Health Visitors, School Nurses and Community Midwives – Toolkit for MARAC

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1. Frequently asked questions
2. Contacts for your local MARAC
3. Flowcharts tracking the research and referral processes for MARAC
4. Forms from CAADA (risk indicator checklist, referral and research forms)

What is a Multi-Agency Risk Assessment Conference (MARAC)?
The main aim of the MARAC is to increase the safety, health and wellbeing of victims – adults and any children. In 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 provisions available locally is shared and used to create a risk management plan involving all agencies.

MARACs and the Primary Healthcare Team
Identification of domestic abuse can fall largely to the Primary Healthcare Team as they are ideally placed to deal with cases of domestic abuse due to the ongoing relationship with the client. It is for these reasons that the BMA recommend routine enquiry for maternity services. The MARAC will seek better protection from further abuse for those victims who disclose domestic abuse to you and are at high risk of being seriously injured or killed. MARACs have been proven to reduce repeat victimisation through coordinating resources locally, therefore have improved the quality of life for some of the children that you work with.

‘For years and years we didn’t have much to offer, except what felt like punishing women by going to social services, now women get a quick response which lets them know that someone is looking out for them’ Named Nurse (Safeguarding), Salford

1. Frequently Asked Questions

Why does a representative from my agency attend?
The MARAC will normally achieve more successful outcomes in high risk DV cases than you would have achieved working with limited information on your own. Sharing the information you have about the risks to a patient will ensure the action plan drawn up by the MARAC is more likely to succeed. In exchange for this information you will receive a better service for your patients and any children involved from a range of agencies, and specialist support from domestic violence services.

What cases are discussed?
The highest risk cases of domestic abuse are discussed in your MARAC. These will have been identified by a practitioner from any agency using an evaluated risk assessment tool (see attached for CAADA recommended risk indicator checklist). It is recommended that the MARAC should initially see the top 10% of cases in your area in terms of risk profile.

What information should my agency bring?
The Primary Healthcare MARAC rep (normally someone with managerial responsibilities), should bring any relevant information to the MARAC about the family that will help assess the risk or inform a safety plan. This might include information about recent visits, any contact details, your professional opinion on general health and development, recent attitudes/behaviours of the family members and risk and possible protective factors in that family. Examples of protective factors can include whether or not Mum is accessing health services and who is providing support to the family. This information will also be useful when assessing the safety of practitioners going into the home.

What actions can we offer?
Actions volunteered by the Primary Healthcare rep will usually focus on providing access to the victim for support services, and advising staff on whether home visits are appropriate. Practice nurses within GP surgeries are usually involved in well woman care and therefore are in a position to see female patients without the presence of family members or partners.

Web www.caada.org.uk E-mail marac@caada.org.uk Tel 0117 317 8750 Fax 0117 376 3364
Please acknowledge CAADA when reprinting
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

Does the victim need to know they are being discussed at MARAC?
Whether you discuss the MARAC with your client will depend on whether you referred the case to 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 your client to gather relevant information to ensure it is safe to do so.

2. Contact details for your MARAC

| MARAC Coordinator contact details |
| MARAC Healthcare Rep contact details |

List of local contacts:

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAME OF MARAC REP &amp; DEPUTY</th>
<th>CONTACT DETAILS</th>
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List of Toolkits available from www.caada.org.uk

- A&E
- Adult Services
- B&ME Services
- Cafcass
- Children and Young People’s Services
- Drug and Alcohol Services
- Education
- Health Visitors, School Nurses and Community Midwives
- Housing/Homelessness
- Independent Domestic Violence Advisors
- LGBT Services
- MARAC Chair
- MARAC Coordinator
- Mental Health Services
- Police Officer
- Probation
- Sexual Violence Services
- Specialist Domestic Violence Services
3. Flowcharts

**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 your MARAC representative.

- List of names to be discussed at MARAC received from the MARAC coordinator approx 8 days prior to the meeting (the MARAC coordinator usually sits within the police, or whichever agency is the lead agency)

- Check all addresses listed for children whether they are on the agenda or not.

- Identify healthcare professional, GP and school for each child.

- Contact relevant professional.

  **Completed by Health professional, or by MARAC rep**

  - Healthcare professional completes research form using records (including school files) and knowledge of family.

  - Put flag on file if not already done or make a note that MARAC took place, the date, and who to contact with queries.

- MARAC representative attends MARAC, shares relevant information and agrees actions.

- MARAC representative feeds back to healthcare professional any relevant information shared by other agencies and any relevant actions so that you can make sure your response to that family is as safe and supportive as it can be.

  **Completed by Health professional**

  - Healthcare professional completes actions and let MARAC rep know when completed.
Referring a case to the MARAC

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

Disclosure of domestic abuse is made to healthcare professional. At this point healthcare professional will check with domestic violence policy and complete appropriate actions.

Healthcare professional completes risk indicator checklist (attached) with the client or makes a clinical judgement of level of risk faced by client or passes up to MARAC rep to do so.

If risk level meets MARAC threshold (i.e. very high risk) refer to manager to discuss safety options to put in place now. Fill out referral form (attached) and hand to MARAC rep. MARAC rep or healthcare professional should then refer the case to IDVA or specialist DV service.

If does not meet the threshold: continue to complete appropriate actions and refer to local specialist domestic abuse services.

END

REFERRAL MADE TO MARAC

MARAC rep/ healthcare professional involved fills out as much of the research form (attached) as possible and takes it to the meeting.

MARAC MEETING

Following the MARAC meeting the MARAC rep will inform you of any information that was shared which could have an impact on your response to the victim/perpetrator(s). Also you might have been assigned actions to help improve the safety of the victim and any children, such as going on a joint visit.

