

OPERATING PROTOCOL

FOR THE

NOTTINGHAMSHIRE MARACs

**Multi-agency Risk Assessment
Conferences for Domestic Violence**

Developed July 2009
Revised September 2011
Reviewed annually by Nottinghamshire MARAC Steering Group
Contact Officer: rachel.adams@nottsc.gov.uk

INDEX

	Page No
1 Introduction	3
2 MARAC Project Aims	3
3 MARAC Project Responsibilities	4
4 MARAC Partner Agencies	4
5 Governance and Implementation date	5
6 Protocol	5
6.1 Definitions	5
6.2 Operation of the MARAC	6
6.3 Emergency MARACs	8
6.4 Information Sharing Without Consent	9
6.5 Equality and Diversity	9
6.6 Complaints	9
6.7 Breaches	10
6.8 Withdrawal	10
6.9 Information Sharing Protocol	9
7.0 MARAC – Agency Partnership Responsibilities	11
8.0 MARAC – Individual Agency Additional Responsibilities	12
9.0 Review	14
10 Signatories	14
APPENDICES	
1 MARAC Contacts	18
2 MARAC DASH Risk Indicator - Checklist & Guidance	24
3 DASH Classification grid	33
4 MARAC Referral Form	34
5 MARAC Research Form	36
6. MARAC Information Gathering Flowchart	38
7 MARAC Agenda	39

1. Introduction

The Protocol aims to provide operational guidance to all statutory, voluntary, community partners involved in the Nottinghamshire MARACs, detailing aims, responsibilities and structure of the MARAC.

The purpose of the MARAC is to “facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety”, allowing agencies to share up to date, relevant information and provide appropriate services for everyone involved in Domestic Abuse – survivor, family and perpetrator - via a coordinated response.

The Protocol should be read in conjunction with the following documents:

The MARAC Information Sharing Agreement for Nottinghamshire 2011

The Nottinghamshire MARAC Steering Group Terms of Reference

The CAADA Multi-Agency Risk Assessment Conferences – Implementation Guide

The principles of this Protocol will be applied regardless of gender, disability, nationality, race or ethnic origin, age, religion / belief and sexual orientation.

The MARAC is designed to work in conjunction with other existing agencies and procedures and not replace them e.g. Inter-Agency Practice Guidance in relation to Children and Domestic Violence, Common Assessment Framework (CAFs), Multi Agency Public Protection Arrangements (MAPPA), Safeguarding Vulnerable Adults, alcohol and drug use assessments.

2. MARAC Aims

The MARAC will combine up to date risk information, a timely assessment of the survivors needs and links those directly to the provision of appropriate services, providing a co-ordinated multi-agency response to high risk domestic violence cases, in a single meeting.

1. To share information to increase the safety, health and well-being and to reduce repeat victimisation of survivors of domestic violence and their children.
2. To determine whether the perpetrator poses a significant risk to any particular individual or to the general community
3. To construct jointly and implement a risk management plan providing professional support to all those at risk and reduce the risk of harm.
4. To reduce repeat victimisation
5. To improve agency accountability
6. To improve support for staff involved in high risk domestic abuse cases

The above aims will have the following additional impact:

Enhance support services offered to domestic violence victims;

Expand and co-ordinate the provision of information sharing among the agencies;

Increase the safety of children who live with domestic violence;

Increase perpetrator accountability and responsibility;

Provide accountability to the public, to survivors and to other agencies for the way in which domestic violence is handled in Nottinghamshire.

3. MARAC Responsibilities

1. To focus attention on high risk cases of domestic abuse using the Nottinghamshire shared risk identification form.
2. To improve information sharing, information flow, co-ordination and working between participating agencies
3. To administer and record MARAC meetings, agreed actions and agencies' completion of these actions.
4. To promote informed and consistent case handling among agencies.
5. To protect the rights of all concerned.
6. To increase confidence in agencies' actions and case handling of domestic violence
7. MARAC Cases will not duplicate other case handling conferences, however information will still be shared where appropriate e.g. Child Protection issues
8. To build and maintain effective partnership working with other public protection bodies.
9. To provide data to evaluate the overall effectiveness of the MARAC process
10. To deal with operational issues through the MARAC or via the MARAC Steering Group
11. To support a Domestic Homicide Review where an individual subject to MARAC has been killed.
12. To raise awareness of the MARAC to other practitioners
13. To liaise with Nottingham City Safeguarding Children Board (NCSCB) for decisions in relation to MARAC processes which may impact on the safety and welfare of children and young people or safeguarding processes in Nottingham.
14. To liaise with Nottingham City Adult Safeguarding Partnership Board for decisions in relation to the MARAC process which may impact on the safety and welfare of vulnerable adults and safeguarding process in Nottingham.

4. NOTTINGHAMSHIRE MARAC Partners are as follows:

A1 Housing
Ashfield District Council
Ashfield Homes
Bassetlaw District Council
Broxtowe Borough Council
CAFCASS (Children and Family Court Advisory and Support Service)
Gedling Borough Council
Gedling Homes
Mansfield District Council

Newark and Sherwood District Council
Newark and Sherwood Homes
NHS Nottinghamshire County Health Partnerships
NHS Bassetlaw
Nottingham University Hospitals NHS Trust*
Nottinghamshire County Council
Nottinghamshire Fire and Rescue Service
Nottinghamshire Healthcare NHS Trust*
Nottinghamshire Independent Domestic Abuse Services
Nottinghamshire Police
Nottinghamshire Womens Aid
Nottinghamshire Probation Trust
Rushcliffe Borough Council
Sherwood Forest Hospitals Trust
Spirita Housing
Victim Support Nottinghamshire
Women's Aid Integrated Services

Representation at the MARAC

Members attending the MARAC should have the authority within their agencies to prioritise the actions that arise from the MARAC and be able to make an immediate commitment of resources to those actions. If the MARAC member cannot make the MARAC meeting a representative should go on his/her behalf.

5. Governance of Operating Protocol and Nottinghamshire MARAC

Governance lies with the Safer Nottinghamshire Board through the Nottinghamshire MARAC Steering group. Each partner agency described in section 4 is invited to send a senior officer to represent the organisation on the Nottinghamshire MARAC Steering Group which meets on a quarterly basis to agree all policy issues relating to Nottinghamshire MARACs including any changes to protocols. The Steering Group then refers strategic decisions back to the Safer Nottinghamshire Board and provides an annual MARAC report. For more information please refer to Nottinghamshire MARAC Steering Group Terms of Reference.

