Safeguarding children abused through domestic violence

Practice guidance

Responding to Domestic Violence
Assessment and intervention
7. Responding to domestic violence

7.1 Professionals’ responsibilities

Professionals will work with many victims who are experiencing domestic violence but have not disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police\(^{24}\).

Professionals in all agencies are in a position to identify or receive a disclosure about domestic violence and for this reason should be alert to the signs that a child or their parent may be experiencing domestic violence, or that a father/partner may be perpetrating domestic violence.

Professionals should offer all children and women, accompanied or not, the opportunity of being seen alone (including in all assessments) with a female practitioner, wherever practicable, and ask whether they are experiencing or have previously experienced domestic violence.

7.2 Disclosure and Recognition

Professionals in all agencies are likely to become aware of domestic violence through:

- Disclosure prompted by the professional's routine questioning or identification of signs that domestic violence could be taking place.
- Unprompted disclosure from a child, mother or abuser.
- Third party information (e.g. neighbours or family members).

Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Failure to act on information provided in this way has been identified nationally through serious case reviews as a contributory factor in at least two-thirds of cases where a child has been seriously harmed.

Information could also come in the form of information shared by another agency or group, which a professional decides to respond proactively to because s/he becomes concerned that the agency or group which shared the information is not responding appropriately to support the children and/or their mother.

Good Practice recommends the use of routine enquiry, which involves routinely asking all female service users about domestic violence when carrying out initial intakes and/or assessments.

Pregnancy is an opportune time to ask women about domestic violence as many victims say that it made them think seriously about the future and how their children might be affected by the violence in the long-term\(^{25}\). Research shows that 30% of domestic

\(^{24}\) Yearnshire (1997)

\(^{25}\) Mezey and Brewley (2000)
violence begins during pregnancy. Similarly, low level abuse often escalates into violence during pregnancy.

This may be the victim’s first opportunity to disclose or their only contact with services in circumstances which allow for safeguarding action for themselves and their children.

**Practice note:**
Professionals should never assume that somebody else is addressing the domestic violence issues disclosed by a service user or child.

Professionals must ensure that their attempts to identify domestic violence and their response to recognition or disclosure of domestic violence do not trigger an escalation of violence.

In particular, professionals should keep in mind that:

- The issue of domestic violence should only ever be raised with a child or the non-abusing parent when they are safely on their own and in a private place.
- Separation does not ensure safety; it often increases the risk to the children and the victim.

### 7.3 Information sharing

Professionals receiving information about domestic violence should explain that priority will be given to ensuring that the safety of the victim and their children is not compromised through the sharing of information.

If there is a concern about the risk of significant harm to the children, then every professional’s overriding duty is to protect the children.

See NSCB supplementary guidance on ‘Sharing information about children, young people and their families’ at:

Professionals also have a duty to protect the victim and should do so under the Crime and Disorder Act 1998, which allows the sharing of information where a crime has been committed or is going to be committed.

For further information on the limits and duties around information sharing, follow your organisations procedures and protocols.

### 7.4 Statutory, voluntary, community sector or other group responsibilities in enabling disclosure and/or recognition

All organisations and groups should create a supportive, professional environment by ensuring that:
- Staff receive domestic violence training appropriate to their professional role, such as that provided through the Safe Newcastle Domestic Violence Training Programme.

- Give information about domestic violence, inviting victims and their children to seek help and giving contact details of local support services; including the telephone numbers for Northumbria Police and local domestic violence services. See Appendix 9 for details.

- Information about domestic violence is made available in a range of languages and different formats.

- Where interpreters are employed to translate, they are professionals (with Criminal Records Bureau checks) not family members, children or friends.

