

# Fire and Rescue Service – Toolkit for MARAC

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1. Frequently asked questions
2. Flowcharts steps to the MARAC process, tracking the research and referral processes for MARAC
3. Forms from CAADA (Risk Identification Checklist (RIC), referral and research forms)

## What is a Multi-Agency Risk Assessment Conference (MARAC)?

The main aim of the MARAC is to reduce the risk of serious harm or homicide for a domestic abuse victim and to increase the safety, health and wellbeing of other victims, both adults and children. At a MARAC, local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all relevant agencies.

## MARACs and Fire and Rescue Services

Through a co-ordinated response from all agencies the MARAC will seek to protect those who are suffering domestic abuse and are at high risk of being seriously injured or killed from further abuse. The information that the Fire and Rescue Service holds is unique and, when shared at MARAC, could be invaluable to the safety of victims. It could also help you to meet your Public Service Agreement targets for the reduction of fire deaths and arson.

Attending the MARACs and sharing vital information with other agencies helps the Fire and Rescue Service to identify and support some of the most vulnerable members of our community. In return, we can often provide specific information about people and addresses that may not otherwise have been taken into account when creating a plan to reduce the risk of harm.

West Sussex Fire and Rescue Service

## 1. Frequently asked questions

### What happens at the meeting?

The Fire and Rescue Service MARAC representative should bring any relevant information regarding the household that might help assess the risk or inform a safety plan. Thus, they could bring information to the meeting about the risk profile of the address, fire/incident information or trends, previous home fire safety check involvement, any known firesetter interventions and support offered around targeted fire prevention and home fire safety advice. At the meeting, the Fire and Rescue Service MARAC representative will receive up-to-date information about the risks to the victim of domestic abuse living in a household and associated risks to other members of the public and/or personnel attending incidents at the address. Together with the other agencies around the table, Fire and Rescue Services will help create an enhanced package of support for the victim where resources permit. This coordination can keep potential victims safer in their own homes.

### What cases are discussed?

The highest risk cases of domestic abuse are discussed in your local MARAC. These will have been identified by a practitioner from any agency using an evidence based risk assessment tool (see attached for CAADA recommended Risk Identification Checklist). It is recommended that the MARAC should initially see the top 10% of cases in your area in terms of risk profile. You may also bring a referral yourself where you have particular concerns about a victim, following repeated callouts for example.

## What actions can Fire and Rescue Services offer at a MARAC?

Fire and Rescue Service actions will usually focus on ensuring increased awareness of specified addresses via turn-out information, by placing specific markers/information against individual properties, creating tailored response plans (including specified increases to pre-determined attendance using appliances, officers and specialists) and providing home fire safety advice and equipment to increase personal awareness and safety.

## Does someone from the Fire and Rescue Service always attend?

It is fair to say that the involvement of the Fire Service is a relatively new development for MARAC. However, those MARACs that do have this support are very positive about the important contribution that your service can make.

## What are the legal grounds for sharing information where consent is not given?

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

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

**IF YOU ARE THE REFERRING AGENCY:** It is good practice to discuss the referral with the victim if it is safe to do so. You will need to use your professional judgement to decide whether it is safe. **IF YOU ARE NOT THE REFERRING AGENCY:** You should check with the referring agency before contacting the victim to gather relevant information to ensure it is safe to do so.

**Please see the back page of this toolkit for an easy to use contact list where details of your local MARAC representatives can be documented.**

