



Toolkit for Marac

Marac Representatives

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 normally represented by an Idva who speaks on their behalf.

What is the toolkit for?

This toolkit is designed to be a guide for you, to clarify your role as Marac representative on behalf of your agency and support you to implement this critical role effectively. It is a quick and easy reference tool as part of a new representatives induction into the Marac process and to trouble shoot practical issues at your Marac to ensure it focuses on the safety of victims, whilst also safeguarding children and addressing the behaviours of perpetrators. We hope it will help to make your work with the Marac as productive as possible in terms of safeguarding victims and to make links between your Marac work and your 'day job'.

This is a generic toolkit aimed at every Marac representative and focuses on the whole process of which the Marac meeting is just a part. It is based on the evaluated model of Maracs that is supported by SafeLives and the Home Office. If you have specific enquiries about your agency's role at Marac please contact SafeLives on info@safelives.org.uk or read the relevant frontline practitioner toolkits here: http://www.safelives.org.uk/marac/Resources_for_people_who_refer_to_MARAC.html

As Marac representative you are a very important link in the whole process and without your engagement the Marac will much less effective in achieving its goals.

What is in the toolkit?

- FAQs outlining the aims of Marac and skills required of Marac representative to contribute effectively.
- Flowcharts highlighting the key steps in running a sound Marac and outlining where common pitfalls occur.
- Detailed analysis of each step to show your role within it and how this links in with other partners.
- Key documents that you will use at your Marac: the SafeLives Dash risk checklist, the referral and research forms for Marac and the sharing information without consent form.

Frequently asked questions

What are the aims of the Marac?

There are four aims of Marac: to safeguard victims; make links with other public protection arrangements in relation to children, perpetrators and vulnerable adults; to safeguard agency staff and address the behaviour of the perpetrator.

This is achieved by a multi-agency, risk focused, information sharing and action planning process at the Marac meeting. This is facilitated by the Marac Chair who ensures that cases are usually managed within 10 -15 minutes. To make this work, case management and specialist support before, during and

after the meeting, is normally provided by the Independent Domestic Violence Advisor (Idva). You should have an Idva service in your region which will provide specialist support to all high risk victims of domestic abuse from the point of crisis and be skilled at working and co-ordinating the responses of different agencies. Co-ordination and administration of the Marac is carried out by a dedicated Marac co-ordinator or administrator, this supports an effective process and all Marac agencies.

What is my role in protecting families via the Marac process?

As Marac representative for your agency you are a critical link in the whole process and without your engagement and participation the Marac will not achieve its aims. Central to your role is to research cases ahead of Marac, share relevant and proportionate risk focused information at the meeting in relation to all vulnerable parties including the perpetrator and volunteer actions for your agency in response to the risk of harm identified. A guide to the sort of information and actions your agency might offer can be found at the end of this Toolkit. Your agency will also be identifying and referring high risk victims to Marac, you will be a conduit to this and present cases referred by your agency at the Marac meeting.

You will be part of a multi-agency group consisting of eight core Marac agencies: police, probation, health, children's services, housing practitioners, Independent Domestic Violence Advisors (Idvas), substance misuse service and mental health. Alongside other specialists services including: adult safeguarding, education, registered social landlords, voluntary and community groups and services supporting young people such as the youth offending service and CAMHS. The Marac is usually chaired by the Detective Inspector from the local Public Protection Unit.

What support can SafeLives offer my Marac?

SafeLives offers support in a number of ways to help you and your Marac to operate effectively.

- **Marac Development Officer:** A single point of contact for your Marac by supporting key Marac leads, both operational and strategic.
- **Marac self-assessment:** We believe that it is important for victim safety that Maracs follow the evaluated model set out in this document and provide a self-assessment tool to enable Maracs to reflect in their process, identify and embed good practice and address any issues. For more information about the Marac Self-Assessment process visit: http://www.safelives.org.uk/marac/MARAC_quality_assurance.html
- **Practical tools:** In addition to the appendices to this document, we have developed simple checklists to help your area create sound information sharing and operating protocols. Visit: http://www.safelives.org.uk/marac/Resources_for_people_involved_in_MARACs.html
- **Helpdesk:** We provide Marac FAQs and a helpdesk which can be contacted at info@safelives.org.uk where we will attempt to answer any other practical problems regarding the process; we cannot comment on specific cases.
- **Data analysis:** We receive quarterly data from your Marac Co-ordinator and analyse this in relation to the performance of your Marac compared with others in your region and nationally. This is something that may be of relevance to you in your work and in communicating the value of Marac to strategic leads and colleagues in your agency. Visit http://www.safelives.org.uk/marac/MARAC_data_and_performance.html
- **Training:** We provide a range of training aimed at all key participants in Marac including the Chair, Co-ordinator, Representatives and Idvas. Visit: http://www.safelives.org.uk/marac/MARAC_training_and_consultancy.html
- **Consultancy:** Our experienced team can help Maracs develop from an operational, strategic and commissioning perspective. Visit: http://www.safelives.org.uk/marac/MARAC_training_and_consultancy.html

Other Marac toolkits and resources

Frontline Practitioner Toolkits which offer a practical introduction to Marac within the context of a professional role are available from: http://www.safelives.org.uk/marac/Resources_for_people_who_refer_to_MARAC.html. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E	Drug and Alcohol
Ambulance Service	Education
BAMER Services	Fire and Rescue Services
Children and Young People's Services	Family Intervention Projects