**Practice Note:**
It is good practice to incorporate routine enquiry about domestic violence into assessments. Routine enquiry has been effective in increasing disclosure, and evidence suggests that victims of domestic violence are more likely to disclose if they are asked directly.
8. Assessment and intervention

8.1 Information gathering and disclosure

Professionals should validate and support victims and their children who disclose by:
- Listening to what the child / victim says.
- Taking what s/he says seriously.
- Explaining the need to make sure that s/he and others in the family are safe. This will mean sharing information with professionals who can help the children and/or victim to stay safe (limits of confidentiality). See NSCB supplementary guidance on Sharing information about children, young people and their families at: http://www.nscb.org.uk/staff-and-volunteers/procedures/sharing-information-about-children-young-people-and-their-families
- Reassuring the children that the abuse (directed towards the non abusing parent and possibly also the children) is not their fault, and it is not their responsibility to stop it from happening.
- Giving the victim and any children several telephone numbers, including Northumbria Police and local domestic violence services. See Appendix 9 for contact information.

See Appendix 3 Communicating with a child.

Practice Note:
Professionals should only attempt to enable disclosure, or further disclosure, if they have been trained to do so and are supported by their agency’s policies, procedures and safeguarding children supervisory arrangements.

When a professional becomes aware of domestic violence in a family, whether through disclosure or other means, in order to assess and attend to immediate safety issues for the children, victim and professional, the professional should establish:
- The nature of the violence.
- If there are other children in the household. If so, the number of children and whether any are under 7 years or have special needs. Young children and those with additional needs are especially vulnerable because they may not have the ability to implement safety strategies and are likely to be dependent on the non abusing parent to protect them.
- Whether the perpetrator is living with the non abusing parent, and where the children are.
- What a child or non abusing parent’s immediate fears are.
- Whether there is a need to seek immediate assistance.
- Whether the children and the non abusing parent have somewhere safe to go.

The professional should:
- Where there has been disclosure, support the child and/or victim by taking what s/he says seriously.
- Make an immediate decision, where possible, about whether a child or victim requires treatment or protection by emergency services.
- Where there has been disclosure, ask the child and/or victim what strategies s/he has for keeping him/herself safe (if any). See Section 13: Safety planning.
- Carry out a risk assessment of the non abusing parent (using the DASH-RIC) and a risk assessment of the child (using the Barnardo’s Risk Identification Matrix).
- Record the information and the source of the information.
- Discuss the information / concerns with the agency’s nominated safeguarding children adviser and the professional’s line manager.
- Use any known information about the victim and the family to assess the risk of harm to a child and his/her non abusing parent. The professional should consult with the nominated safeguarding children adviser, in line with local procedures. See Section 8.2. Assessing the risk of harm to a child.

The assessed risk of victim and child will assist the professional, the agency’s nominated safeguarding children adviser and the line manager in deciding what action to take to support the children and victim. It will be an immediate assessment; as more information becomes available the potential risk of harm to the children may be judged to increase or decrease (i.e. move up or down the scale).

The assessed risk will also assist the professional, the agency’s nominated safeguarding children adviser and the line manager in deciding what action to take in relation to the abuser.

See Section 6.2 Enabling disclosure for an abuse partner, Section 6.3 Action after disclosure by a perpetrator and Section 16 Abusive partners / children.

**8.2 Assessing the risk of harm to a child**

Fundamental to safeguarding and promoting the welfare of each child is having a child centred approach, which includes seeing the child and keeping the child in focus throughout assessments, while working with the child and family, and when reviewing whether the child is safe and his or her needs are being met.

This is in keeping with The NSCB ‘Principles Underpinning the Work to Safeguard and Promote the Welfare of Children’ which can be found at: [http://www.nscb.org.uk/staff-and-volunteers/procedures/114-principles-underpinning-work-to-safeguard-and-promote-welfare-ch](http://www.nscb.org.uk/staff-and-volunteers/procedures/114-principles-underpinning-work-to-safeguard-and-promote-welfare-ch)

Barnardo’s have developed a Domestic Violence Risk Identification Matrix for use in safeguarding children abused through domestic violence. This Matrix has been developed to work alongside CAF and the DASH-RIC.