Notify representative once those actions are completed.
### CAADA RECOMMENDED RISK INDICATOR CHECKLIST FOR IDVAS AND OTHER AGENCIES

(South Wales Police checklist but using non-police language assuming the IDVA or other professional will be discussing this with their client.)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes (tick)</th>
<th>No/Don’t Know (N/DK)</th>
<th>Significant Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does partner/ex-partner have a criminal record for violence or drugs?</td>
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<tr>
<td>If ‘yes’, is the record domestic abuse related?</td>
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<tr>
<td>2. Has the current incident resulted injuries?</td>
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<td>If ‘yes’, does this cause significant concern?</td>
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<td>3. Has the incident involved the use of weapons?</td>
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<tr>
<td>If ‘yes’, does this cause significant concern?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Has your partner/ex-partner ever threatened to kill anybody?</td>
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</tr>
<tr>
<td>If ‘yes’, which of the following? (tick all that apply)</td>
<td>Client □</td>
<td>Children □</td>
<td>Other Intimate Partner □</td>
</tr>
<tr>
<td>If ‘yes’, does this cause significant concern?</td>
<td></td>
<td></td>
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<tr>
<td>5. Has the partner/ex-partner expressed / behaved in a jealous way or displayed controlling behaviour or obsessive tendencies?</td>
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<tr>
<td>If ‘yes’, describe in summary:</td>
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<td></td>
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<tr>
<td>If ‘yes’, does this cause significant concern? Give details:</td>
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<tr>
<td>6. Has there been/going to be a relationship separation between you and your partner/ ex-partner?</td>
<td></td>
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<tr>
<td>7. Is the abuse becoming worse and/or happening more often?</td>
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<tr>
<td>8. Are you very frightened?</td>
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<tr>
<td>Give client’s perceptions of the situation indicating what they think the partner/ex-partner will do.</td>
<td></td>
<td></td>
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<tr>
<td>9. Is your partner/ex-partner experiencing/recently experienced financial problems?</td>
<td></td>
<td></td>
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<tr>
<td>10. Does your partner/ex-partner have / had problems with the following:</td>
<td>Alcohol □</td>
<td>Mental Health □</td>
<td>Drugs □</td>
</tr>
<tr>
<td>11. Are you pregnant?</td>
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<td></td>
</tr>
</tbody>
</table>
12. Is there any conflict with your partner / ex-partner over child contact?  
   Describe in summary:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ DK</th>
</tr>
</thead>
</table>

13. Has partner/ex-partner attempted to strangle/choke you or past partner?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ DK</th>
</tr>
</thead>
</table>

14. Have you or your partner/ex-partner ever threatened/attempted to commit suicide?  
   If ‘yes’, which of the following?  
   - Client ☐  
   - Partner/ex-partner ☐

15. Has your partner/ex-partner said or done things of a sexual nature that makes you feel bad or that physically hurts you?  
   Give details:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ DK</th>
</tr>
</thead>
</table>

16. Are you afraid of further injury or violence?

17. Are you afraid that your partner/ex-partner will kill you? (See note on victim’s perception of risk in Guidance at end of form.)

18. Are you afraid that your partner/ex-partner will harm her/his children?

19. Do you suspect that you are being stalked?

20. Do you feel isolated from family / friends?  
   Give details:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ DK</th>
</tr>
</thead>
</table>

**Advocacy Worker’s perception**  
(please complete this section with your observations about the client’s risk especially where there are lower numbers of ‘yes’ responses):

<table>
<thead>
<tr>
<th>Total</th>
<th>Total Significant concerns from Q1-5</th>
</tr>
</thead>
</table>

The guidance below is based on the experience of the South Wales Police force and the Women’s Safety Unit in Cardiff. You may need to adjust these levels to ensure that the volume of cases referred to your MARAC is in line with the recommended level of the top 10% in risk terms. You will need to analyse whether it would be more appropriate to adjust the number of call outs (say from 3 per annum to 5 per annum) or the number of ‘ticks’ on the checklist. The importance of clinical judgement remains unchanged whatever the level of actuarial threshold.

**Guidance on identifying Cases for MARAC**

**MARAC Threshold =**

10 ticks in the yes box OR
4 significant concerns (Q1-5) OR
If there are 3 police call-outs in 12 months
Maximum number of ticks = 20

(doit not include ‘significant concern’ questions in this total)

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

This form, originally developed by South Wales Police, has been updated to reflect the research on its use by IDVAs both at the Women’s Safety Unit in Cardiff and the ASSIST advocacy service in Glasgow. CAADA has added a ‘don’t know’ option as there is a risk of ticking ‘no’ when information is not known, which might be incorrect and give a false low risk level. The levels of risk are useful in clarifying the different response that a service will offer to a client depending on the severity of their situation.
## MARAC Referral Form

<table>
<thead>
<tr>
<th>To Lead Agency:</th>
<th>Tel:</th>
<th>Fax:</th>
<th>Date:</th>
<th>CASE NUMBER</th>
</tr>
</thead>
</table>

**Victim:** Name and Date of Birth  
**Ethnicity:**  
**Address of Victim:**

**Perpetrator(s):** Name(s) and Date(s) of Birth  
**Address of Perpetrator(s):**

**Children:** Names and Dates of Birth  
**Address of Children:**

**Reasons for Referral:**

**Background and Risk Issues:**

**Is the person referred aware of the MARAC referral?** 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 Assessment where Completed)

**Referring Practitioner and Agency:**

**Contact Details:**  
**Telephone:**  
**Mobile:**  
**Email:**  
**Address:**

**Is this a repeat?** Y/N/DK  
If yes, give date when last at MARAC:
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?

Web www.caada.org.uk  E-mail marac@caada.org.uk  Tel 0117 317 8750  Fax 0117 376 3364