## Other MARAC toolkits and resources

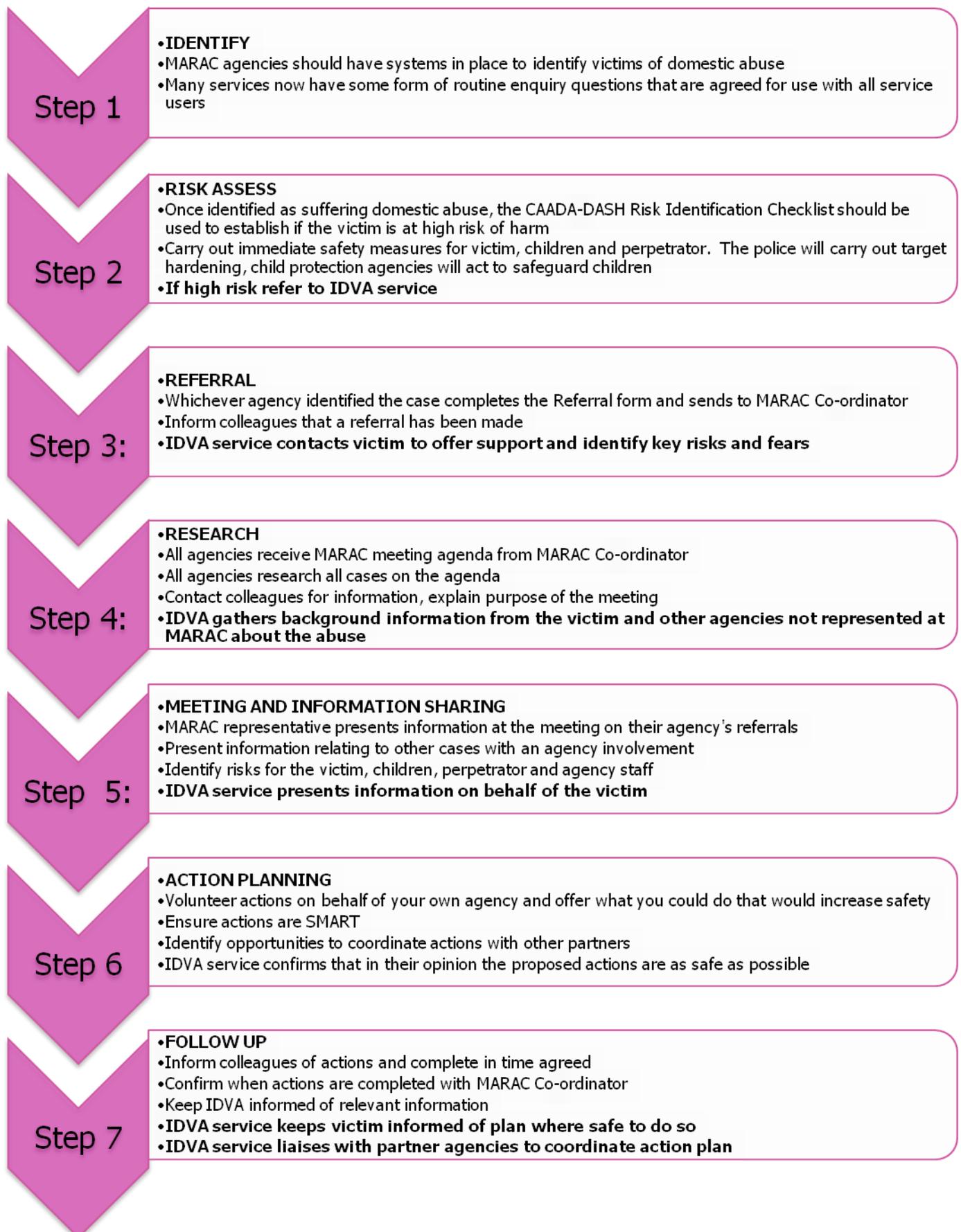
If you or someone from your agency attends the MARAC meeting, you can download a **MARAC Representative's Toolkit** from [www.caada.org.uk](http://www.caada.org.uk). This essential document troubleshoots practical issues around the whole MARAC process. Other **frontline Practitioner Toolkits** are also available from [www.caada.org.uk](http://www.caada.org.uk). These offer a practical introduction to MARAC within the context of a professional role. Please feel free to signpost colleagues and other agency staff to these toolkits where relevant:

A&E	Independent Domestic Violence Advisors
Ambulance Service	LGBT Services
B&ME Services	MARAC Chair
Cafcass	MARAC Coordinator
Children and Young People's Services	Mental Health Services
Children's Centres	Police Officer
Drug and Alcohol Services	Probation
Education	Safeguarding Adult Services
Fire and Rescue Services	Sexual Violence Services
Family Intervention Projects	Specialist Domestic Violence Services
Health Visitors, School Nurses and Community Midwives	Women's Safety Officer
Housing Services	

For additional information and materials on Multi Agency Risk Assessment Conferences (MARACs), the new **MARAC Guide 2009 – From Principles to Practice** can be ordered by contacting [marac@caada.org.uk](mailto:marac@caada.org.uk). This provides detailed guidance on the whole MARAC process and is linked to the 10 Principles which form the basis of the Quality Assurance audit and national standards for MARAC. It is aimed to be used by MARAC steering groups, those MARACs approaching the QA audit and for MARACs who are seeking comprehensive guidance on implementation issues.