Health Visitors, School Nurses & Community
Midwives
Housing
Independent Domestic Violence Advisors
LGBT Services
Marac Chair
Marac Coordinator
Mental Health Services for Adults

Police Officer
Probation
Social Care Services for Adults
Sexual Violence Services
Specialist Domestic Violence Services
Victim Support
Women's Safety Officer

Further copies of this **Marac Representative's Toolkit** can be downloaded here:
<http://www.safelives.org.uk/marac/Toolkit-MARAC-representative.pdf>

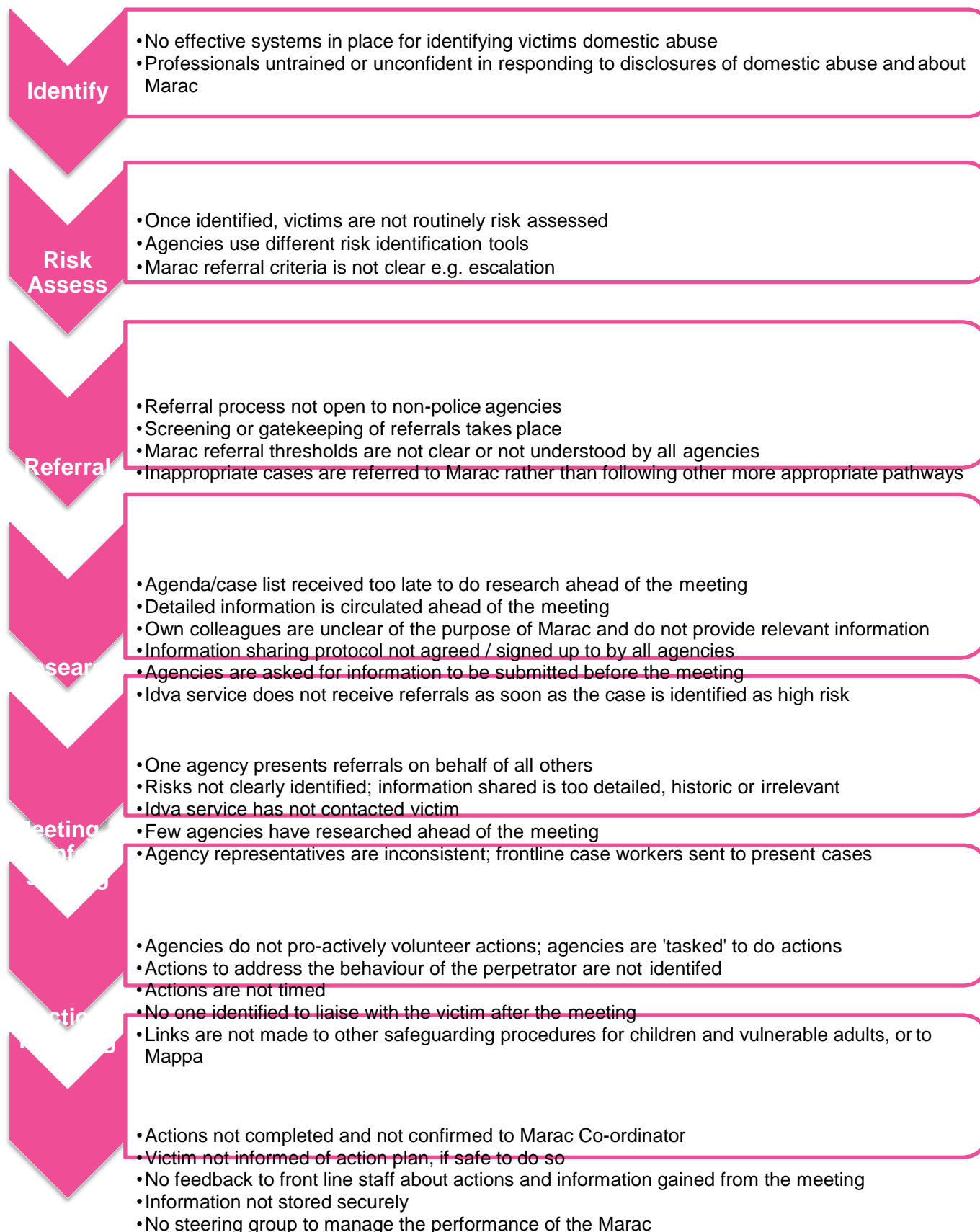
For more guidance on the Marac process see the 10 Principles of an Effective Marac:
http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc. This forms the basis of the Marac Self-Assessment process and national standards for Marac.

Flowcharts

Steps to the Marac process



Some common pitfalls



Step by step guide to the representative's role

Identify

- MARAC agencies identify victims of domestic abuse
- Frontline professionals have access to training and tools that increase their awareness and confidence to respond to disclosures, risk assess and refer appropriately

You are probably already familiar with your organisation's procedures for identifying cases involving domestic abuse. However, it may be the case that colleagues within your agency are less familiar with the existence of Marac, their role in the identification and referral of high risk victims, and how the process supports victims they are working with. You may wish to use the SafeLives Toolkit for your agency which is designed for frontline practitioners to explain the process and their role within it (http://www.safelives.org.uk/marac/Resources_for_people_who_refer_to_MARAC.html). There may also be a SafeLives or internally trained 'Champion' in your area who is equipped with the relevant training materials to raise awareness and confidence, explain the process and address any practical concerns with colleagues.