Implementation date: This Revised Protocol takes effect from 1st October 2011.

6. Protocol

6.1 Definitions

Domestic violence is any threatening behaviour, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality.

The violence can be psychological, physical, sexual or emotional. It can include 'honour-

based violence', female genital mutilation, and forced marriage

The MARAC :

A MARAC is a multi-agency approach to managing the highest risk domestic violence cases (within this definition) in a single meeting. The highest risk cases will be identified through the agreed risk assessment process, professional judgement, as repeat incidents and/or severity of incidents i.e. use of weapons.

“A domestic violence MARAC combines up to date risk information with a comprehensive assessment of a victim’s needs and links those directly to the provision of appropriate services for all those involved in a domestic violence case: victim, children and perpetrator.”

Co-ordinated Action Against Domestic Abuse (CAADA) MARAC Implementation Guide on behalf of the Home Office

6.2 Operation of the MARAC

There are two Nottinghamshire MARACs each with an IDVA Service and a MARAC Administrator provided by a local specialist DV Service and commissioned by the MARAC Steering Group

North MARAC

covering the districts of Bassetlaw, Mansfield, Newark & Sherwood

South MARAC

covering the Districts and Boroughs of Ashfield, Broxtowe, Gedling and Rushcliffe,

See Appendix 1 for local contact details

Meetings Each MARAC meets every two weeks throughout the year, to discuss and share information on the most high risk cases of domestic abuse. Safety plans are devised relevant to the individual case to address risks faced by the survivor and family and appropriate work with the perpetrator. It may also cover risk to agency staff, neighbours and community.

Referrals All agencies should refer a high risk Domestic Violence case to the MARAC through the MARAC Administrator by completing the Domestic Abuse Stalking Harassment and Honour Based Violence Risk Identification Checklist, known as DASH form, and a MARAC Referral Form (see Appendix 3 & 4).

The DASH risk assessment should be completed as soon as the referral agency is aware of the incident/situation and the MARAC referral should be submitted to the MARAC Administrator as soon as possible for discussion at the next available MARAC.

The case will be heard at the MARAC within 4 weeks of the referral being submitted.

Risk Assessment There is guidance on the back of the DASH form (see Appendix 3) on how to determine if the case is high risk. The risk assessment process is not just based on the number of ticks but also the professional judgement of staff. There is further guidance on risks to children in the household and referral pathways for safeguarding and support. See also Nottinghamshire Safeguarding Children’s Board “Inter Agency Practice

Guidance on Children and Domestic Violence”.

Consent Referring agencies should endeavour to obtain consent from the victim/survivors prior to referring a case to MARAC. Where consent is declined a referral should still be made as long as the risk assessment is clearly “High”. Lack of consent should be made clear on the referral form showing legal reasons for sharing and grounds for MARAC referral see Appendix 4.

Repeats Where further incident of concern* occurs within 12 months of a case going to either of the Nottinghamshire MARACs this case must be considered for a further MARAC meeting. Where there is a persistent risk that is not being managed by existing multi-agency arrangements, the case should be returned as a repeat MARAC case. All agencies are responsible for identifying repeats. If it has been longer than 12 months since the MARAC discussion then the case is taken as a new referral. Agencies are expected to flag MARAC cases for 12 months on their databases where data protection allows.

***concern includes any significant risk identified by any agency**

Outside catchment area Each MARAC will accept referrals from other MARACs or agencies when a high risk victim/survivor is known to move into its catchment area. MARAC cases will be referred on to the appropriate MARAC or Police force area if victims move outside the MARAC catchment area. (*Contact details for all England and Wales MARACs are held at CAADA*)

Services to female survivors before MARAC Once allocated to the MARAC each victim/survivor is allocated an IDVA (Independent Domestic Violence Advocate) within 2 working days and given details of the women’s 24 hour Domestic Violence Helpline. Each victim/survivor is notified as soon as possible by the IDVA by telephone. Where it is safe to do so, a letter is sent from the MARAC administrator explaining about the MARAC process. If a letter is likely to be intercepted and be the cause of further abuse, then efforts are made to send it to a safe address. The appropriate worker will speak to the victim/survivor before the MARAC by phone or arrange face-to-face contact and explore her view of the situation. The IDVA/worker will be the voice of the survivor at the MARAC.

Services to male survivors before MARAC are as above for females but men will be referred to the Nottinghamshire Male IDVA service and given details of the MALE mens advice line. The male IDVA will be the voice of the survivor at the MARAC.

MARAC Case Log 8 days before the MARAC meeting the MARAC case list is agreed between Police and IDVA service who look at all the high risk referrals. The MARAC Chair is responsible for the final caselog after consultation with the IDVA team. Generally the highest risk cases are selected using the tick box system, however sometimes additional professional judgement is used to bring forward a case that causes concern even if it does not have the greatest number of ticks. The MARAC case log, which contains the contact details for all victims, perpetrators and their dependent children, is then circulated by the MARAC Administrator to all MARAC agency representatives. All information is password protected and secure.

High-risk cases that are not included within the MARAC will still be given priority by the police and the IDVA services. Following the initial safety interventions they will always be

encouraged to access on-going support from the local specialist DV outreach service.

Agencies will then complete the research forms (see appendix 5) with relevant information they hold on the survivor, perpetrator, children and other vulnerable adults to bring to the MARAC to disclose and share with other agencies.

MARAC Discussions Each case will be discussed at the MARAC, averaging 12 minutes per case:

Each agency has the opportunity to share information before actions are suggested. The IDVAs feed in information from the victim(s). Actions are then volunteered by agency representatives to reduce the identified risk factors, discover any missing information and support everyone involved. Actions should be specific and timed. Where it is necessary to inform another agency that is not part of the Information Sharing Agreement of the risks in a case (e.g. child's school), this is agreed through the chair person at the meeting.

MARAC Actions Each agency involved with the case will take responsibility for the actions they have agreed to at the meeting and feed back to the MARAC Administrator within the deadline specified. All actions must be completed within 14 days but where more urgent deadlines are needed for safety reasons a specific shorter timescale will be agreed and minuted. The lead agency for on-going support will be decided on a case by case basis at the MARAC.

Cases will generally come to the MARAC once only, unless:

- there has been a further incident of concern since the last meeting
- an agency or agencies have not completed their agreed actions
- an agency or agencies have not fulfilled their role in the partnership agreement.