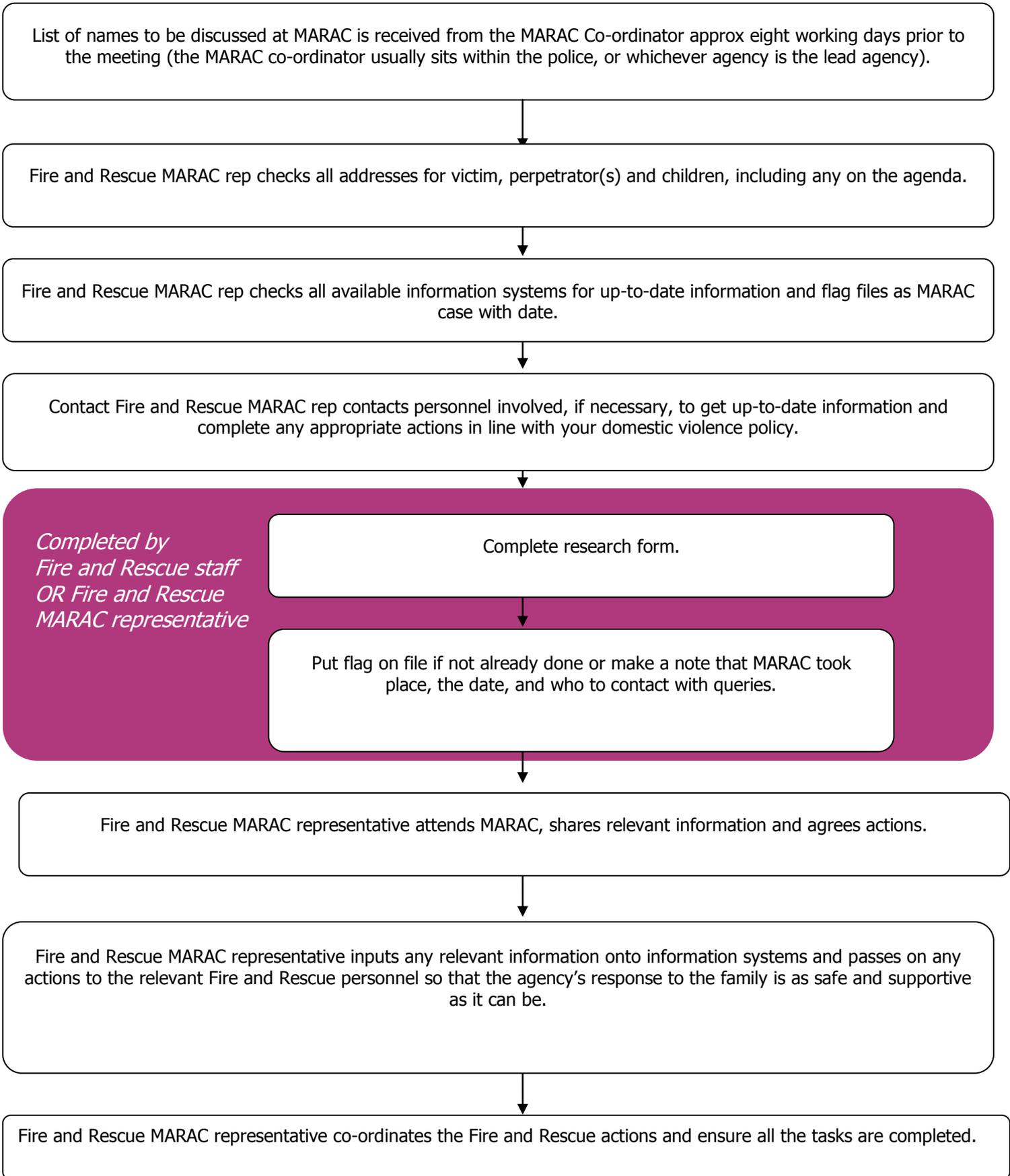
## 2. Flowcharts

### Steps to the MARAC Process



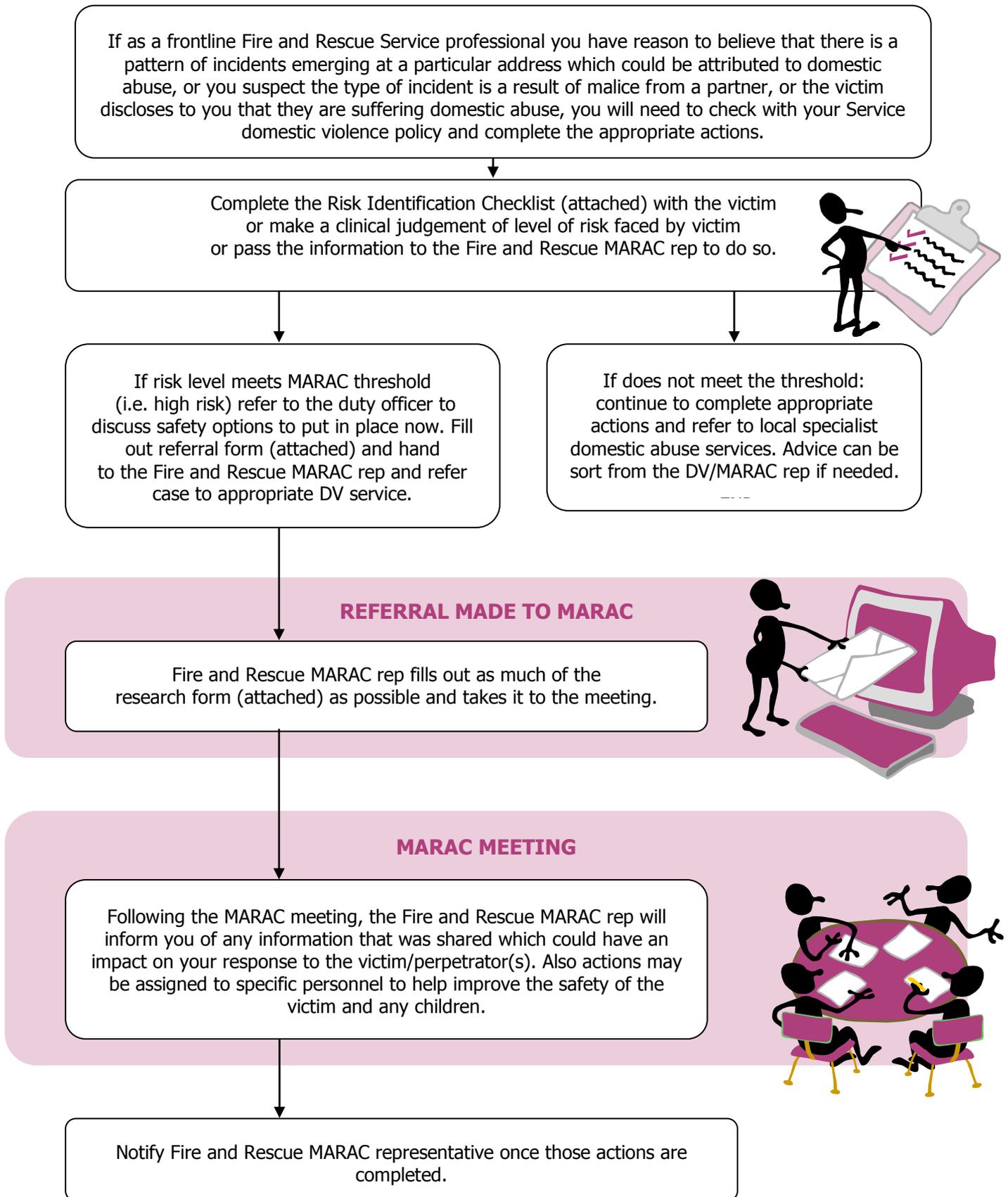
## Researching for the MARAC

Practice in your agency will differ according to local policy and organisational structure, but below is an outline of the research process for MARAC. All the cells in white should be completed by the Fire and Rescue MARAC representative.



## Referring to the MARAC

Policies on referring to your particular MARAC will be available locally but here is an outline of the process.