The aim of the Barnardo’s Matrix is to:
- Assist multi-agency and social care staff to identify risks to children from domestic violence.
- Assist multi-agency and social care staff in decisions whether a case presents as in need of a safeguarding response or family support.
- Help staff to make appropriate interventions for children, the non-abusing parent and the perpetrator.
- Provide a specific domestic violence risk assessment format within initial and core assessments within social care.
• Provide a model of safety intervention work for women.

The Matrix is a comprehensive tool which provides a multi-agency assessment framework to assess the level of risk to a child/young person who is experiencing domestic violence in their family. It also assesses the level of risk to the mother, incorporating adult focussed risk factors from MARAC. The Matrix identifies the nature and level of the perpetrator's violence and abuse and indicates the level of intervention required to support and safeguard children and in doing so also can be used to protect the mother. This tool allows professionals to begin to examine the impact of the domestic violence on the child and the non abusing parent.

This Risk Identification Matrix is an excellent tool to complement the CAF and MARAC processes operating in Newcastle.

8.3 How to use the Barnardo’s Risk Identification Matrix

A copy of the Barnardo’s Risk Identification Matrix can be found in Appendix 1.

The Risk Identification Matrix is a tool to assist professionals to use the available information to come to a judgement about the risk of harm to a child. This may include deciding that the available information is not enough to form a sound judgement about the risk.

Professionals who have not had specific training should, wherever possible, complete the risk identification matrix together with their agency’s nominated safeguarding children adviser.

A professional may have a lot or a very little information indicating that domestic violence is taking place within a family. The professional should look across the whole matrix and tick the description/s of the incidents / circumstances which correspond best to the information available at the time. This is likely to mean ticking several descriptions.

The scale headings at the top of each section indicate the degree of seriousness of each cluster of incidents / circumstances (e.g. Scale 1: moderate risk of harm).

Each scale has categories to assist professionals to think through whether the information is about the:

• **Evidence of domestic violence;**
  This is the most significant determinant of the scale of risk (moderate through to severe).

• **Characteristics of the child or situation which are additional ‘risk factors / potential vulnerabilities’;**
  These are the factors that may increase the risk of children suffering significant harm through the domestic violence.

• **Characteristics of the child or situation which are ‘protective factors’.**
  Professionals should keep in mind that protective factors may help to mitigate risk factors and potential vulnerabilities.
A family’s situation may mean that there are ticks under more than one scale heading e.g. moderate (scale 1) and moderate to serious (scale 2). Where this is the case, professionals should judge the risk to the children to be at the higher level (in this case, scale 2) and plan accordingly.

Professionals should always keep in mind the possibility that a piece of information, currently not known, could significantly raise the threshold of risk for a child.

The risk identification matrix in Appendix 1 should be carried out in parallel to the DASH RIC carried out with the mother/victim.

For more detailed information on professional responses see:
Section 8.6 Thresholds and interventions - Common Assessment Framework (CAF)
Section 8.7 Thresholds and interventions – child protection.

8.4 Assessing the risk to the mother using the Domestic Abuse, Stalking and Honour Based Violence Risk Indicator Checklist (DASH-RIC)

The Domestic Abuse, Stalking and Honour Based Violence - Risk Identification Checklist, (DASH – RIC) was developed by CAADA as a common checklist for identifying and assessing risk, which will save lives. This form was also designed for agencies that are part of the MARAC process and is used by professionals and agencies across Newcastle to assess the level of risk of victims of domestic violence and for referral into MARAC, as appropriate.

The CAADA DASH RIC can be found at:
www.caada.org.uk/marac/RIC_without_guidance.pdf

The primary purpose of the RIC is to identify risk to the adult victim and to be able to offer appropriate resources/support in the form of the MARAC process for the most serious cases. Furthermore, the information from the checklist will enable agencies to make defensible decisions based on evidence from extensive research of cases, including domestic homicides and ‘near misses’, which forms the basis of the most recognised models of risk assessment.26

There are commonly three criteria for referring a case to a 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.

