**MARAC Crib Sheet - Actions**

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| **Alcohol/Drug Service** |
| Making sure that both the perpetrator and victim have contacts or prescribing appointments at different times from each other or different places (if safe to do so) |
| Liaise with other agencies over appointment times so that they can make contact safely with the victim |
| Offer assessments and flexibility around provision of service such as new appointments if the client has not engaged with previous offers |
| Fast track assessments |
| Fast track prescriptions |
| Offer appointments to perpetrator in order for other services to have access to the Victim |
| Joint actions with other representatives, most notably the IDAA, in order to gain access to the victim or vice versa if your service is the only support being accessed by the client |
| Contact relevant professional who is managing case to share any relevant information |
| Basic safety planning if only agency that the client engages with |

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| **Children and Young People** |
| Provide support if child likely to be a cited witness |
| Court support if cited witness |
| Referring the case to other services |
| Going on joint visits with the police or statutory agency |
| Support young victim at court |
| Sharing proportionate info with relevant statutory agencies |

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| **Children and Families SW** |
| Carry out an assessment |
| Refer to other services e.g. CAMHS |
| Safety planning with the victim |
| Referral to SCRA |
| Link in with Criminal Justice SW for reports |
| Sharing proportionate info with relevant statutory agencies |

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| **Adult SW Services** |
| Replacing the carer if they are the perpetrator |
| Giving support in relation to financial matters and finding safe accommodation |
| Offer advice to the Marac on eligibility for community care services |
| Undertake an assessment of need, including specific needs of the perpetrator if there are significant mental health or substance misuse issues |
| Refer the victim through AS&P |
| Basic safety planning if only agency that the client engages with |
| Sharing proportionate info with relevant statutory agencies |

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| **BME** |
| Go through abduction pack with client (available online, Unite Abduction Pack) |
| Identify community sites where victims maybe at further risk if housed nearby |
| Identify areas where the BME population could present additional risks |
| Linking in with housing re options |
| Link in with ‘trusted’ community specific support services/professionals e.g. police officer/education officer/social worker for travelling communities |
| Opportunities’ for joint visit with other professionals e.g. Health Visitor who have legitimate access |
| Request Flags on systems with UKBA that assist in monitoring movement of victim & perpetrator |
| Share info with UKBA |
| Reporting potential threat of Forced Marriage to HBV Police officer within DAIU if applicable |
| Application for FMPO |
| Letter of support from MARAC Chair for Legal Aid |
| Access to specialist Refuge Accommodation and /or outreach support |
| Link client in with BME legal services |
| Basic safety planning if only agency that the client engages with |
| Sharing proportionate info with relevant statutory agencies |

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| **Education** |
| Offering additional support to the child and practical support to the family, for example approving an application from the child for a bus pass from outside the catchment area |
| Offering the school as a safe place to see those involved in the case |
| Refer to CEDAR, WA Outreach etc |
| Vary pick up/drop off times |
| Liaise with after school care re bail conditions, PR&R etc |
| Ensuring that relevant staff are aware of the family’s present situation |
| Updating schools with relevant information is also important; for example, the fact that the perpetrator has bail conditions not to come near the school or contact the children |
| Referral to JST |
| Referral to SW re Child Protection concerns |
| Clarify/ amend “contact in emergency “details |
| Put plan in place to stall unplanned collection of child by perpetrator |
| Consult with education Legal services re PR&R |
| Basic safety planning if only agency that the client engages with |
| Sharing proportionate info with relevant statutory agencies |

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| **Fire service** |
| Place specific markers/information against individual properties |
| Create tailored response plans providing home fire safety advice and equipment to increase personal awareness and safety. (can be offered covertly) |
| Consider fire safety leaflet drop off to whole block or street |
| Fire service are trusted and non-threatening so could be used to access a hard to reach victim on behalf of IDAA service |

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| **Health** |
| Provide 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 |
| Alert victim’s or perpetrator’s GP to MARAC, concern about risk |

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| **Housing** |
| Ensure safe accommodation where possible |
| Offer advice to the Marac on local housing options |
| Offer actions on homelessness prevention for the victim and perpetrator, including managing rent arrears |
| Use tenancy conditions, housing legislation and/or anti-social behavioural orders to address the perpetrator’s offending behaviour |

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| **Specialist domestic abuse services e.g. Women’s Aid** |
| Specialist services may already have established rapport with a victim and supported the disclosure which has resulted in the referral to partner agencies |
| Offer support to access refuge including refuge that will accommodate victims with additional support needs |
| Offer out of hour’s helpline support |
| Offer access to specialised outreach services |
| Feedback the outcome of Marac as they have built rapport with the victim, updating agencies of any changes in circumstances especially if the perpetrator may have requested contact or tracked the client down |
| Support with access to legal resolutions e.g. residency order |
| Support with housing application |

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| **Sexual abuse services** |
| Support to access other services such as legal support or health services |
| Flagg files so that recognise repeat cases of abuse |
| Attend court with the victim |
| Offer services to victims and children if the service is appropriate and required |

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| **CJSW** |
| Use information gained at MARAC in a background report for sentencing or when recommending licence conditions or community sentencing requirements including HDC (Home Detention Curfew) |
| Co-ordinate with specialist domestic abuse services and IDAA’s when making appointments to help access hard to reach clients safely |
| Provide details of appointment times to Police if perpetrator has a warrant for arrest |

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| **Police** |
| Joint visits with other professionals include the IDAA to facilitate contact with hard to reach victims |
| Investigate new offences discussed at Marac if appropriate and safe to do so |
| Co-ordinate cocoon watch and disruption plans, prioritising arrest, or making a referral to other specialist police teams. Some actions may be covert or overt. Some actions may be to arrest for a non DA related offence to give breathing space to a hard to reach victim |
| Proactive bail checks |
| Provide SPOC for complex cases e.g. HBX, sexual offences, stalking |
| Refer to MATAC |
| Refer to DSDAS |

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| **Mental health** |
| Appropriate assessment for victim or perpetrator (or child if CAMHS involved) |
| Find out the most appropriate mental health service for the issue discussed |
| Appointments for victim or perpetrator with flexibility around service if required such as new appointments if the client has not engaged with previous offers |
| Joint actions with other representatives, most notably the IDAA, in order to gain access to the victim or vice versa if this service is the only support being accessed by the client |
| Review medication or contact relevant professional to review medication |