### 3. Forms

#### **Quick Start Guidance for the CAADA Domestic Abuse, Stalking and 'Honour'-Based Violence (DASH) Risk Identification Checklist**

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 RIC is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.
- ✓ The RIC should be introduced to the victim within the framework of your agency's:
  - Confidentiality Policy
  - Information Sharing Policy and Protocols
  - MARAC Referral Policies and Protocols
- ✓ Before you begin to ask the questions in the RIC:
  - 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
- ✓ Whilst you are asking the questions in the RIC:
  - 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 RIC 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.**

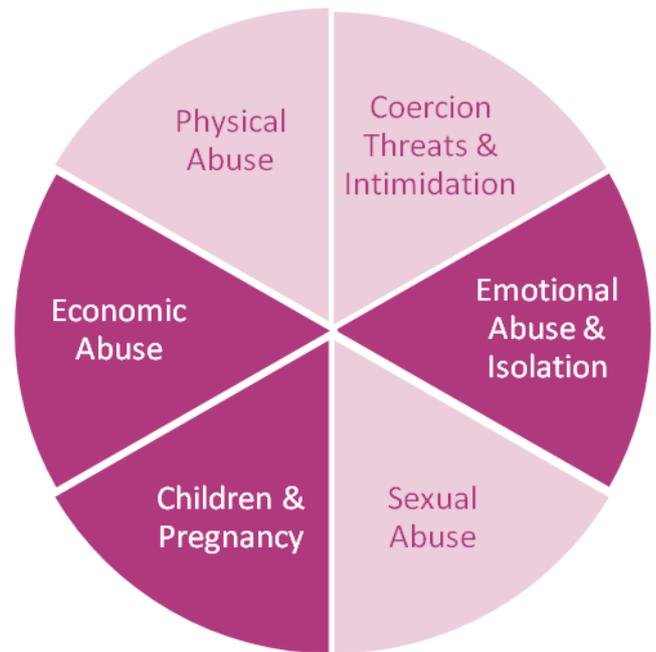
- ✓ **Resources:** Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:
  - ✓ National Domestic Violence Helpline - 0808 2000 247 - For assistance with refuge accommodation and advice
  - ✓ 'Honour' Helpline - 0800 5999247 - For advice on forced marriage and 'honour' based violence
  - ✓ Sexual Assault Referral Centres - [www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences/sexual-assault-referral-centres/referral-centre-locations/](http://www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences/sexual-assault-referral-centres/referral-centre-locations/)
  - ✓ Broken Rainbow - 08452 604460 – [www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk) for advice for LGBT victims

We ask about **PHYSICAL ABUSE** in questions 1, 10, 11, 13, 15, 18, 19 & 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 victim 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

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

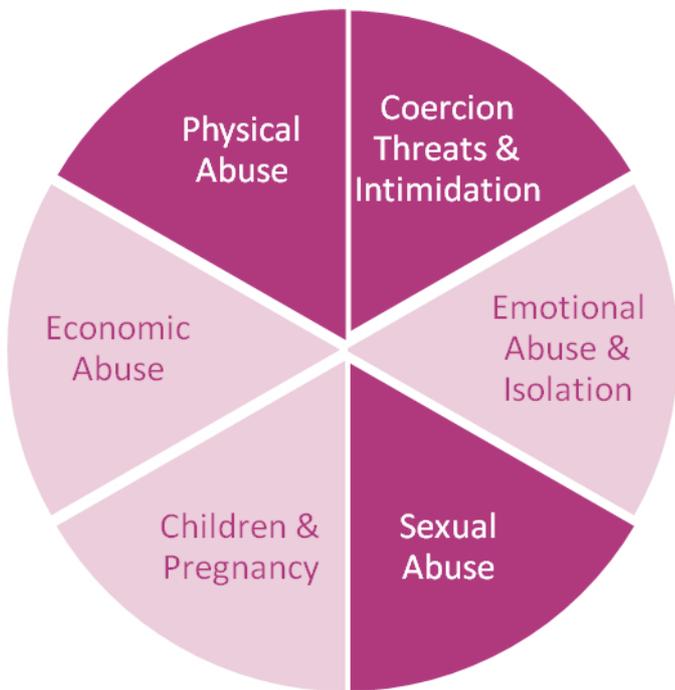


**COERCION, THREATS AND INTIMIDATION** is covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 & 24.

- ✓ 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 (i.e. children/siblings). Victims usually know the abusers 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, workplace etc, loitering and destroyed or vandalised 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.