Your role is to make links with front line colleagues, or your in-house domestic abuse specialist so that they are able to contact you if a victim of domestic abuse is identified and support or information is required.

Risk assess

- Once domestic abuse is identified, the SafeLives Risk Identification Checklist or ACPO DASH for Police should be used to establish if the victim is at high risk of harm
- Carry out immediate safety measures for victim, child and perpetrator. The police will carry out target hardening; child protection will act to safeguard children

Once you have identified someone as suffering domestic abuse, you then need to establish if they are a high risk victim. To do this we would suggest that you:

- a. Use the SafeLives Dash risk checklist and accompanying guidance notes which can be downloaded here: http://www.safelives.org.uk/marac/RIC_with_guidance.pdf and is also within your agency tool kit (Police will use ACPO Dash). The checklist includes recommendations on how to identify a high risk victim involving both your clinical/professional judgement and an actuarial measure which can help support this decision.
- b. Operational professionals may feel less confident about completing the Dash risk checklist. We would encourage you to consider how this might be addressed, however there may be instances where it is impossible due to time (for example in busy A&E departments) or more appropriate to refer the case to your local domestic abuse or Idva service and ask them to work with the victim and to identify the level of risk. However, if you have not established whether the victim is high risk by use of the risk identification tool then you will need to have their consent in order to make this referral.
- c. We would recommend that you make links with the Idva service, establish their referral criteria, and indeed perhaps keep some of their literature at your office. This will enable operational professionals to explain the Idva work briefly and give information to any victim who might want to contact them proactively, where this is an option, or alternatively a local domestic abuse service.
- d. Where a case is identified as high risk a referral to the Idva service must be made (in line with your local referral procedures)

Note: There are clear benefits in all Marac partners using the same risk identification tool and having common thresholds for referral into the meeting. The thresholds that are set out in our guidance we believe to be defensible in terms of information sharing legislation, however, the Marac may find that the volume of cases in the area is so high that there needs to be a temporary review of one or more of these criteria in order to maintain a manageable workload at your Marac.

Your role is to support frontline professionals to establish the level of risk, ideally using the Dash risk identification within your agency, and to refer on appropriately.

Referral

- If high risk, complete a MARAC referral form and send to the MARAC Coordinator/administrator as soon as possible
- **If high risk refer to the IDVA service**
- Advise the victim of their referral to MARAC and IDVA (where it is safe to do so)
- **IDVA service contacts victim to offer support, safety plan and identify key risks and fears**

If the Dash risk checklist has been completed and established that the victim is at high risk of harm, the next step is to refer the case to the local Marac Co-ordinator and without delay. It may be helpful to use the SafeLives Marac Referral Form which gives an opportunity to outline the key features of the referral and allows the Co-ordinator to include these on the Marac agenda which is then circulated to all representatives; whichever referral form is used it should be consistent across all agencies locally. It is important to establish at this stage whether the victim consents to have their information discussed at Marac or whether you have to take the case forward without consent based on the level of risk identified. We have also produced an Information Sharing without Consent Form which you can use with the colleague working directly with the victim in order to come to a balanced and defensible decision as to whether to share information without the victim's consent. Clearly, wherever possible, it is better to have the victim's consent and your ability to explain to colleagues how the Marac Idva model works and what it can offer will be instrumental in obtaining this. All cases are referred to the Idva service with or without a victim's consent.

Referrals to safeguard children must always take place where any concerns exist.

Your role is to ensure operational professionals are completing the Marac referral form as soon as possible and sending it to the Marac Co-ordinator and referring to Idva.

Research

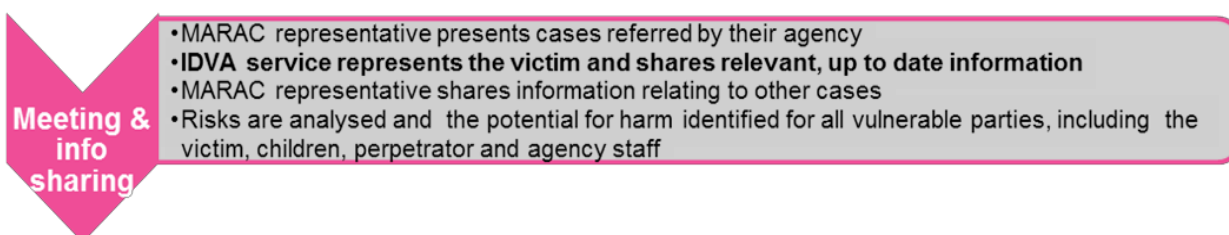
- Agenda/case list received too late to do research ahead of the meeting
- Detailed information is circulated ahead of the meeting
- Own colleagues are unclear of the purpose of MARAC and do not provide relevant information
- Information sharing protocol not agreed / signed up to by all agencies
- Agencies are asked for information to be submitted before the meeting
- IDVA service does not receive referrals as soon as the case is identified as high risk

Typically eight days before the Marac (allowing sufficient time for all agencies to research but close enough for information to be as up to date as possible), you will receive the case list which has the names and other key information relating to the cases which will be discussed at the next meeting. This should include the name of the cases referred by your agency and also the cases that have been referred by other agencies. At this point you will need to research the information that your agency holds on each one of those cases; this can be an onerous task and it is important that representatives have protected time and are supported to access relevant information. We have developed a simple research form which we hope will allow you to collect information in a systematic and risk focused way but we recognise the additional work that this creates. This will require you to collect information in relation to the victim, the perpetrator and the children, should your agency hold information on each. You will need to use your discretion and skills developed as a Marac representative to decide what information is relevant. For example, information relating to historic stays in a refuge or of previous offending behaviour in relation to domestic abuse would normally be relevant, while for another agency, only information relating to the previous year might be appropriate to share.