“The responsibility to take appropriate actions rests with individual agencies. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety”

Coordinated Action Against Domestic Abuse (CAADA) MARAC Implementation Guide on behalf of the Home Office

6.3 Emergency MARACs

An emergency MARAC is only called in exceptional circumstances. This would be when a survivor is assessed and the risk of harm is so imminent, immediate action is required. Statutory services have a duty of care to act at once rather than waiting for the next MARAC. These referrals are agreed between the referring agency and the lead agency – Police PPU.

Process for an Emergency MARAC

- Initial phone call referral by ANY agency to lead agency (Police Public Protection Unit)
- Lead agency then contacts all other relevant statutory agencies at once and makes

them aware of the situation.

- Non-statutory agencies are not expected to attend unless they are the referrer. However, they may be contacted by phone during the meeting to check what information they have and if there are specific actions they can take to address risk.
- The Emergency MARAC should be held as soon as possible, please refer to the Police “Threat to life” documentation for further information.
- The initial referring agency must attend so the details presented at the meeting are accurate.
- Basic target hardening, Police identification marker etc should be carried out as soon as possible/practical, (if the MARAC takes place in a matter of hours more likely they will occur after in combination with other actions agreed).
- Urgent actions must be executed immediately. The emergency MARAC should be prioritised on the next MARAC agenda, so that the chair can review the action list and present the case to all attending agencies.

6.4 Information Sharing without Consent

Information Sharing Without Consent can be done under the Data Protection Act, Human Rights Act, Children’s Act 1989, Crime and Disorder Act (prevention or detection of crime), Caldicott Guidelines and decisions to disclose are done on a case by case basis. Only proportionate information will be disclosed in relation to the level of risk to the individual / household. All decisions must be properly documented on the referral form, identifying the reasons to disclose, risks, what information disclosing. For further information refer to the information sharing agreement and CAADA Implementation Guide p45 (3rd edition Dec ‘07).

6.5 Equality and Diversity

Each MARAC will treat all individuals with absolute respect regardless of their age, gender, race, ethnic origin, sexual orientation or disability. Consideration will be given to providing additional support for victim/survivors with specific needs for services such as language interpreters, specialist advice, mental health support.

Cases are monitored for data on BME/LGBT/Male and Disabled Victim/Survivors. Where low numbers are coming through to MARAC as compared with the population this will be addressed by the MARAC Steering Group.

6.6 Complaints

If an agency has a complaint to make e.g. about actions not being done by another signatory agency, they are to take this complaint through their own agencies procedures and notify the MARAC Steering Group Representative who will then monitor the complaint through the Steering Group.

If an individual who has been referred to the MARAC has a complaint this will be dealt with

by the agency the complaint is concerning. The agency will use its own complaints procedures. If the complaint is about the process of the MARAC, this will go to the MARAC Steering Group Chair, who will deal with this accordingly.

6.7 Breaches

Breaches of the agreements will be dealt with through the Steering Group. MARAC members are to be aware that breaches of the MARAC protocol may increase the risk to a survivor who is already high risk.

6.8 Withdrawal

If an agency wishes to withdraw from the MARAC operating protocol they must do so formally in writing give clear indications why they wish to withdraw and provide at least two weeks notice of the withdrawal. The letter must be sent to the Steering Group and the MARAC Chair.

6.9 Information Sharing Agreement

All the information shared at MARAC is subject to the agreements set out in the MARAC Information Sharing Agreement for Nottinghamshire 2011 and the Confidentiality Statement read out at the start of each meeting. These documents are reviewed annually by the MARAC Steering Group.

7.0 MARAC - AGENCY RESPONSIBILITIES

ALL Agencies will:

- 7.1 Send a representative(s) to the MARAC every fortnight – unless there is prior agreement that representatives will only attend when existing service users are discussed. All agency representatives must have the authority to represent and act on behalf of their agency.
- 7.2 Agree to use the same DASH forms for Risk Assessment of domestic violence cases
(See Appendix 2)
- 7.3 Use the checklist to assess for high-risk cases. Refer appropriate cases to the MARAC Administrator: (See Appendix 4)
- 7.4 Share information on relevant cases with partner agencies at MARAC meetings, in line with the agreed MARAC Information Sharing Agreement and Confidentiality Statement. Written notes should be password protected or sent via secure email. If agencies are contacting other partners of the MARAC re a case outside of the MARAC meeting their details, the case number and name of the survivor will be sufficient evidence to disclose information. If the other agency has any doubts they are to call the individual back for extra confirmation using the contact numbers provided by all agencies. Information that can be discussed is in relation to the survivor, children, perpetrator and work the agency is undertaking. Also where there is relevant risk posed, the perpetrators family or other relations may also be discussed. All information disclosed must be proportionate to the risk factors.
- 7.5 Develop an action plan for each case at the MARAC meeting
- 7.6 Act upon tasks as agreed at the MARAC within the timescales agreed and always before the next meeting
- 7.7 Inform MARAC Administrator of actions completed.
- 7.8 Liaise with the IDVA team about any change of circumstance or new intervention with the survivor.
- 7.9 In exceptional circumstances will contact the lead agency to call an Emergency MARAC
- 7.10 Contribute to monitoring and evaluation of the performance of the MARAC
- 7.11 EACH AGENCY, which undertakes work within the MARAC, will be responsible for complying with their own agency Domestic Violence Policy, Equality and Diversity Policies, Child Protection Policies, Information Security and Data Protection procedures along with the MARAC Information Sharing Agreement.
- 7.12 Take appropriate action to Safeguard Children and Vulnerable Adults.