26 http://www.caada.org.uk/library_resources.html#2
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. In Newcastle, we use 4 or more Police call outs in a 6 month period.

**Practice Note:**
Please pay particular attention to practitioners’ professional judgement in all cases. Risk assessment should not be based solely on a ‘tick box’ exercise.

The results from a checklist are not a definitive assessment of risk. However, they do provide a structure to inform professional judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way. If a professional is able to complete the abuse grid this gives additional valuable information to help in making a sound decision.

Practitioners must be aware that this is a risk identification checklist and not a full risk assessment nor a case management form. It is a practical tool that can help identify who should be referred to MARAC and how the use of resources should be prioritised.

Risk is dynamic and practitioners need to be alert to the fact that risk can change very suddenly. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. However, this DASH RIC tool is not a full risk assessment for children. If risk towards children is highlighted, professionals should consider what referral is needed to obtain a full assessment of the children’s situation.

### 8.5 Factors which increase vulnerability and risk

Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence will fall within scale 4 of the Barnardo’s Matrix. Professionals should make a referral to Children’s Social Care, in line with NSCB Child Protection procedures which can be found at: [http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection](http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection)

If there are children under the age of seven in the family, this could raise the level of risk since young children are also more vulnerable. This is because they do not have the ability to implement safety strategies and are dependent on the non abusing parent to protect them. In cases such as this, the characteristics of the child and situation which are ‘protective’ need to be carefully considered.

If there is a child or a mother who has a disability or other additional need, the risk of harm to the child, the mother and other children in the family is increased because the child or mother may not have the ability to implement an effective safety strategy.
If the mother is a vulnerable adult, or there are other vulnerable adults living in the household, professionals should follow the Newcastle Safeguarding Adults Procedures which can be found at: [http://webccs002.newcastle.gov.uk/core.nsf/a/adultsprotect](http://webccs002.newcastle.gov.uk/core.nsf/a/adultsprotect)

If the victim or their children are from a black or minority ethnic community they may be experiencing additional vulnerabilities which need to be taken into account. See also Section 2.6, Families with additional vulnerabilities.

Violence directed towards a mother may draw attention away from the fact that a child in the family may be being sexually or physically abused or targeted in some other way. Research shows that in 30 – 70% of cases where a woman is being abused, her children are also being directly abused either physically or sexually by the perpetrator. See also [NSCB supplemental guidance at](http://www.nscb.org.uk/staff-and-volunteers/procedures/supplementary-guidance)


### 8.6 Thresholds and interventions - Common Assessment Framework (CAF)

There is an increased recognition of the importance of early intervention and prevention in work with children and young people to reduce incidences of neglect, abuse, family breakdown, and social exclusion and to avoid outcomes which would diminish rather than enhance their potential.

Newcastle City Council recognises the challenge involved in moving resources, over time from reactive and specialist support to support for prevention, early identification and intervention.

In recognition of the importance of early intervention and a multi agency approach, the Common Assessment Framework (CAF) has been developed for Newcastle. A CAF can assist in providing better, more evidence based referrals into targeted and specialist services and allows for the presentation of referral information in a uniform and evidenced way.

The use of CAF can identify four levels of need, each level having its own particular emphasis and approach to prevention, which are as follows:

- **Level 1 – Children with no identified additional needs (universal services).**
- **Level 2 – Children with additional needs (single agency response).**
- **Level 3 – Children with additional needs (multi agency response).**
- **Level 4 – Children with Complex needs.**

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27 Women’s’ Aid Website
Details of the full CAF procedures can be found at the following link: [http://www.newcastle.gov.uk/care-and-wellbeing/childrens-social-care/caf-procedures](http://www.newcastle.gov.uk/care-and-wellbeing/childrens-social-care/caf-procedures)

Children and young people who reach Level 4 of need have met the criteria for statutory intervention, having been assessed as at risk of significant harm. This includes all of those with a child protection plan in place.

The overall aim of the CAF is to increase the probability that children and young people at Level 1 will remain at that level, and that those at Level 2 and above will not escalate to higher levels and ideally move to a lower level.

