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**MARAC REQUEST FOR INFORMATION FROM EDUCATION**

MARAC is a meeting where information is shared on the **highest risk domestic abuse** cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. **The primary focus of the MARAC is to safeguard the adult victim and any children living in their care.** It is a quick paced meeting, with 10 minutes to discuss each case; therefore input from each agency is brief and to the point.

Any agency can refer into the MARAC. Agencies should always endeavour to inform the victim they are being discussed. **In some cases, it is not appropriate/safe to inform the victim so on rare occasions, they will not be aware. Due to this, if you are being asked to complete this report, it is not appropriate to make contact with the victim or any children involved regarding the request for information. The victim does not attend the meeting** and an IDVA (Independent Domestic Violence Advisor) speaks on their behalf.

**Please be aware that you may be asked for information for a child/family where the victim is not known to you, but the child may have significant contact with the parties involved. In these circumstances we will make it clear in the ‘Family Composition’ section what the relationship is of the child to the parties involved.**

If you, as a school, have regular contact with the family and feel that you would have a lot to contribute to the meeting, please feel free to attend, but please be aware that we are not always running on time so there may be some waiting around involved. Otherwise, please fill in the report below, **giving as much detail as possible**, which will be read out at the meeting.

After the meeting, you will be sent a copy of the minutes through the Safeguarding in Education Team. If you have any queries, please contact them at [safeguardingineducationteam@bristol.gov.uk](mailto:safeguardingineducationteam@bristol.gov.uk) or call on 0117 9222710.

Please send completed forms securely back to [safeguardingineducationteam@brsitol.gov.uk](mailto:safeguardingineducationteam@brsitol.gov.uk) via proof point or password protected or via CJSM [safeguardingeducation.team@cyps.cjsm.net](mailto:safeguardingeducation.team@cyps.cjsm.net)

This information will remain confidential and will be securely stored by the Local Authority.In completing this request we ask that you use your own professional judgement and opinion. If you do not know something please indicate that you do not know.