- 7.13 Each agency will ensure that all confidential MARAC information is kept or disposed of securely.
- 7.14 Provide a representative at the appropriate level to attend the MARAC Steering Group, which will meet quarterly. The Steering Group will be responsible for the evaluation the overall effectiveness of the MARAC process. They will uphold key principles and hold partner agencies to account.
- 7.15 SIGN THE MARAC OPERATING PROTOCOL (Steering Group Members or appropriate Manager)

8 MARAC – INDIVIDUAL AGENCY ADDITIONAL RESPONSIBILITIES

8.1 Nottinghamshire Police will:

1. Fulfil their agency responsibilities as listed above
2. Monitor the risk assessment process for determining high risk cases
3. Identify their high risk cases every two weeks and agree case list with IDVA service.
4. Prioritise the order of the cases for the MARAC agenda, in line with MARAC criteria
5. Provide MARAC Administrator with a list of numbered cases plus appropriate contact details and family information to add to the MARAC Agenda one week in advance.
6. Chair the fortnightly MARAC meeting
7. The chair will ensure that the confidentiality agreement is read out and signed at each MARAC meeting
8. The chair will summarise action points after each case
9. The chair will read out incomplete actions only at the next meeting
10. Refer perpetrators that pose a danger to the public to MAPPA as appropriate and according to MAPPA guidelines and MAPPA MARAC Protocol

8.2 MARAC Administrator will:

1. Provide administration for the fortnightly MARAC meeting: preparing the agenda, minutes of previous meeting and record of actions completed for the MARAC.
2. Provide MARAC members with details of cases one week in advance, to prepare for the next weeks meeting.
3. Send out MARAC letters to victim/survivors in advance of the MARAC, where it is safe to do so, informing them that their case is to be discussed. Where unsafe, rely on IDVA phone call for this information.
4. Ensure agencies relevant to each case are invited to the MARAC. Where reps are unable to attend, bring written data supplied by agency

5. Record the list of agreed actions for each case and each agency attending the meeting
6. Follow up actions where necessary to provide details of uncompleted actions to the next meeting
7. Organise an Emergency MARAC as required.
8. Following an Emergency MARAC, ensure that the case is on the next MARAC agenda as a priority and that all relevant agencies are invited to attend.
9. Where repeat cases are brought to MARAC, bring along a breakdown of previous actions that have been tried.

8.3 IDVA Service will:

1. Meet with the police at least three times per week to receive new case referrals and agree MARAC case log fortnightly
2. Attempt to contact the victim / survivor within 48 hours of receiving the referral
3. Collect and record information from the victim / survivor
4. Report back from MARAC to the victim / survivor
5. Call an emergency MARAC if necessary after discussion with the Chair
6. Refer to other appropriate agencies when the survivor's needs fall outside the IDVA remit, or require specialist support and help, eg language interpreter.
7. Only refer on to another agency with the survivor's consent, (except in cases involving a child protection issue, a statutory duty or an overriding legal requirement).
8. Provide access to advice on a variety of issues such as housing, immigration, benefits and employment or refer to an appropriate support agency.
9. Identify other agencies supporting the survivor and contact them as appropriate
10. Give consideration to access issues, mental capacity and adult safeguarding where the victim / survivor has a disability or mental health condition.
11. Continue support through the court process when legal proceedings are pursued.
12. Re-assess risk following MARAC actions and refer appropriately

8.4 Nottinghamshire County Council DV Policy Officer will:

1. Allocate funding of IDVAs, the MARAC Administrator and additional resources where possible following agreement by the Nottinghamshire MARAC Steering Group.
2. Provide staff time to support the Nottinghamshire MARAC Steering Group
3. Provide a Strategic overview of the Coordinated Community Response, which includes the MARAC
4. Support the MARAC partnership with training, evaluation and monitoring as

agreed by MARAC Steering Group

For further details on individual agencies' responsibilities see
www.caada.org.uk/toolkitsforMARAC

9 Review

This Protocol will be reviewed by its signatories Annually every March/April.

10 Signatories

This Protocol must be signed by a representative of sufficient standing from each of the named parties below:

1 Signed ----- (Print name) -----

Date -----

For and on behalf of **Nottinghamshire Police**

2 Signed ----- (Print name) -----

Date -----

For and on behalf of **Women's Aid Integrated Services**

3 Signed ----- (Print name) -----

Date -----

For and on behalf of **Victim Support Nottinghamshire**

4 Signed ----- (Print name) -----

Date -----

For and on behalf of Nottinghamshire CC **Adult Social Care and Health Services**

5 Signed ----- (Print name) -----

Date -----

For and on behalf of Nottinghamshire CC **Children Families and Cultural Services**