Depending on the size of your organisation, you will need to liaise with colleagues and ask them to help you find the relevant information and you will also need to be clear with your fellow Marac representatives just what is realistic for you to collect within your agency. For example, if you are the representative from the A&E Department it may be that you can bring A&E information about dates and attendances for the victim, children and perpetrator. In another area you may have the capacity which allows you to bring this information plus a brief outline of any serious injuries. Obviously your Marac partners will be hungry for all this information but it needs to stay realistic and practical from your point of view. You will need to be clear with partners what information is realistic to bring on a regular basis. It is well worth taking the time every six months for all agencies just to share with partners precisely their role and the information that they can bring as staff changes will mean that your Marac team will evolve over time. This can help to avoid misunderstandings about your role. **The key point to good information is that the research must be done before the meeting.** There may be points arising at the meeting that have to be followed up on but without the information being brought at the meeting it makes the whole process far more lengthy, far more cumbersome and far less effective.

The Idva service may also liaise with your agency ahead of the Marac to implement safety measures and coordinate support beforehand.

Your role is to ensure that up to date, relevant information is gathered BEFORE the meeting on each party for every case on the case list where your agency has had contact.



Meeting & info sharing

- MARAC representative presents cases referred by their agency
- **IDVA service represents the victim and shares relevant, up to date information**
- MARAC representative shares information relating to other cases
- Risks are analysed and the potential for harm identified for all vulnerable parties, including the victim, children, perpetrator and agency staff

By now it will be clear to you that the meeting is just one part of a much longer process, and without successful completion of all the steps it will render the whole approach less effective and the safety of victims and their children will be compromised. At the meeting you will be required to do five things:

1. Give an update to the Chair on any incomplete actions from the previous meeting.
2. Present the cases that your agency has referred to the meeting.
3. Present information in the cases brought by other attendees in a succinct and risk focused approach.
4. Share your expertise to contribute to effective risk analysis
5. Volunteer actions in all cases where your agency could contribute to reducing risk and the likelihood of harm.

Cases referred by your agency will be presented by you; this should be succinct and risk focused, include the reason for referral, which is particularly important for cases referred on professional judgment. Cases referred to Marac should be appropriate and identified based on professional judgement, visible high risk, escalation or where a repeat incident has occurred. Throughout the meeting information sharing should remain relevant and proportionate, risk focused and up to date. It is the role of representatives at Marac to bring information about the alleged perpetrator's circumstances and their behaviour for every case, as well as information about the victim and any children. During the information sharing process, it can be very helpful for others if you note the risk factors which appear most significant to you. Despite the use of a common checklist, different agencies will perceive different elements of a case as being particularly worrying and also elements where their agency is best placed to respond. If you think that a significant risk factor has been missed you need, at this stage, to highlight this to the group. This might be as a result of specific information being brought, or by the clarity brought from joining up apparently disconnected pieces of information. For example, if the police have evidence of repeated call outs relating to 'verbal' incidents and A&E have repeated presentations with injuries on the same dates, this raises the probable risk that the victim is not disclosing the full situation to either agency, rendering them both unable to support the victim effectively. After all information has been shared you will have the opportunity to contribute your expertise (even if not directly involved in the case) when the Chair outlines the risk of harm that could happen if action is not taken, any contributory indicators which may make this harm more likely and the existing safety planning that has already taken place which would make the harm less likely.

Your role is to share information in a proportionate way, staying alert to the risks identified and potential for harm both in the information presented and also that become clearer as a result of linking information brought by two or more agencies.

Action planning

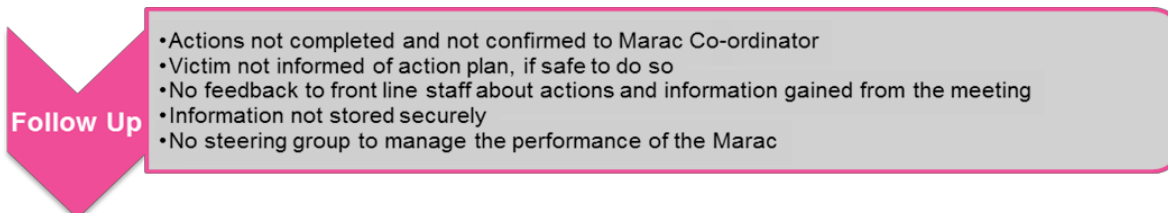
- MARAC representatives volunteer actions on behalf of their agency to mitigate the risks and increase safety
- Identify opportunities to coordinate actions with other partners; both joint and sequential
- Ensure actions are SMART
- IDVA service ensures that victim safety remains central to the process

It is very important, just as with information gathering, that the action planning stays realistic but creative and includes joint agency actions. The action planning step will have important links with the 'day job' of all partners, whether or not domestic abuse is their primary focus. The key steps to consider are:

