental health representative will take this to the care team for action.

**16. Referrals to and from other MARACs**

• If it becomes apparent that a victim has moved to an area that is covered by a different MARAC it is possible to forward the referral on to the appropriate MARAC.

• Agencies should make the referral as normal to the MARAC Co-ordinators and clearly state where the victim has moved to and when this occurred.

• Agencies are also responsible for ensuring their counterparts in the appropriate area have received the relevant information.

• When a MARAC referral is received from another area the MARAC Co-ordinators will inform the IDVAs and the police. If necessary the case will be heard in the appropriate Cumbria MARAC.

**17. Equality**

• Additional support and advice can be accessed for cases identified as being from diverse communities through the following services:

The Multi Cultural Centre, Barrow

MALE (Men’s Advice Line and Enquiries)

Broken Rainbow Helpline (for LGBT)

Galop (LGBT Community Safety Charity)

• The MARAC steering group through the Equality Impact Assessment process /action plan will address diversity issues in Cumbria and in particular look to ensure that Cumbria’s population is reflected in the referrals.

**18. Evaluation**

• MARAC data is collected by the MARAC Co-ordinators and is submitted to the Domestic Violence Operational Group monthly.

• Data is also submitted to:

CuPS – Cumbria Partnership Support

Home Office

Safer Cumbria Partnership

CAADA

Cumbria County Council Contract Monitoring

• If agencies require data information to assist in training, funding applications or resource management please contact the MARAC Co-ordinators.

**19. Complaints/Accountability**

• Complaints about how an agency/professional is working within the MARAC process should be submitted in the first instance, in writing to the MARAC Co-ordinator. Should this fail to resolve the issue, this will be forwarded to the MARAC Chair and the County Domestic Violence Business Co-ordinator and when necessary escalated to the Domestic Violence Operational Group and Safer Cumbria

**20. Breaches**

• A breach of this MARAC operating protocol may increase the risk to a high risk victim of domestic abuse.

• Breaches will be forwarded to the MARAC Chair and Domestic Violence Business Co-ordinator and escalated where necessary to the Domestic Violence Operational group and Strategic Management Board.

**21. Withdrawal**

• The strategic lead for any agency who wishes to withdraw from the MARAC process must inform the Chair of the MARAC in writing. The Chair will forward this to the County Domestic Violence Business Co-ordinator and Domestic Violence Operational Group for discussion.

• Withdrawal from this protocol will result in a withdrawal from the MARAC.

• Information, which is no longer relevant, should be destroyed in accordance with agency guidelines. This relates to any information that the partner has obtained during the MARAC process.

**22. Review**

• This protocol will be reviewed annually from the date of signature by the Domestic Violence Operational Group. Requests for additions/changes should be made in the first instance to the MARAC Co-ordinators.

11. Signatory Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Constable Jerry Graham

On Behalf of Safer Cumbria Action Group

**23. Contact information**

Public Protection Unit

County Triage Team

Skirsgill Depot

Penrith

Cumbria

CA10 2BQ

MARAC Co-ordinator – Mobile: 07528 966602

MARAC Co-ordinator - Mobile: 07528 966601

MARAC Administrator – Dial 101 ask for Public Protection Unit

Email – MARAC@cumbria.pnn.police.uk

Domestic & Sexual Violence Business Co-ordinator

Safer Cumbria Partnership

Children Services Directorate, Cumbria County Council

Mobile: 07825 693845

**24. IDVA Contact details**

South Cumbria

IDVA service managed by Impact Housing

Tel: 01229 483834

Email: idvasouth@impacthousing.org.uk.cjsm.net

West Cumbria

IDVA service managed by Impact Housing

Tel: 01900 842992

Email: idvawest@impacthousing.org.uk.cjsm.net

North Cumbria

IDVA service managed by Impact Housing

Tel: 01228 633640

Email: idvaservice@impacthousing.org.uk.cjsm.net

**25. Glossary of terms**

CAFCASS Children and Family Court Advisory Support Service

CPS Crown Prosecution Service

IDAP Integrated Domestic Abuse Programme

IDVA Independent Domestic Violence Advocate

LGBT Lesbian, Gay, Bi-sexual and Transexual

MARAC Multi Agency Risk Assessment Conference

MAPPA Multi Agency Public Protection Arrangement

MARE Multi Agency Risk Evaluation

CAADA Coordinated Action against Domestic Abuse

DASH Domestic Abuse, Stalking and Harassment

DIP Drug Intervention Programme

CMHT Community Mental Health Team

RIC Risk Indicator Checklist

ACPO Association of Chief Police Officers

PVP Protection of Vulnerable People (Police Computer System)

Unity Drug & Alcohol Services

**26. Appendices**

List of appendices

Appendix 1 - MARAC Administration pack

CAADA DASH Risk Indicator Checklist

MARAC Referral Threshold

MARAC Referral Form

MARAC Research Form

Information sharing without consent form

Appendix 2 - Information Sharing Protocol (Draft) (to be added following update)

Appendix 1 - MARAC ADMINISTRATION PACK

CAADA DASH Risk Indicator Checklist

A copy of the CAADA-DASH Risk Identification Checklist can be obtained from the CAADA website. [www.caada.org.uk](http://www.caada.org.uk) A copy can also be obtained from the MARAC co-ordinators.

**CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies[[1]](#footnote-1) for MARAC case identification when domestic abuse, ‘honour’- based violence and/or stalking are disclosed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.Tick the box if the factor is present **☑**.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(tick) | No | Don’tKnow | State source of info if not the victim e.g. police officer |
| 1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)
 | [ ]  | [ ]  | [ ]  |  |
| 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 i.e. 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 (……) 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 (……) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being ‘policed at home’, telling you what to wear for example. Consider ‘honour’-based violence and specify behaviour.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (……..) ever used weapons or objects to hurt you?
 | [ ]  | [ ]  | [ ]  |  |
| Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.  | Yes(tick) | No | Don’t Know | State source of info if not the victim |
| 1. Has (……..) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)

 You 🞎 Children 🞎 Other (please specify) 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (………) ever attempted to strangle/choke/suffocate/drown you?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Does (……..) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)
 | [ ]  | [ ]  | [ ]  |  |
| 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 (………..) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)

 Children 🞎 Another family member 🞎 Someone from a previous relationship 🞎 Other (please specify) 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (……….) ever mistreated an animal or the family pet?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (……..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.)

 Drugs 🞎 Alcohol 🞎 Mental Health 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (……) ever threatened or attempted suicide?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (………) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)

 Bail conditions 🞎 Non Molestation/Occupation Order 🞎 Child Contact arrangements 🞎 Forced Marriage Protection Order 🞎 Other 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)

 DV 🞎 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 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:****Name:** | **Date:** |

Practitioner’s Notes

|  |
| --- |
|  |

**MARAC Threshold =**

14 ticks in the yes box (maximum number of ticks = 24)

OR

If there are 3 police call-outs in 12 months that show escalation in either severity or frequency

If a victim is pregnant and/or there is a child caller cases can be referred to the MARAC co-ordinator for assessment.

In all cases, the victim’s perception of their risk should be taken very seriously and agencies should use their **professional judgement** if a client appears to be at high or very high risk even if they do not meet the criteria outlined above.

If referring using professional judgement please document this clearly on the referral form, explaining your concerns.

**Repeats To MARAC =**

A repeat incident is one where any of the following types of behaviour has taken place within 12 months of the first referral to MARAC:

* Firstly violence or threats of violence to the victim, (including threats against property), or
* Secondly where there is a pattern of stalking or harassment, or
* Thirdly where rape or sexual abuse is disclosed

**MARAC Referral Form**

|  |  |
| --- | --- |
| Referring agency |  |
| Contact name(s) |  |
| Telephone  |  | Date |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Victim name |  | Victim DOB |  |
| Address |  | Diversity Data (if known)B&ME  Disabled  LGBT  Gender M / F  |
| Ethnicity |  |
| Telephone number |  | Is this number safe to call? | *Y / N* |
| Please insert any relevant contact information e.g. times to call |  |
| 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  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Reason for Referral** *- Select one of the below 4 options.*

|  |  |  |  |
| --- | --- | --- | --- |
| Professional judgement | *Y / N* | Visible high risk (*14 ticks or more on CAADA - 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 MARAC repeat, please provide the date listed |  |
| Reason for Referral – Including Background and Risk Issues |

**Additional Information**

|  |  |  |
| --- | --- | --- |
| 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? |  |

**MARAC Research Form**

|  |  |
| --- | --- |
| Name & Agency |  |
| Telephone / Email |  |
| Date |  |

|  |  |
| --- | --- |
| Victim name |  |
| Victim DOB |  |
| Victim address |  |
| MARAC date |  |

|  |  |
| --- | --- |
|  | *Please insert any changes / errors / other information (e.g. 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 (*e.g. the pattern of abuse, isolation, escalation, victim’s greatest fear etc.*). |  |
| Other information *(e.g. 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? *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? |  |

**Information sharing without consent form**

# Information Sharing without Consent Form

RESTRICTED When Complete

|  |  |
| --- | --- |
| Victim name and DOB |  |
| Victim address |  |
| Children | DOB | Address  | School (if known) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Who is at Risk?*(e.g. Children, client, family, others)* | Who are they at risk from? *(e.g. partner, ex-partner, family, self)* | What are the concerns around this risk? | What are the immediate risks to this victim? | Risk Identified through Risk Assessment |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Risk Identification Checklist (*if it has been possible to complete a CAADA-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 and detection of crime |  |
| 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 (please tick)**

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

RESTRICTED When Complete

**Client Notification**

|  |  |  |  |
| --- | --- | --- | --- |
| Client notified  | *Y / N* | Date notified |  |
| If not, why not? |  |

**Review**

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

**Record the following information-sharing in 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) |  |

RESTRICTED When Complete

1. Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service. [↑](#footnote-ref-1)