6 Signed ----- (Print name) -----

Date -----

For and on behalf of Nottinghamshire CC Policy Planning and Corporate Services

7 Signed ----- (Print name) -----

Date -----

For and on behalf of NHS **Nottinghamshire County Health Partnerships**

8 Signed ----- (Print name) -----

Date -----

For and on behalf of **Ashfield District Council**

9 Signed ----- (Print name) -----

Date -----

For and on behalf of **Broxtowe Borough Council**

10 Signed ----- (Print name) -----

Date -----

For and on behalf of **Bassetlaw District Council**

11 Signed ----- (Print name) -----

Date -----

For and on behalf of **Mansfield District Council**

12 Signed ----- (Print name) -----

Date -----

For and on behalf of **Nottinghamshire Fire and Rescue Service**

13 Signed ----- (Print name) -----

Date -----

For and on behalf of **Nottinghamshire Healthcare NHS Trust**

14 Signed ----- (Print name) -----

Date -----

For and on behalf of **Nottinghamshire Probation Trust**

15 Signed ----- (Print name) -----

Date -----

For and on behalf of **Nottinghamshire Women's Aid**

16 Signed ----- (Print name) -----

Date -----

For and on behalf of **CAFCASS**

17 Signed ----- (Print name) -----

Date -----

For and on behalf of **Nottinghamshire Independent Domestic Abuse Services**

18 Signed ----- (Print name) -----

Date -----

For and on behalf of **Newark and Sherwood District Council**

19 Signed ----- (Print name) -----

Date -----

For and on behalf of **Rushcliffe Borough Council**

20 Signed ----- (Print name) -----

Date -----

For and on behalf **Gedling Borough Council**

21 Signed ----- (Print name) -----

Date -----

For and on behalf NHS **Bassetlaw PCT**

22 Signed ----- (Print name) -----

Date -----

For and on behalf **A1 Housing**

23 Signed ----- (Print name) -----

Date -----

For and on behalf **Sherwood Forest Hospitals Trust**

24 Signed ----- (Print name) -----

Date -----

For and on behalf of **Ashfield Homes**

25 Signed ----- (Print name) -----

Date -----

For and on behalf of **Spirita Housing**

26 Signed ----- (Print name) -----

Date -----

For and on behalf of **Gedling Homes**

27 Signed ----- (Print name) -----

Date -----

For and on behalf of **Newark and Sherwood Homes**

28 Signed ----- (Print name) -----

Date -----

For and on behalf of **Nottingham University Hospitals NHS Trust**

APPENDIX 1

MARAC Contacts

NORTH MARAC Members contact details

Agency	Contact Name	Email Address	Contact Number
Nottinghamshire Police	DCI Andy Gowan DI Dave Walton	Andrew.gowan@nottinghamshire.pnn.police.uk david.walton@nottinghamshire.pnn.police.uk	07747 455851 07872 678166
IDVA Service Nottinghamshire Women's Aid	Mandy Green Julie Graham	mandy.green@nottswa.org julie.graham@nottinghamshire.pnn.police.uk	01909 533610 07525 232800
MARAC Administrator Nottinghamshire Women's Aid	Brenda Peacock	brenda.peacock@nottinghamshire.pnn.police.uk	01909 533610 07880 557136
Nottinghamshire Victim Support	Sally Potter	sally.potter@nottinghamshire.pnn.police.uk	01909 500455
Nottinghamshire County Health Partnerships	Debbie King Rachel Chadwick-Harris	Debbie.King@nottshc-chp.nhs.uk Rachael.chadwick-harris@nottshc-chp.nhs.uk	01623 672150
Nottinghamshire Community Health Bass	Jackie Briggs	Jacqueline.Briggs@bassetlaw-pct.nhs.uk	01909 502291
NCC Adult Social Care and Health	Nicholas Radcliffe	nicholas.radcliffe@nottsc.gov.uk	0115 9773985
NCC Children's Social Care	Rachel Stimson	rachel.stimson@nottcc.gov.uk	01623 520520 07930 270720
Nottinghamshire Probation	Jennie McKechnie	Jenifer.McKechnie@nottinghamshire.probation.gsi.gov.uk	01636 652650
Newark and Bassetlaw DV Co-ordinator	Nicki Richards	nicolette.richards@bassetlaw.gov.uk	01636 655215
NCC DV Policy Officer	Rachel Adams	rachel.adams@nottsc.gov.uk	0115 97720125
Nottinghamshire Healthcare NHS Trust	Margaret Cheetham	margaret.cheetham@nottshc.nhs.uk	0115 9691300 xn 13839
Bassetlaw Strategic Housing	Trudy Walstow	trudy.walstow@bassetlaw.gov.uk	01909 533490

Agency	Contact Name	Email Address	Contact Number
Newark Housing Strategy	Lorraine Brown	lorraine.brown@nsdc.info	01636 655547
A1 Housing	Rachel Burton	Rachel.Burton@ A1housing.co.uk	01909 5334126
Newark and Sherwood Homes	Julie Davidson	julie.davidson@ nshomes.co.uk	01636 655542
Nottinghamshire Healthcare Substance misuse	Sam Roberts	Sam.Roberts@nottshc-chp.nhs.uk	01623 633510
Mansfield and Ashfield DV Co-ordinator	Neil Gray	ngray@mansfield.gov.uk	01623 463528
Mansfield DC	Helene Anderson	handerson@mansfield.gov.uk	
Youth Offending Service	Mandy Baines	mandy.baines@nottsc.gov.uk	01623 4522 31 Mobile: 077 40 845 612
CAFCASS	Lynne Jackson	lynne.jackson@cafcass.gsi.gov.uk	
Surestart Mansfield	Niki Coupe	niki.coupe@nottsc.gov.uk	0779397839 2

SOUTH MARAC Members contact details			
Agency	Contact Name	Email address	Contact Tel Number
SOUTH MARAC Administrator WAIS	Judith Byrnes	Judith.byrnes@wais.cjms.net	0115 9884228
Nottinghamshire Police	DCI Andy Gowan DI Dave Walton	andrew.gowan@nottinghamshire.pnn.police.uk david.walton@nottinghamshire.pnn.police.uk	0300 300 9999 EX 8053585 0300 300 9999 EX 8053344
IDVA Service Womens Aid Integrated Services WAIS	Rebecca Smith Sam Bennett Debbie Denning Sarah Edwards	rebecca@wais.org sam@wais.org Debbie@wais.org Sarah3@wais.org	0115 9884222 0115 9884227 0115 9884226 0115 9884226
Ashfield Homes	Caroline Greasley	C.Greasely@ashfieldhomes.co.uk	01623 608894
Ashfield District Council	Ian Offord	I.Offord@ashfield-dc.gov.uk	01623 408432
Ashfield Surestart	Rosemary Phillipson	rosemary.phillipson@surestart- ashfield.nhs.uk	
NCC Adult Social Care and Health	Nicholas Radcliffe	nicholas.radcliffe@nottsc.gov.uk	0115 9773985
Nottinghamshire Victim Support	Madhu Limbachia	Madhu.Limbachia@victimsupport.o rg.uk	0115 8446071
Notts County Health Partnerships	Debbie King	debbie.king@nottshc-chp.nhs.uk	01623 473010
Nottinghamshire Community Healt	Amanda Edmonds	Amanda.edmonds@nottshc- chp.nhs.uk	0115 88 35088
NCC Specialist Family Support	Debbie Leatherland	debbie.leatherland@nottsc.gov.uk	0115 9256839
NCC Children's Social Care	Derenda Welbourne- Hull Ann Marie Farrand	<a href="mailto:derenda.welbourne-
hull@nottsc.gov.uk">derenda.welbourne- hull@nottsc.gov.uk ann-marie.farrand@nottsc.gov.uk	0115 8546000 0115 8546185
Education Attendance and Behaviour	Michelle Clement- Evans	michelleclementevans@ba.notts.sch.uk	0115 8546039