- a. Listen carefully to the information that is being shared by all agencies and identify which of the risks identified could be addressed by an action or actions from your agency. Some might be actions you offer on your own, while others might be by combining your services with those of another Marac agency. For example, you might offer a joint visit with another service.
- b. You should then volunteer actions on behalf of your agency to the Chair of the meeting. We believe that this works better than being 'tasked' by the Chair to complete an action which may or may not be realistic in the context of the resources available to you. You will know what is possible in terms of actions, both to prioritise services for vulnerable victims or to offer additional support where possible. There will be opportunities to link up with other Marac partners to be able to offer a more co-ordinated response to the victim which might include engaging them if attempts by the Idva service have been unsuccessful.
- c. The Chair may then check with the Idva representative, or whoever has had most contact with the victim, whether the whole action plan is as safe as possible. Also that 'intervention-generated risk' is unlikely; for example that actions agreed do not create or increase the perpetrator's risk to the victim, or create additional obstacles for them. Where possible, link your actions to the risks and fears identified by the Idva. The role of the Idva within the action planning process is to ensure that the voice of the victim is brought to the meetings and that all partners are aware of their concerns and fears so that the action planning can be as focused as possible. As mentioned, there will, of course, be instances where the Idva is unable to make contact with the victim and, inevitably, action planning in these cases will be more difficult. You may find that you volunteer an action which the Idva feels is unsafe for the victim based on their conversation and it is important that safety is always held paramount throughout the meeting.
- d. You may be in a position where your primary focus is not on the safeguarding of the victim but rather the safeguarding of the children. In these cases you should consider how to make links with other services to address those concerns, and what actions you will take to safeguard their safety which should be taken directly from the Marac. It is important to clarify with partners the referrals that you will be making in order to address their needs.
- e. You may be responsible for trying to address the perpetrator's behaviour and reduce opportunity of re-abuse to the victim; or can support other agencies to do this by contributing expertise even when not directly involved in a case. Ways to divert, manage, disrupt or prosecute perpetrators should be considered in every case. Again, you will need to outline to your Marac partners what additional referrals you might make to do this. Perpetrators can go to extreme lengths to facilitate their abuse; the Marac team need to keep one step ahead of the alleged perpetrator and make continuing abusive behaviour difficult, if not impossible.
- f. One key action is to systematically put a marker on the files of cases that have been referred to Marac which normally we would expect to stay on for twelve months from the date of the meeting although in cases involving child protection and sex offenders you may have a responsibility to tag a file for longer than this. The so called 'flagging and tagging of files' allows you to identify where a victim has suffered a repeat incident of which your agency becomes aware and should be referred back to Marac for any new risks to be identified and where relevant the action plan to be reviewed.

The situations where this would be appropriate, in line with the national definition of a repeat case, would be where violence or threats of violence have been used, where there has been sexual abuse and where there have been incidents of stalking and/or harassment. This is part of the important safety net that Marac can offer and gives agencies an opportunity to put in additional support for a victim.

Your role is to offer realistic actions on behalf of your agency, for all vulnerable parties including the perpetrator, that you are confident can be completed within safe timeframes and which address risk for further potential harm identified during the meeting.



Follow Up

- Actions not completed and not confirmed to Marac Co-ordinator
- Victim not informed of action plan, if safe to do so
- No feedback to front line staff about actions and information gained from the meeting
- Information not stored securely
- No steering group to manage the performance of the Marac

After the meeting it will be important to complete your actions in each case within the timescale that you indicated when you volunteered the action. We recommend that actions should always be timed where possible, in relation to the risk, in order to reduce the risk of harm as soon as possible and allow partner agencies to know when different elements of the action plan will be implemented. You will also need to feedback to those colleagues within your organisation who referred cases to Marac or helped you in terms of researching cases about any parts of the meeting that are relevant for them to know. Please note that the security of information at Marac is of great importance and that if you feel you need to share information with somebody outside the meeting you need to seek permission from the meeting to do so.

Responsibility for completion of actions rests with each individual agency volunteering; it is not the responsibility of the Marac. It is also your responsibility to let the Marac Co-ordinator know when you have completed your actions or if it has been impossible to complete an action and the reasons why. Failing to do this leaves the Marac Co-ordinator with the unenviable task of having to chase all of the different agencies at the meeting to find out whether or not they have completed their actions in order to ensure an effective Marac audit trail. Once this is completed the whole process starts over again with new cases identified and cases referred back to Marac where a repeat incident has occurred.

Your role is to ensure actions volunteered at the meeting are implemented; to liaise with colleagues and keep them updated about the actions agreed and any information that has been agreed for you to share with them that affects their professional role (in relation to the victim, children or perpetrator) and their safety.

Summary of the Idva role at Marac

Idva

Provides specialist support before, during and after the Marac to address the risks faced by the victim; representing their views and wishes at the meeting, sharing expertise and co-ordinating the action plan

What is the role of the Idva at Marac?

The Idva is crucial to the Marac process. In the context of the meeting itself, their role is to keep victim safety central to the process. They are likely to have more information about the victim's situation including information about the perpetrator and what might influence their safety than any other agency. This information will be crucial in developing a safe and appropriate risk management plan for each victim and their family.

Finally, they will be expected to keep the victim informed of any decisions made by the other agencies where safe to do so, and to make sure that the other agencies provides their service safely. Since risk is always changing in domestic violence situations, a decision, which was safe at one time, may not be only a short time later and therefore the impact of an agency's actions can be affected.