**Practice Note**
The children at Levels 1 and 2 on the continuum of need are where most attention and investment are needed to avert problems arising, to ensure early identification and ensure a coordinated response to problems as they arise.

Although domestic violence is specifically identified as a risk factor for children identified as being at Level 3, parental conflict is included as a risk factor at Level 2.

See also 6.4 above, Identifying ‘legitimate’ victims and the primary perpetrator.

**Practice Note**
Early identification of parental conflict at Level 2 through the CAF process allows for interventions and support to be put in place for the child/young person and the non abusing parent to reduce their risk of harm due to domestic violence and reduce the likelihood of the children reaching Level 3.

A CAF is usually instigated by a professional who recognises a need for support for a child that goes beyond the scope of their profession such as a teacher, health visitor or play worker. The parent and/or child typically also recognise the need for support and they are involved in the process of completing the form either directly or by checking and signing what the professional has completed.

Information on the Common Assessment Framework (CAF), including a tool to assist practitioners in identifying risk, resilience and protective factors can be found at the following weblink: [http://www.newcastle.gov.uk/care-and-wellbeing/childrens-social-care/thresholds-social-care](http://www.newcastle.gov.uk/care-and-wellbeing/childrens-social-care/thresholds-social-care)

For further information about CAF or for support in completing a CAF, contact The CAF Team: Phone 0191 2115805 or email caf@newcastle.gov.uk

8.6.1 Scale 1 – moderate risk of harm to the children identified

Threshold scale 1 assesses the potential risk of harm to the children as moderate. A child in this situation will have additional needs as defined within the common assessment framework (CAF). The children and their mother are likely to need family
support interventions which can be offered by the agency itself or by another single agency.

The professional should:
  a. Re-check that there are no factors which increase the vulnerability of the children, see Section 2.6 above which might raise the risk into a higher scale.
  b. Make a record of the assessment and the information which underpins it, and inform their line manager.
  c. Complete a CAF or refer under local arrangements for a CAF to be completed, for each child in the household. If the mother does not consent to the completion of a CAF, this raises the threshold. The professional should consult their agency’s nominated safeguarding children adviser and consider discussing the situation with Children’s Social Care;
  d. Consider what their own agency can contribute as part of any CAF interventions and/or make a referral to another agency to offer an intervention under the CAF.
  e. CAF planning must include safety planning for the children and mother in line with Section 13: Safety planning.
  f. Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour. See also Section 16: Abusive partners / children.
  g. Follow-up to ensure that the CAF plans have been actioned and reviewed, including, as appropriate, that the abuser is engaged with services to address his behaviour.

8.6.2 Scale 2 – moderate to serious risk of harm to the children identified

Threshold scale 2 assesses the potential risk of harm to the children as moderate to serious. A child in this situation will have additional needs, as defined within the common assessment framework (CAF). The children and their mother are likely to need family support interventions offered by more than one agency, which are co-ordinated by a lead professional. The professional should follow the procedures at Section 7 above – Responding to domestic violence.

In addition, the professional should:
  a. Make a notification or referral to Children’s Social Care if the mother does not consent to the completion of a CAF, as this raises the threshold.
  b. Share information with relevant multi-agency professionals (information can be shared without consent where there are concerns about the risk of harm to the children or the non abusing parent). Record the decision to share and the rationale for doing so.
  c. Convene or attend a multi-agency CAF meeting and consider what their own agency can contribute as part of any multi-agency CAF interventions;
  d. CAF planning must include safety planning for the children and non abusing parent in line with Section 13 below – Safety planning.
  e. Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour. See also Section 16: Abusive partners / children.
  f. Follow-up to ensure that the CAF plans have been actioned and reviewed, and, as appropriate, that the abuser is engaged with services to address his behaviour.
8.7 Thresholds and interventions – child protection

8.7.1 Scale 3 – safeguarding, serious risk of harm to the children identified

Threshold scale 3 assesses the potential risk of harm to the children as serious. In threshold scale 3, protection factors are limited and the children may be suffering or be at risk of suffering significant harm. Intervention and support for the children and their non abusing parent will require Children’s Social Care planning, via a Section 17 Child in-Need Assessment.