Agency	Contact	Email	Tel
Probation	Rabina Haque	rabina.haque@nottinghamshire.probat on.gsi.gov.uk	0115 9082987
	Sarah Jones	Sarah.Jones@nottinghamshire.probat ion.gsi.gov.uk	0115 9082900
	Wendy Kennedy	Wendy.Kennedy@nottinghamshire.pro bation.gsi.gov.uk	
	Jessica Brannon	Jessica.Brannon@nottinghamshire.pro bation.gsi.gov.uk	0115 98455198
Rushcliffe DV Co-ordinator	Wendy Green	WGreen@rushcliffe.gov.uk	0115 9148287 07771 690411
NCC DV Policy Officer	Rachel Adams	Rachel.adams@nottsc.gov.uk	0115 9772015
Nottinghamshire Healthcare NHS Trust	Margaret Cheetham	Margaret.cheetham@nottshc.nhs.uk	0115 9691300 xn 13839
Healthcare Trust Substance Misuse	Sam Roberts	Sam.Roberts@nottshc-chp.nhs.uk	07545 420397
Rushcliffe BC Housing	Elira Mano Dorothy Arnot	emano@rushcliffe.gov.uk darnot@rushcliffe.gov.uk	0115 9148483 0115 9148579
Rushcliffe Surestart	Ruth Brown	ruth.brown@nottsc.gov.uk	01509 857030
CAFCASS	Lynne Jackson	lynne.jackson@cafcass.gsi.gov.uk	
Spirita RSL	Gillian McCreery Bash Hussain	gillian.mccrery@sprita.org.uk Bash.Hussain@mht.co.uk	0115 9887264
Gedling BC	Suzanne Knight	suzanne.knight@gedling.gov.uk'	0115 9013865
	Cathy Evans	Cathy.Evans@gedling.gov.uk	0115 9013633
Gedling Surestart	Glenis Smith	glenis.smith@nottshc-chp.nhs.uk	0115 9118700
Broxtowe BC Housing	Gary Smithurst	'Gary.Smithurst@broxtowe.gov.uk'	0115 9177777 x 3424
Youth Offending Service	Mandy Baines	mandy.baines@nottsc.gov.uk	01623 452231 Mobile: 07740 84 5 612
Mansfield and Ashfield DV Co-ordinator	Neil Gray	ngray@mansfield.gov.uk	01623 463528

**Nottinghamshire MARAC Steering Group
Members Contact Details
September 2011**

Agency	Individual	Email address	Telephone
Notts CC Group Manager Localism and Partnerships	Ann Marie Hawkins Chair Person	annmarie.hawkins@nottsc.gov.uk	0115 9772460
Police Force Lead for Public Protection	Superintendent Helen Chamberlain	helen.chamberlain@nottinghamshire.pnn.police.uk	0115 8171012
Police PPU	DCI Andy Gowan	andrew.gowan@nottinghamshire.pnn.police.uk	
Police PPU	DI Dave Walton	david.walton@nottinghamshire.pnn.police.uk	01623 420999
NottsCC CYP Social Care	Angela Pixsley Service Manager Social Care	angela.pixsley@nottsc.gov.uk	01777 716161
Newark and Sherwood DC	Lisa Lancaster	lisa.lancaster@nsdc.info	
Womens Aid Integrated Services	Rebecca Smith	rebecca@wais.org.uk	0115 947 5257
NNIDAS - Notts Independent Domestic Abuse Services	Karen Walker	karen@nidas.org.uk	01623 683250
Nottinghamshire Womens Aid	Mandy Green	mandy.green@nottswa.org	01909 533610
Nottinghamshire Probation Area	Hardyal Dhinza	hardyal.dhinza@nottinghamshire.probation.gov.uk	0115 8406500
Fire Service	Chris.Hooper	chris.hooper@nottsc.gov.uk	0115 9772422
Notts Healthcare Trust	Zoe Rowe	Zoe.Rowe@nottshc.nhs.uk	0115
Victim Support Nottinghamshire	Olwen Edwards	Olwen.Edwards@victimsupport.org.uk	0115 852 3507
Direct Access (Substance Misuse)	Tracey Gilford	tracey.gilford@nottspct.nhs.uk	
NHS Bassetlaw PCT	Jackie Briggs	Jacqueline.Briggs@bassetlaw-pct.nhs.uk	01909 502291
Notts County Health Partnerships	Debbie King	debbie.king@nottshc-chp.nhs.uk	01623 473010
NHS Nottinghamshire (PCT)	Nick Romilly	nick.romilly@nottspct.nhs.uk	01623 673502

Agency	Individual	Email address	Telephone
NottsCC Adult Social care	Tessa Diment	tessa.diment@nottscg.gov.uk	
Bassetlaw District Council	Gerald Connor	gerald.connor@bassetlaw.gov.uk	01909 533153
Notts CC School Attendance	Geoff Read	geoffread@ba.notts.sch.uk	
Mansfield DC	Lesley. Reece	lreece@mansfield.gov.uk	01623 463285
Ashfield DC	Rebecca Whitehead	Rebecca.whitehead@ashfield-dc.gov.uk,	
Rushcliffe BC	Elire Mano	emano@rushcliffe.gov.uk	
Gedling BC	David Jayne	David.Jayne@gedling.gov.uk	
Broxtowe BC	Gary Smithurst Housing	Gary.Smithurst@broxtowe.gov.uk	
Sherwood Forest Hospitals	Julie Dixon	julie.smith7@sfh-tr.nhs.uk	
Nottinghamshire DV Policy officer	Rachel Adams	rachel.adams@nottscg.gov.uk	0115 9772015
CAFCASS	Marcia Lennon	Marcia.lennon@cafcass.gsi.gov.uk	
Youth Offending Service	Rachel Tunaley	rachel.tunaley@nottscg.gov.uk	01623 520093

NON-POLICE DASH FORM
NOTTINGHAM AND NOTTINGHAMSHIRE

Domestic Abuse, Stalking and Harassment and Honour based violence (DASH 2009) Risk Model plus Referral Pathways for use in Nottingham and Nottinghamshire

PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

Risk Identification and Assessment

All staff and volunteers working with an individual or family at risk from domestic abuse or violence should use these forms to determine a risk level and corresponding referral pathway. "High Risk Cases" need to be referred to MARAC with children and vulnerable adults also referred to Social Care for safeguarding.

Risk assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm. However, this tool is known to improve assessment of risk in relation to domestic abuse.

DETAILS OF VICTIM(S) AND ALLEGED PERPETRATOR(S)

Where information is not available write NK (not known)

Crime Reference Number <i>if known</i> :	Date (s) of incidents:
Police Officer's Name <i>if known</i> :	
Victim(s) Name:	
Date of birth	
Address	
Safe contact Tel number (home, mobile, work or other) Safe e-mail address	Mobile Landline Work Email
Vulnerable Adult Details e.g. learning disability/ mental ill- health/ physical disability	
Has referral been made to Adult Safeguarding?	
If yes, date of referral	
Sources of Information:	<input type="checkbox"/> Victim <input type="checkbox"/> Other sources, please state
Victim GP Details <i>if known</i> :	
Relationship between Victim & Perpetrator: and if partner / ex partner the length of the relationship:	
Perpetrator(s) Name:	
Date of Birth	
Address	
Tel number	
Other names used (please specify)	Other dates of birth (please specify)
Perpetrator GP Details <i>if known</i> :	

Is there a history of violence, domestic or other?
 None Violence Sexual Other (specify below) Not known

Does the suspect have access to firearms? Yes No Not known

Existing Bail Conditions? (add detail) Yes No Not known

Children Living Within Domestic Abuse Household or Exposed to Domestic Abuse

Name	D OB	Gender (M) (F) (NK)	Home Address	Relationship to the alleged victim?	Relationship to the alleged perpetrator?	Child known to social care?