The Idva service will normally provide:

- a. A response to high risk victims from the point of crisis following a referral, usually, within 24 – 48 hours of referral. Referrals will come from any agency that has identified a victim at high risk of harm or homicide, or may receive self-referrals.
- b. The Idva service will offer practical support to high risk victims before, during and after the meeting. This includes:
 - Reviewing an existing risk assessment that has been done by another agency and checking it again with the victim. Often, the victim will disclose more to an Idva than to other professionals;
 - Discussing the full range of safety options with the victim and developing a personalised safety plan tailored to their needs and circumstances, aiming wherever possible to keep them safe in their home.
 - Providing practical support linked to the risks identified and based on their individual needs. This may be through the family courts, the criminal courts or in relation to housing, immigration or other issues.
 - Contacting victims beforehand (where possible) and establishing how best the agencies at Marac can address the risk and safety issues. Represent the views of the victim at the meeting, and advocating for their safety,
 - After the meeting it is usually the Idva's role to follow up with the victim in order to communicate the key elements of the action plan. They will typically work with the victim for three to four months in total.

We recommend that an Idva should have a caseload of no more than 100 referrals per annum of which we would expect around 60-70% to engage with the service. It is therefore critical that Maracs and the Idva service locally is properly resourced in order to support the volume of victims that your Marac is dealing with.

SafeLives Dash risk checklist

Quick start guidance

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

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

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

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

- Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

While you are asking the questions in the Dash risk checklist:

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

Revealing the results of the Dash risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to Marac and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way.

The responsibility for identifying your local referral threshold rests with your local Marac.

Resources

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

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

Asking about types of abuse and risk factors

Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.

Sexual abuse

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Victims usually know the abuser's behaviour better than anyone else which is why this question is significant.
- In cases of 'honour' based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can..."
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home or workplace, loitering and destroying/vandalising property.
- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.

- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

Children and pregnancy

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

- The presence of children including stepchildren can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

Economic abuse

Economic abuse is covered in question 20.

- Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.
- The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

Additional versions of the Dash risk form

If you are a professional working with domestic abuse and would like to know more about the Dash risk checklist you can find the following publications on our website:

SafeLives Dash risk checklist for the identification of high risk cases of domestic abuse, stalking and honour based violence

http://www.safelives.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.pdf

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

It includes the **Severity of abuse grid** (Sag). The Sag gives practitioners the chance to profile the domestic abuse in more detail and identify significant concerns which may be relevant to include in a safety plan or share at a Marac.

SafeLives Dash risk checklist – without guidance

http://www.safelives.org.uk/marac/RIC_without_guidance.doc

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

SafeLives Dash risk checklist – Frequently Asked Questions

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

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

We also have a library of resources and information about training for frontline practitioners at

http://www.safelives.org.uk/marac/Information_about_MARACs.html

SafeLives Dash risk checklist

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from: http://www.safelives.org.uk/marac/RIC_for_MARAC.html. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way.

The responsibility for identifying your local referral threshold rests with your local Marac.

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

¹ For further information about Marac please refer to the 10 Principles of an Effective Marac: http://www.SafeLives.org.uk/marac/10_Principles_Oct_2011_full.doc

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

²Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info if not the victim
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has [name of abuser(s)] ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

For consideration by professional

<p>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.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

Do you believe that there are reasonable grounds for referring this case to Marac?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you made a referral?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed		Date	
Do you believe that there are risks facing the children in the family?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 Dash risk checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

Marac referral form

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

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

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

Reason for referral / additional information

Professional judgement	Y / N	Visible high risk (14 ticks or more on SafeLives Dash risk checklist)	Y / N
Potential escalation (locally agreed threshold e.g 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 referred on <u>professional judgement</u> please briefly explain your rationale			
If a repeat, 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?	

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 <u>not</u> safe to talk to?	

Information sharing without consent form

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
Dash risk checklist (if it has been possible to complete this, attach it here)		/ number of ticks out of 24		
Details of incident / information causing concern (include source of information)				

Legal Authority to Share

Protocol relevant	Y / N	If yes, please detail	
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Or

Legal grounds (If yes, please tick one or more grounds below)	Y/N
Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29)	
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	<input type="checkbox"/>	Risk of not disclosing	<input type="checkbox"/>
Respective risks to those affected	<input type="checkbox"/>	Interest of other agency / person in receiving it	<input type="checkbox"/>
Public interest of disclosure	<input type="checkbox"/>	Human rights	<input type="checkbox"/>
Duty of confidentiality	<input type="checkbox"/>	Other	<input type="checkbox"/>
Comments			
Internal consultations (Names / Dates / Advice / Decisions)			
External consultations (Home Office, Information Sharing Helpline)			

Client Notification

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

Review

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

Record

The following information-sharing in Case File:

- Date info shared
- Agency and named person informed
- Method of contact (by email, letter, phone call)
- Legal authority for each agency

Signature of caseworker	
Date (as signed by caseworker)	
Signature of manager	
Date (as signed by manager)	

Information sharing and action planning guidance

What information to share?

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

1. Basic demographic information including any pseudonyms used and whether there are any children and their ages.
2. Information on key risk factors and any relevant information about the victim and any children; also the alleged perpetrator's circumstances and their behaviour and including where appropriate, professional opinion.
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 or another support agency should represent the perspective of the victim on the risks s/he faces, and how best to address them.

Information sharing at Marac is strictly limited to the aims of the meeting and attendees should sign a declaration to the effect at the start of each conference. Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.

Examples of the kind of information that different agencies might bring to the meeting and the actions that might arise are shown in the tables at the end of this chapter. These are merely some examples and in no way represent a comprehensive list of either information or actions.