The professional should:

a. Refer the victim/non abusing parent into the MARAC process. If the risks to the child are this high, then the risks to the non abusing parent will be equally high and will require a multi agency response.

b. Re-check that there are no factors which increase the vulnerability of the children (see section 2.6 above) which might raise the risk into a higher scale;

c. Make a record of the assessment and the information which underpins it, and inform their line manager.

d. Contact Children’s Social Care to make a referral, in line with NSCB Referral, Investigation and Assessment procedures: http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection

e. Children’s Social Care may assess the children to be children in need, and offer services under Section 17. Children Act 1989. However, child protection intervention (i.e. section 47. Children Act 1989) may be necessary if the threshold of significant harm is reached.

f. Children’s Social Care should initiate safety planning for the children and the non abusing parent in line with Section 13: Safety Planning.

g. Share information with relevant multi-agency professionals, having obtained consent.

h. Record all actions and contacts (with the children, the non abusing parent, the perpetrator and any other professionals) and information given and received, including the decision to share it and the rationale for doing so.

For detailed information about MARAC, see CAADA’s frequently asked questions about MARAC at the following weblink: http://www.caada.org.uk/marac/MARAC_helpdesk.html

8.7.2 Scale 4 – initiate child protection procedures, severe risk of harm to the children identified

Threshold scale 4 assesses the domestic violence as severe with increased concern regarding children’s well-being due to additional contributory risk factors. In threshold scale 4, protective factors are extremely limited and the threshold of significant harm is reached.

The professional should:

a. Refer the victim/non abusing parent into the MARAC process. If the risks to the child are this severe, then the risks to the non abusing parent will be equally high and will require a multi agency response.
b. Make a record of the assessment and the information which underpins it, and inform their line manager.

c. Make a referral (written or via telephone, and followed up in writing) to Children’s Social Care, in line with NSCB Referral, Investigation and Assessment procedures: [http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection](http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection)

d. Children Social Care may assess the children as being in need of protection and initiate section 47 enquiries, a core assessment and, where necessary, a child protection conference.

e. Children’s Social Care should initiate safety planning for the children and non-abusing parent in line with Section 13 Safety Planning.

f. Children’s Social Care and other relevant agencies/organisations should plan for the safety of professionals in contact with the perpetrator.

g. Share information with relevant multi-agency professionals, this can be done without consent.

h. Record all actions and contacts (with the children, the mother and the abuser and other professionals) and information given and received, including the decision to share it and the rationale for doing so.

For detailed information about MARAC, see CAADA’s frequently asked Questions about MARAC at the following weblink: [http://www.caada.org.uk/marac/MARAC_helpdesk.html](http://www.caada.org.uk/marac/MARAC_helpdesk.html)

8.8 Responding to domestic violence where there are no children in the household

Having confirmed that there are no children in the household, the professional may consider the following:

- Establish if the victim is a vulnerable adult, and if so, professionals should follow the Newcastle Safeguarding Adults Procedures which can be found at: [http://webccts002.newcastle.gov.uk/core.nsf/a/adultsprotect](http://webccts002.newcastle.gov.uk/core.nsf/a/adultsprotect)

- Use the DASH Risk Identification Checklist ([http://www.caada.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_p ractice_guidance.docx](http://www.caada.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.docx)) to assess the level of risk of harm to the victim and if the victim is deemed high risk, consider making a referral into the MARAC process,

- Refer the victim to local domestic violence support services. See Appendix 9 for contact information.

For detailed information about MARAC, see CAADA’s ‘frequently asked questions’ about MARAC at the following weblink: [http://www.caada.org.uk/marac/MARAC_helpdesk.html](http://www.caada.org.uk/marac/MARAC_helpdesk.html)