**ECONOMIC ABUSE** – 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.



We ask about **EMOTIONAL ABUSE** and **ISOLATION** in questions 4, 5 & 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 & PREGNANCY** – Questions 7, 9 & 18 refer to being pregnant and children and whether there is conflict over child contact.

- ✓ The presence of children including step children 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

**If you are a professional working with domestic abuse and would like to know more about the Risk Identification Checklist you can find the following publications on our website:**

- ✓ **CAADA-DASH MARAC Risk Identification Checklist (RIC) 2009 for the identification of high risk cases of domestic abuse, stalking and honour based violence**

This is the downloadable version of the RIC which has a 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.

- ✓ **Practice Guidance for Independent Domestic Violence Advisors (IDVAs) using the CAADA-DASH Risk Identification Checklist 2009**

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

- ✓ **CAADA-DASH Risk Identification Checklist – without guidance**

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

- ✓ **CAADA-DASH Risk Identification Checklist – Frequently Asked Questions**

This addresses a number of practical questions relating to the use of the checklist and the recent changes to the RIC.

**We also have a library of resources and information about your nearest IDVA training course, Continuing Professional Development for IDVAs and how to develop IDVA Services through our Leading Lights programme.**

## CAADA-DASH Risk Identification Checklist (RIC)

### Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC<sup>1</sup> 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 Quick Start Guidance for Domestic Abuse, Stalking and 'Honour'-Based Violence on page six of this Toolkit. Full practice guidance and Frequently Asked Questions and Answers can also be downloaded from [www.caada.org.uk/marac.html](http://www.caada.org.uk/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.

<sup>1</sup> For further information about MARAC please refer to the CAADA MARAC Implementation Guide [www.caada.org.uk](http://www.caada.org.uk).

**CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies<sup>2</sup> for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed**

<p>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 <input checked="" type="checkbox"/>. 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 <u>not the case</u> please indicate in the right hand column</p>	Yes (tick)	No	Don't Know	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.)	<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 i.e. 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 (.....) 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 (.....) 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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
14. Has (.....) 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 (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. 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.)	<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 (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) 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 (.....) 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 (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. 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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. 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 <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"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

<p><b>For consideration by professional:</b> 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:</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>	
<p><b>Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No</b>          If yes, have you made a referral? Yes/No</p>	
<p><b>Signed:</b></p>	<p><b>Date:</b></p>
<p><b>Do you believe that there are risks facing the children in the family? Yes / No</b>          If yes, please confirm if you have made a referral to safeguard the children: Yes / No          Date referral made .....</p>	
<p><b>Signed:</b></p> <p><b>Name:</b></p>	<p><b>Date:</b></p>

Practitioner's Notes



# MARAC REFERRAL FORM

<b>CASE NUMBER</b>
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To Lead Agency:                      Tel:                      Fax:                      Date:

<p>Victim: Name and Date of Birth</p> <p>Ethnicity:</p> <p>Address of Victim:</p> <p>Perpetrator(s): Name(s) and Date(s) of Birth</p> <p>Address of Perpetrator(s):</p> <p>Children: Names and Dates of Birth</p> <p>Address of Children:</p>	<p>Is this a repeat? Y/N/DK</p> <p>If yes, give date when last at MARAC:</p>
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Reasons for Referral:

Background and Risk Issues:

Is the person referred aware of the MARAC referral? Yes/No

Has the person consented to the MARAC referral and their information being shared? Yes/No

If person is aware of MARAC referral and it is safe to contact them please consider the following questions;

- 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?

(Attach Risk Identification Checklist where Completed)

Referring Practitioner and Agency:

Contact Details:

Telephone:                                      Mobile:                                      Email:

Address:



## RESEARCH FORM FOR MARAC

Name of Agency:

Contact:

Tel:

Mobile:

Email:

Research all information, files and databases using NAME, DOB OR/AND ADDRESSES of ALL individuals concerned. Confirm basic contact information, ages of all concerned and number of children.

Contact relevant officer or support/key worker in your team and request current, accurate information and their professional opinion about the individuals concerned. Record this here.

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 suffered, abuse of immigration status, victim's greatest fear etc

Identify any other concerns your agency may have about the victim. Clarify any areas of potential misunderstanding for the partner agencies at the MARAC or inaccuracies on the agenda (e.g. information missing, more than one individual/alias names, conflicting information, more/less children than on agenda).

Has the victim indicated to you what would help them most to feel safe?