Guidance on the legal grounds for information sharing can be found here:
http://www.safelives.org.uk/marac/Disclosure_of_Info_at_MARAC_FAQs.pdf

What actions to take:

Most of the actions that arise from the Marac reflect an altered perception of risk as a result of the information shared and therefore a more tailored response for the victim. With additional information, agencies are more able to prioritise actions, to support the victim and to support their staff. There are single agency actions that are listed in the table below but also combined actions between agencies. The main categories of action include:

- **Flagging files:** systems vary between agencies and between different parts of the country but where possible it can be very useful to put a 'flag' or marker on individual records to show that the individual is a very high risk victim of domestic violence. This might apply to A&E records, health visitor, midwife, housing officer etc. as well as obviously the police. This action is designed to ensure that the individual receives a response from whichever practitioner they meet that reflects their experience of domestic violence.
- **Joint meetings/visits:** when it is difficult to make contact with the victim of domestic violence, especially on their own, it may be possible for the Idva to co-ordinate with perhaps a health or education professional at the Marac in order to meet them in a safe place. Equally, there may be opportunities when the perpetrator (or even the victim) is having another appointment such as with probation, to arrange a safe time to see the victim without any risk that the perpetrator will be present.
- **Legal options:** the Marac may learn of non-compliance with bail conditions, inappropriate conditions or decide that civil injunctions may be appropriate in a particular case. They may be able to alert police officers to intelligence about harassment or more serious offences including sexual offences.

When should actions be taken?

Victims and their children referred to Marac have been identified as at high risk of being severely hurt or killed; agencies must agree to prioritise actions in relation to the risk and potential for harm identified and deliver these in the agreed timeframes.

For further examples of actions please see your individual agency toolkit. A list of the available toolkits and where to find them is shown on of this toolkit.

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Police	Number of previous DA Incidents / Offences (e.g first worst last) Relevant previous convictions from Police National Computer (PNC), markers, impending prosecutions, relevant intelligence held	Provide intelligence package to sector inspector e.g via daily/ weekly tasking process All agencies are aware of risks, the Marac can facilitate effective risk analysis
	Details of incidents including weapons used, threats to kill, threats to harm children or others	Arrest offender Heighten awareness of perpetrator and victim via briefing processes
	Any child protection issues known to the police	Referral to Children Services
	Previous call outs to the address	Flag address on intelligence systems
	Recent police involvement, up to date intelligence about the family, coercive and controlling behaviours identified, bail conditions, DVPO/N update, relevant wider criminal history	Inform risk analysis and multi-agency action planning Aspects of abusive behaviour in relation to coercion and control are explored and addressed in the action plan
	Breaches of bail	Arrest offender Intelligence marker for Officer in Case (OIC) Heightened awareness by agencies and likelihood that bail might not be granted in future
		Target hardening of address, cocoon watch the victims address
		Neighbourhood Policing team tasked to target offenders behaviour in area
	Any warning signals such as threats of suicide, drugs, weapons, assault on police, makes false allegations	Enable agencies to risk assess and consider own health and safety when dealing with victim and perpetrator
		Organise special measures at court if appropriate
		Facilitate the Marac to divert, disrupt and prosecute the perpetrator thus reducing risk to the victim, children, professionals and the wider public
	Intelligence on perpetrator e.g usual mode of transport, specialist skills, access to firearms any licences / shotgun certificates held	
	Information concerning licences they may hold, e.g. taxi licence and accessibility to an up to date photo	
Results of a stalking screening tool	Stalking identified and risk managed at Marac	
Domestic Violence Disclosure scheme	Consider right to know as part of safety plan	

IDVA	Update on victim engagement	Crucial for safety / action planning
	Update on whether victim has engaged with other agencies who might not be part of the MARAC	Gives broader picture of extent of support accessed
	Information about victim's fears	Relevant to intervention by other agencies
	Information about specific abusive behaviour	Possible relevance to harassment charge?
	Details of sexual abuse/assault if relevant	Might suggest option of supporting a criminal prosecution Referral to specialist support

	TYPE OF INFORMATION	IMPACT/ACTION
IDVA	Details of impact on children	Cross reference to information from CAMHS, Social Services, Health Visitor and Education and have an impact on the approach taken by these agencies
	Actions taken by victim to protect themselves e.g. change phone number/ request for personal alarm	Application made to Community Safety
	Information about harassment	Discuss victim making a statement
	Information about incidents not reported to the police	Police to investigate alleged incidents Probation to be informed
	Update on other legal protection	Whether injunctions are in existence and dates
	Information about contact disputes	Information to CAFCASS, risks to children and non-abusing parent
		Track outcomes of court process and inform victim
	Victim needs to be re-housed	Supply housing support letters

Probation	Previous history of convictions	Relevant to other agencies working with perpetrator
	Update on attendance at supervision and integrated offender management programme e.g. Building Better Relationships (BBR)	Make supervision/case officer aware of DV or other relevant behaviour disclosed by another agency at MARAC
	Professional judgement on attitude of perpetrator propensity for violence / harm	
	Breaches of orders	Pursue action on breaches
	Update from Women's Safety Officer	Ensure coordinated risk management
	Prison information such as recalls and release dates where possible	Prioritise recalls if appropriate Monitor communications from prison
		Inform pre-sentence report writing with relevant and proportionate information from Marac, giving guidance to magistrates on options for addressing behaviour
		Get information from other MARAC partners, especially IDVA, regarding compliance with terms of orders