Social Worker name if known			
Time and date this family referred to Children Social Care if appropriate. See Classification grid page 32 for guidance		Time:	
		Date:	

DASH QUESTIONS

If possible the victim is interviewed on her/his own. Explain purpose is to improve safety

CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND.	<i>Yes</i> <input checked="" type="checkbox"/>	<i>No</i> <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury? (please state what and whether this is the first injury)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment:	<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) Kill: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Further injury and violence: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Other (please clarify): Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <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/Dr or others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<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"/>
7. Is there conflict over child contact? (please state what) 8.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

<p>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)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)</p>	<p><i>Yes</i></p>	<p>No</p>
<p>9. Are you currently pregnant? <input type="checkbox"/> Or Have you recently had a baby (in the past 18 months)? <input type="checkbox"/> Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Are there any children, step-children that aren't in the household? Or are there other dependants in the household (i.e. older relative)? Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>

<p>11. Has (.....) ever hurt the children/dependants?</p> <p>Please give details</p> <p>Was a child present in the house at the time of the incident <input type="checkbox"/></p> <p>Was child injured? If “Yes” refer to Children’s Services. <input type="checkbox"/></p> <p>Please give details</p> <p>Was the child in the arms of either party at the time of the incident <input type="checkbox"/></p> <p>Who:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Has (.....) ever threatened to hurt or kill the children/dependants?</p> <p>Hurt <input type="checkbox"/></p> <p>Kill <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DOMESTIC VIOLENCE HISTORY</p>	<i>Yes</i>	<i>No</i>
<p>13. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. 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 stalking and specify the behaviour)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Has (.....) ever used weapons or objects to hurt you?</p> <p>Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
17. Has (.....) ever threatened to kill you or someone else and you believed them? Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has (.....) ever attempted to: strangle? <input type="checkbox"/> choke? <input type="checkbox"/> suffocate? <input type="checkbox"/> drown you? <input type="checkbox"/> when was this?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence.) Please specify who and what you are afraid of:	<input type="checkbox"/>	<input type="checkbox"/>
21 Do you know if (.....) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) 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"/>
22. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>

Abuser(s)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
23. 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"/>
24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) 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"/> Don't Know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 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"/> Don't Know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant information (from victim or worker), which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control)		

Is there anything else you would like to add to this?
 Please also use this space for providing extra information from questions

I hereby give consent / no consent for agencies involved in my case to share information to assist them to support my family and me (delete as appropriate).

Signature.....

Date.....

Where consent not given and MARAC referral is being made, the full reasons for referral without consent must be entered on the MARAC referral form. Appendix 4

In all cases an initial risk classification is required:

RISK TO VICTIM:		
STANDARD <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>
SEE CLASSIFICATION GRID OVERLEAF Please note that some agencies will automatically refer a case to the MARAC if it scores 14 ticks or more. However, if you believe a case to be high risk and there are less than 14 ticks, please rely on your professional judgement and mark it as high risk. Total Number of ticks:		Referral contact details are on the MARAC Referral form

Person completing form with victim

Name

Signature:.....

Date:.....

APPENDIX 3

DASH RIC -Classification Grid- NOTTINGHAM AND NOTTINGHAMSHIRE -2011

Risk level	Threshold Number of Ticks	Pathway	Consent to share information
HIGH RISK ADULT AND CHILDREN	<u>14 Ticks</u> in yes box or <u>Professional Judgment</u> – score less than 14 ticks but practitioner has serious safety concerns or There is clearly increasing in severity or frequency	Immediate MARAC referral and child safeguarding referral (also vulnerable adult safeguarding where appropriate) <u>Referral contact details are on the MARAC Referral form</u>	Signed consent should always be sought however is not essential for high risk If survivor refuses consent when MARAC referral is discussed, complete "Information Sharing Without Consent" form and then make referral.
HIGH RISK CHILD but MEDIUM - RISK ADULT Threshold is lower for child safeguarding referral as compared to MARAC referra	<u>10-13 Ticks</u> in yes box or <u>Professional Judgment</u> – score less than 10 ticks but practitioner has serious safety concerns or concerns about increasing severity/frequency	Immediate child safeguarding referral Offer to arrange specialist support from Women's Aid or equivalent. Male victims to Victim Support Refer to own agency procedures	Signed consent for a safeguarding referral is not required Inform parent/carer of child safeguarding referral
MEDIUM RISK ADULT AND CHILDREN	<u>7-9 ticks</u> in yes box	Offer to arrange specialist support from Women's Aid or equivalent. Initiate CAF (Common Assessment Framework) for child and (County only) refer to child to JAT (Joint Access Team) Refer to own agency procedures.	Signed consent should always be sought. If not given you do not have grounds for CAF or referral to specialist agency
STANDARD RISK	<u>1-6 ticks</u> in yes box	Supply 24hour DV Helpline information and other relevant signposting	As above

Nottingham and Nottinghamshire MARAC referral form
RESTRICTED WHEN COMPLETED

MARAC referrals should be sent by secure email or other secure method with a completed Risk Identification Checklist to:

Nottingham City: CityDivDomesticAbuse@nottinghamshire.pnn.police.uk Fax 0115 8444066

South MARAC: Judith.byrnes@wais.cjms.net Fax 0115 9472199

North MARAC: brenda.peacock@nottinghamshire.pnn.police.uk Fax 01636 657919

Date			
Victim Name:	Sexual Orientation:		
	Disability / Life Limiting Illness:		
	Gender:		
Date of birth:	Ethnicity:		
Reason for referral:			
<p>Referral made using (please tick)</p> <p>Professional judgment <input type="checkbox"/> Escalation <input type="checkbox"/> Actuarial assessment (number of ticks on Risk Identification Checklist) <input type="checkbox"/></p> <p align="center">Attach Risk Identification Checklist</p>			
Is the person referred aware of the MARAC referral?			Yes/No
Has this person given consent for MARAC and information sharing?			Yes/No
<p><i>If the answer is NO ie consent has NOT been given, referring agency MUST complete the boxes below. At least one legal justification needs to be made. If you need assistance in completing this form please speak to a member of the Police Public Protection Unit at Mansfield Police Station 0300 300 9999</i></p>			
Legal grounds for information sharing without consent - please tick one or more grounds below			
Prevention and detection of crime			
Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29)			
To protect victim or others from 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			