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| **FOR SAFEGUARDING IN EDUCATION TEAM USE ONLY** | | | | | | | | | | | | |
| **Date and time information required:** | | | | | | | | | | | | |
| **Family Composition (children in your school will be highlighted).**  Click here to enter text. | | | | | | | | | | | | |
| **Reason for MARAC discussion:** | | | | | | | | | | | | |
| |  |  | | --- | --- | | Remit to share information | Tick box | | Consent has been obtained by the parent to seek information for the child. |  | | Consent **has not been sought** and information can be shared to promote the welfare of the child in line with statutory guidance and legislation. |  | | | | | | | | | | | | | |
| **PLEASE RESPOND TO THE BELOW QUESTIONS** | | | | | | | | | | | | |
| **Your name** | Click here to enter text. | | | | | | | | | | | |
| **Date of completion** | Click here to enter text. | | | | | | | | | | | |
| **School/Setting** | Click here to enter text. | | | | | | | | | | | |
| **Position** | Click here to enter text. | | | | | | | | | | | |
| **Contact number (If working from home please provide out of office number)** | Click here to enter text. | | | | | | | | | | | |
| **School status during Covid-29 (clustered, closed - etc)** | Click here to enter text. | | | | | | | | | | | |
| General information | | | | | | | | | | | | |
| Date child(ren) joined the setting | | | | | | Click here to enter text. | | | | | | |
| Name child(ren) known by (if different) | | | | | | Click here to enter text. | | | | | | |
| Child(ren)’s address held by school: | | | | | |  | | | | | | |
| Does the child have any communication needs  (E.g. EAL, Non-verbal) | | | | | | Yes | No | Details  Click here to enter text. | | | | |
| Main family/carer contacts listed for this child. | | | | | | | | | | | | |
| Name and relationship | | | | Contact details | | | | | | | | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | |
| Is this child picked up from school? | | | | Yes | | | | | | No | | |
| If yes, who does this? | | | | Click here to enter text. | | | | | | | | |
| Are there other known professionals working with this family | | | | | | | | | | | Yes | No |
| Name and Agency | | | | | Contact details | | | | | | | |
| Click here to enter text. | | | | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | Click here to enter text. | | | | | | | |
| School and child | | Concern? | | | Please provide details to support (boxes will expand)  Please give as much detail as e.g. Have you met with the parents about any concerns? What was the outcome? | | | | | | | |
| Current Safeguarding concerns | | Yes | No | | Click here to enter text. | | | | | | | |
| Historical Safeguarding concerns | | Yes | No | | Click here to enter text. | | | | | | | |
| Attendance and punctuality (including current attendance percentage) | | Yes | No | | Click here to enter text. | | | | | | | |
| Behaviour | | Yes | No | | Click here to enter text. | | | | | | | |
| Presentation | | Yes | No | | Click here to enter text. | | | | | | | |
| Attainment/ Learning | | Yes | No | | Click here to enter text. | | | | | | | |
| Peer relationships (including online) | | Yes | No | | Click here to enter text. | | | | | | | |
| Mental health/Medical needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Special Educational needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Alterative Learning Provision | | Yes | No | | Click here to enter text. | | | | | | | |
| Has this child had a fixed term/internal exclusion? | | Yes | No | | Click here to enter text. | | | | | | | |
| Accessing additional school support? *(E.g, learning mentor/school counselling/Brook/BDP)* | | Yes | No | | Click here to enter text. | | | | | | | |
| Extracurricular activities  *(E.g, breakfast club, lunchtime clubs, after school clubs)* | | Yes | No | | Click here to enter text. | | | | | | | |
| Other (please specify): | | | | | | | | | | | | |
| Click here to enter text. | | Yes | No | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | Yes | No | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | Yes | No | | Click here to enter text. | | | | | | | |
| Family information | | | | | | | | | | | | |
| Parental /Carer engagement | | Yes | No | | Click here to enter text. | | | | | | | |
| Parenting/  Caring capacity to meet child’s physical needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Parenting/Caring capacity to meet child’s emotional needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Parental/Carer vulnerability | | Yes | No | | Click here to enter text. | | | | | | | |
| Parental/Carer safeguarding | | Yes | No | | Click here to enter text. | | | | | | | |
| Environmental/ Contextual Factors | | | | | | | | | | | | |
| Income | | Yes | No | | Click here to enter text. | | | | | | | |
| Employment | | Yes | No | | Click here to enter text. | | | | | | | |
| Housing/Accommodation | | Yes | No | | Click here to enter text. | | | | | | | |
| Neighbourhood/community | | Yes | No | | Click here to enter text. | | | | | | | |
| Crime/Antisocial behaviour | | Yes | No | | Click here to enter text. | | | | | | | |
| **Voice of child**  Also consider providing a professional opinion of what a ‘day to day life experience’ for this child is if non verbal or unable to communicate their views. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| **Voice of Parents/Carers**  Also consider providing a professional opinion of what a ‘day to day life experience’ for this adult if they are unable to communicate their views. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| Is there any additional support that you can offer to the child family?  If child is already accessing additional support please can you indicate this in the school/child section? | | | | | | | | | | | | |
| * 1. Pastoral Support | | | | | | | | |  | | | |
| Breakfast Club/After school club | | | | | | | | |  | | | |
| Extracurricular Activity | | | | | | | | |  | | | |
| Counselling / Mental health support | | | | | | | | |  | | | |
| Family Support work | | | | | | | | |  | | | |
| Nurture Groups | | | | | | | | |  | | | |
| Play Therapy/Art Therapy | | | | | | | | |  | | | |
| Community Food bank/Foodbank vouchers | | | | | | | | |  | | | |
| Freedom Programme | | | | | | | | |  | | | |
| Parenting Programme/ Parent Gym | | | | | | | | |  | | | |
| Joining a parenting group | | | | | | | | |  | | | |
| Other (please specify) Click here to enter text. | | | | | | | | |  | | | |
| **Any additional information:**  **Please use this box to add any additional information you believe may be relevant or want to share. *Any awareness of how often parents see child/contact arrangements would be especially useful.*** | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |

Thank you for you cooperation with this request. If you have any questions then contact the Safeguarding in Education team on 0117 9222710 and safeguardingineducationteam@bristol.gov.uk.