Children & Young People's Services	Feedback on assessment	
	Update on what support is in place and whether appointments are attended	
	Update on specific needs of children in need, children at risk and children with disabilities	Make referral to CAMHS Give additional support to family Make joint visits with health for example

Health Visitor/ Midwife	Update on whether or not appointments are attended	Relevant for safety of children
	Developmental update including progress of pregnancy	Important for other agencies
	Anything unusual about client e.g. attendance by partner at all appointments	Potential risk factor of controlling behaviour Difficult for client to disclose abuse if partner is there
	Any damage noted to the home address on previous visits with dates i.e. observes damage that might not have been reported to police	General information from MARAC of relevance for staff going to victim's home

AGENCY	TYPE OF INFORMTION	IMPACT/ACTION
Housing	Confirm information about incidents affecting property with dates, any repairs made Feedback from neighbours	If this constitutes Criminal Damage then Police can take action Consider moving the victim and consider moving the offender depending on the circumstances Use tenancy conditions, housing legislation and/or anti-social behavioural orders to address the perpetrator's offending behaviour
	Information regarding all parties known to be connected with the address	Inform all agencies and address the risk to the victim and children through the Marac action plan
	Information on what benefits the adult parties are receiving	May identify other children associated with the family
	Information about where victim and perpetrator are living and terms of tenancy	Under the housing act the perpetrator may risk losing their home if they commit (any) offence in the locality of their home, so this could be DA related
	Provide your understanding of what the client wants to do, offering advice to the Marac on local housing options	If the victim has to flee a property that they both have a tenancy for, or the perpetrator has a tenancy for, specifically evict for DA Facilitate homelessness prevention for the victim and perpetrator Complete target hardening on the property
	If the victim has made an application alone	Tenant support team to assess victim
	Housing needs team update re any homeless application received Confirm whether the victim / perpetrator has been accepted onto housing register and into what band.	Relevant to risk and risk management
	Check on council tax records on non-social housing properties	Identify if private tenancy/ owner occupier
	Information about rent arrears	Co-ordinate with refuge provider about re-housing needs Work with tenant to manage the debt and avoid any eviction proceedings
Drug and Alcohol Team	Perpetrator substance misuse issues	Prioritise support Safety of victim and children affected Child protection issues identified
	Victim substance misuse issues	Prioritise support Child protection issues?
		Increased information from other agencies about 'history' of individuals
Adult Mental Health Services	History of perpetrator mental health issues	Create complete picture of circumstances Make referrals
	History of victim mental health issues	Create complete picture of circumstances Make referrals

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Refuge Provider	Previous stays in refuge / dates etc Details of severity of abuse	Informs risk assessment
	Attempts by perpetrator to contact/find victim	Get support from police to protect whereabouts of victim
		Update information on particular needs of victim and children
A&E	Number of attendances with dates and pattern of injuries if possible for victim, perpetrator and children	Links to information from police, housing and IDVA
		Flagging/tagging of patient records if possible
Adult Services	Update on specific needs of victim if a vulnerable adult	Make referral to vulnerable adults team and/or voluntary sector support e.g. Age Concern Potential for joint visits with Police/IDVA
	Update on needs/services available to perpetrator if a vulnerable adult	Make referral to vulnerable adults team
Education	School and attendance	
	School performance/ behavioural issues	
	Incidents at the school e.g. attempted abduction of child	Police to put occurrence marker on the school and inform staff on need to know basis
	Provide information on who takes and collects children from school	Gives other agencies information on perpetrator's movements If the perpetrator does not go to the school, then it may be possible to contact the victim through the school
		Inform school of wider concerns
Specialist B&ME DV service	Information about specific clients	
	Detail of abuse and needs of victim	Victim may not wish to access generic services
	Detail of role of extended family if any	May be relevant to criminal investigation, bail conditions, conditions of injunction
	Detail on immigration status of victim and/or perpetrator	Relevant to financial security and accessibility of generic services
	Provide information about victim's movements	Other agencies could make a joint visit
LGBT Service	Information about specific clients including whether they are 'out' or not	Impact on degree of isolation. Allows agencies to access individuals appropriately and manage confidentiality (e.g. around their sexual orientation or gender identity)
	Detail of abuse and needs of victim	Victim may not wish to access 'generic' services because of concerns about real or perceived homo/bi/trans phobia
	Details of any support network, e.g. local LGBT group	Clarifies gaps in support and may offer a point of contact (to either a local or national contact such as Broken Rainbow)
	Information about unique needs	Impact on accurate risk assessment
	Information regarding counter allegations	Essential to resolve counter-allegations and avoid minimising risk (e.g. by inappropriately labelling a case as mutual abuse)

AGENCY	TYPE OF INFORMATION	IMPACT/ACTION
Sexual Violence Services	Information from the victim about history of abuse, fears, barriers to accessing support (i.e. a bad experience with a particular agency)	Relevant for those supporting the victim
	Information regarding incidents of sexual abuse	Offer to support victim through criminal prosecution if appropriate
		Offer services to victim of sexual abuse
Community Perpetrator Programme	Professional judgement on attitude of perpetrator	Relevant to other agencies working with perpetrator
	Update on attendance at perpetrator programme	Relevant for those supporting victim
	May bring information on drug, alcohol or mental health issues	Relevant for all other agencies involved particularly those conducting home visits
		Support efforts of other agencies to prioritise a case
CAMHS	Reasons for referral	Information for all agencies
	Update on whether or not appointments are attended	Implications for safety
	Extent of mental health issues and need for additional support	