NOTTINGHAMSHIRE MARAC RESEARCH FORM

Research Form for Case Subject To MARAC Review

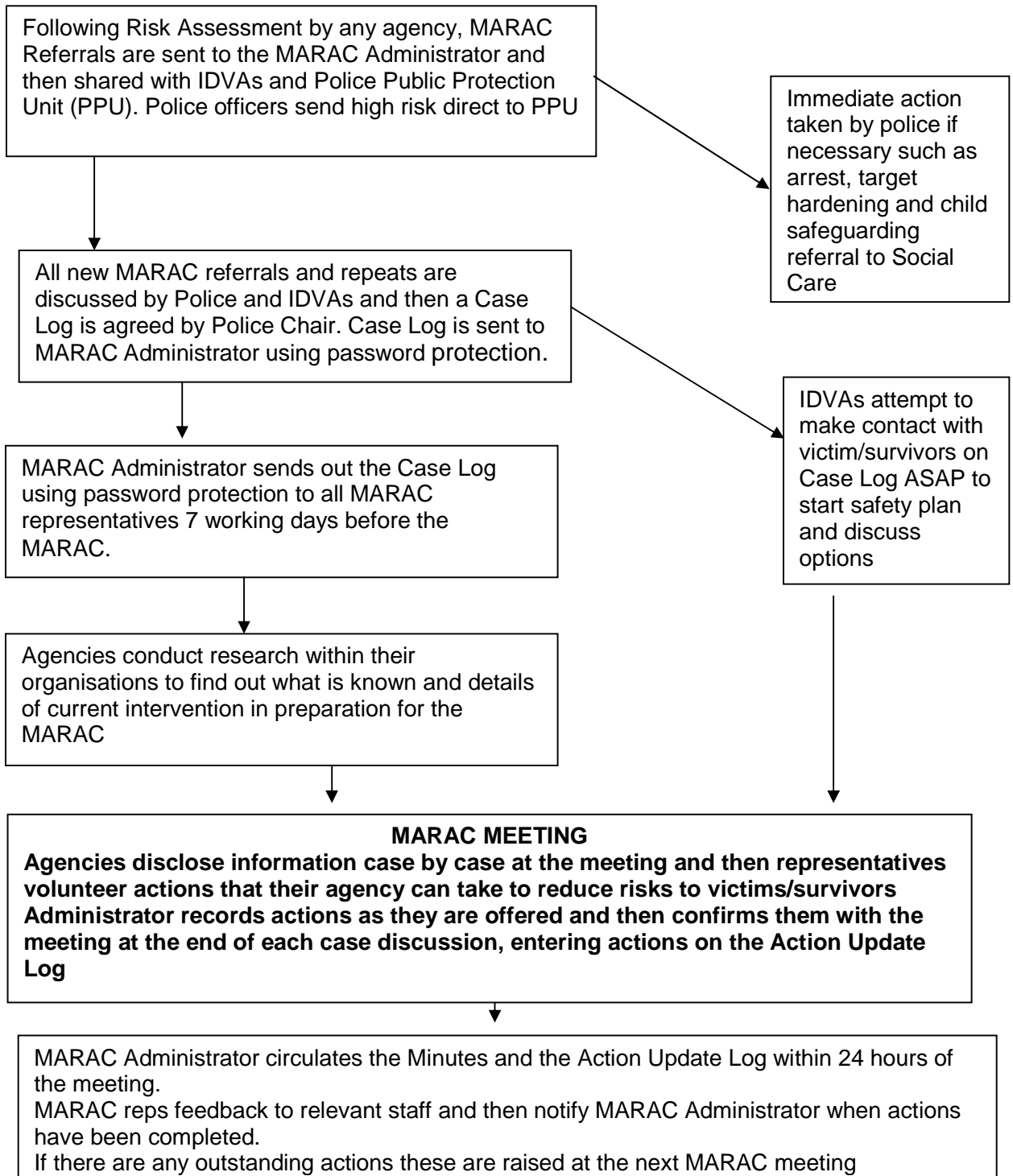
Strictly Private and Confidential – Use additional sheets if required

Name /agency /role		Date researched	
victim perpetrator children Indicate who your working with		Case No	
Relationship between victim and perpetrator (if known)			
Name of victim Address		Name of perpetrator Address	
DOB Tel No: Ethnic origin Sexual orientation Gender Occupation		DOB Tel No: Ethnic origin Sexual orientation Gender Occupation	
Learning Disability		First language _____	
Sensory Disability		Literacy issues _____	
Physical Disability		Other (please state)	
Children's name	DOB	Gender	Ethnicity
			including Address if different to victim & School attending
Relevant information (including contact arrangements, residency, referrals to Social Care or JATS, Police incidents CAFs completed, orders, financial issues, health issues, court dates)			
Is victim, perpetrator or children already known to any other agencies? If yes give brief details including name of workers and any relevant information.			
Give details of any contact made with victim/perpetrator/children (include last sighting/conversation, level of engagement)			
Highlight any relevant information that relates to any of the risk indicators on the checklist.			

Identify any other concerns your agency may have about the victim, perpetrator or children. 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).

NOTTINGHAMSHIRE MARAC FLOWCHART

All agencies are signed up to the MARAC Operating Protocol and MARAC Information Sharing Agreement
All agencies are using the same DASH Risk Identification Form



NOTTINGHAMSHIRE MARAC AGENDA

Name of MARAC

Date, time and location of meeting

AGENDA

1. Introduction of all attendees
-apologies
2. Chair reads out MARAC confidentiality statement
3. Confidentiality statement signed by all attendees
4. Brief Review of minutes of the last meeting to agree true record
5. Outstanding Actions from last meeting identified
6. MARAC Case Log discussions:
 - Establish a running order for cases if required
 - All agencies share information about each case
 - Chair summarises action points after each case
7. AOB
8. Chair to close meeting

Date and time of next meeting: