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**MULTI AGENCY RISK ASSESSMENT CONFERENCE
(MARAC) PROCEDURES
PROTOCOL
2017**

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1. Introduction

- 1.1 The purpose of this document is to set clear guidelines for agencies in relation to the aims of a MARAC, when a MARAC will be called and the procedure for arranging a MARAC, including emergency MARACs.
- 1.2 The document gives a clear pathway of how MARAC and MAPPA work together in addressing the risk posed in cases. Links with MATAC are also set out.
- 1.3 The document also contains guidance on information sharing between agencies and gives details of the legislation that allows agencies to share information in certain circumstances.
- 1.4 There are a number of recognised structured processes in place to manage the risks to certain groups of the population. Child Protection Conferences are called when children have suffered or are likely to suffer significant harm. Persons who fall within the definition of Adults at Risk¹ can also be subject to Safeguarding meeting. Some of the highest risk offenders are discussed at meetings called Multi-Agency Public Protection Arrangements (MAPPA). Multi-Agency Risk Assessment Conferences (MARACs) will be held in relation to the victims/survivors of Domestic Abuse that are deemed to be High Risk.
- 1.5 The Domestic Violence Crimes and Victims Act 2004 includes a section relating to Domestic Homicide Reviews. The MARAC will provide auditable and robust evidence of actions taken by agencies in tackling the issue of domestic abuse.
- 1.6 Domestic Abuse accounts for nearly a quarter of all violent crime. The MARAC process will provide a structured response to the high risk cases of domestic violence and provide a foundation for a Domestic Violence Homicide Reduction/ Prevention Strategy within the Northumbria Police area.

¹ The Care Act 2014 cites domestic abuse as a category of abuse which is covered by Sunderland's multi-agency safeguarding adults' policy and procedures. The Statutory Guidance issued under the Care Act (October 2014), states that adult safeguarding 'means protecting an adult's right to live in safety, free from abuse and neglect'. Safeguarding duties apply to an adult who:

- 'has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect'.

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- 1.7** It is well established that there is a clear link between Domestic Abuse and Child Abuse. All agencies must be aware of the impact that Domestic Abuse can have on children. In doing so, agencies must consider the need for a referral to Children's Social Care in accordance with Local Safeguarding Children's Boards Guidelines and Procedures.
- 1.8** The introduction of MARAC across the Northumbria region has allowed all the statutory and voluntary agencies to give a consistent and structured response to managing the risk posed by perpetrators in cases of Domestic Abuse that are categorised as High Risk. To enable this, agencies must sign up to the MARAC process.
- 1.9** A MARAC will allow all the relevant agencies to share information and decide upon the most appropriate way to reduce or manage the identified risks around each case of Domestic Abuse that is the subject of a MARAC. All agencies must also consider the individual needs of the victim. The MARAC model fits into the ethos of multi-agency working. No single agency can solve all the problems but by sharing information and working together through the MARAC process the outcomes for the victims/survivors of Domestic Abuse incidents can be improved.

2. Multi-Agency Risk Assessment Conference

- 2.1** MARAC's are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as **High Risk**. Domestic Abuse is a very complex issue and one agency alone cannot solve all the related problems and manage the associated risks in all cases. A MARAC allows agencies to identify the high risk domestic abuse cases and for the identified risk to be managed through a multi-agency forum.
- 2.1.1** In a single meeting a 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 Abuse case: victim, children and perpetrator. By using the knowledge and expertise of different agencies the identified risks will be either reduced or managed in the most appropriate and effective way.

2.2 Aims of a MARAC

- 2.2.1** The aims of a MARAC are;
- To share information to increase the safety, health and well being of victims – adults and their children;
 - To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
 - To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;

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- To reduce repeat victimisation;
- To improve agency accountability
- To improve support for staff involved in high risk domestic abuse cases.
- To identify those situations that indicate a need for the Local Safeguarding Children Board's Child Protection Procedures to be initiated and/or a Safeguarding Adults referral to be made.

2.2.2 The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. 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.

2.3 Risk Assessment

In order for a MARAC process to work effectively there needs to be a common understanding of risk among the participants. A MARAC only applies to the cases of domestic abuse that are identified as being High Risk cases. There are many factors that will cause a case to be categorised as High Risk. On occasions these factors may be present in isolation and in other cases multiple factors may be present, but each case must be taken on an individual basis and its own context.

- 2.3.1** The risk factors can be divided into 5 main categories:
- a. Nature of the abuse e.g. emotional, physical, sexual
 - b. Historical patterns of behaviour e.g. previous convictions or abusive behaviour
 - c. Victim's perception of risk e.g. specific fears for themselves and children, pets
 - d. Specific factors associated with an incident e.g. use of weapon, threats to kill
 - e. Aggravating factors e.g. drugs, alcohol, financial problems

2.3.2 As practitioners, we have a duty of care to our clients since they have become our clients precisely because a propensity to harm exists. We need to make defensible rather than defensive decisions. In addition under the Children Act 2004, we have a statutory duty to safeguard and promote the welfare of children. Under the Care Act 2014 we also have a duty to safeguard adults who are unable to do so themselves due to their care and support needs.

3. MARAC Procedures

3.1 Definition of Domestic Abuse

Whilst accepting the existence of a number of definitions of domestic abuse used by MARAC member agencies, it is acknowledged that agency services will be provided according to the terms of their definition. In order to achieve a common purpose, the following definition will be used:

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'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or are family members* regardless of gender and sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

*Family members - mother, father, son, daughter, sister, brother, grandparents, in-laws and step family.

This definition includes honour-based violence, forced marriage and female genital mutilation. It is made clear that victims are not confined to one gender or ethnic group.

Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011. Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews issues under section 9(3) of the Domestic Violence, Crime and Victims Act (2004) states that a domestic homicide review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—

- (a) a person to whom he was related or with whom he was or had be in an intimate personal relationship, or
- (b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

3.2 Designated Officers

- 3.2.1 Each agency must appoint a Primary Designated officer (PDO) who will be a senior member of the agency and have a coordinating and authorising role.

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3.2.2 The agency may also appoint further Designated Officers (DO) within the same body who will be of sufficient standing to process or initiate requests for personal information. Each agency should regularly review their PDO/DO's and ensure all of their staff are aware of who they are and where to contact them.

3.2.3 Only the DOs and PDOs of the agencies can make the formal requests and document agreements for the sharing of personal information. They decide, on a case by case basis, why a disclosure is necessary to support action under Section 115 of the Crime and Disorder Act 1998. They will also decide why and when the public interest overrides the presumption of confidentiality. When making these decisions they will consider the following points in relation to the information:-

- Is it obtained, processed and disclosed fairly and lawfully.
- Kept securely.
- Processed in accordance with the rights of the data subjects.
- Accurate, relevant and held no longer than necessary.
- Disclosed only for a specified related purpose.
- Disclosed without the subject's knowledge and/or agreement only where failure to do so would prejudice the objective.

3.3 Referring Cases to a MARAC

3.3.1 Cases can be referred to a MARAC by **any** agency. Any agency that identifies a victim as high risk should use the agreed MARAC factors and make a referral to the lead agency i.e. Northumbria Police.

3.3.2 The referring agency must undertake an initial assessment and complete a SafeLives Domestic Abuse Stalking and Honour Based Violence Risk Indicator Checklist (DASH RIC) (**Appendix 1**). This checklist is replicated by Northumbria Police and used by frontline officers to assist in the assessment process. The risk indicator checklist is a practical tool that can help agencies to identify which victims should be referred to MARAC and where resources should be prioritised.

3.3.3 Risk Indication is more about balancing information with current practice, knowledge and previous experience, then making a judgement about whether there is a strong possibility that a person is at risk of serious harm taking into account all of the factors present.

The DASH RIC establishes a starting point for the risk assessment process. On completion of the checklist, the MARAC Assessment Criteria should be referred to in order to establish the level of risk (Appendix 2). The same assessment criteria should be utilised by all agencies involved in the MARAC process.

3.3.4 If, following this Risk Assessment, the case is graded as high, this should be brought to the attention of the Designated Officer (DO) within

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the referring agency. The DO will in turn refer the case into the MARAC process via the lead agency using the MARAC Referral Form (**Appendix 7**). The same assessment criteria should be utilised by all agencies involved in the MARAC process. **It is the assessing agency's responsibility to refer High Risk victims to MARAC.**

3.3.5 The MARAC referral does not take away responsibility for immediate actions from agencies in relation to the safety of High Risk victims.

3.4 Consent for information sharing

3.4.1 The referring agency **MUST** where appropriate, discuss their concerns with the victim and where safe, seek to obtain their consent to share information with other agencies represented on the MARAC (See Appendix 3).

3.5 Consent for information sharing refused

3.5.1 If the victim has refused consent for information sharing their refusal and reasons for refusal should be recorded by the referring agency. Agencies should consider if the victim has capacity to make that decision freely and if their capacity is compromised by coercion.

3.5.2 The agency must then consider whether they can satisfy the requirements under Section 115 of the Crime and Disorder Act 1998, which allows information sharing to take place without the consent of the individual concerned, where the disclosure is necessary or expedient for the purposes of any provision of this Act. Section 115 provides a power to disclose but does not impose a requirement to exchange information. Control over disclosure remains with the agency which holds the data and is controlled by the normal data protection regime, human rights legislation and the common law obligation of confidence. (For a list of lawful grounds for overriding consent see **Appendix 4**).

3.5.3 If a decision to override consent is taken then the referring agency must record that a decision has been made to share/disclose information without consent and identify what information has been given.

3.5.4 If the requirements for information sharing **cannot be met**, then the case cannot be referred to the MARAC, and the agency concerned must still take action as the victim is still experiencing abuse, but will be limited to providing intervention from its own resources. For example, the agency can offer some practical help by providing a safe space to talk and acknowledge that they're not ready to make changes yet; they can support the victim around basic safety planning and provide information on wrap around support services and local specialist domestic abuse services and helpline numbers. They can raise their awareness to help them recognise that what they're going through is

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abuse and make arrangements to keep them engaged as someone who is kept engaged is more likely to take up offers of support. Always leave the door open for future discussion and let the victim know that they can contact you in the future if they feel they need further help and support. If the requirements can be met, a referral can be made to the MARAC. If the Designated Officer requires guidance on this issue, the advice of their respective legal department should be sought, and the Chair of the MARAC may be consulted but the agency will have the final say.

3.6 Referring repeat cases to a MARAC

3.6.1 In order for a case to be referred as a repeat case to MARAC it must meet the repeat criteria. The SafeLives definition for a repeat is a case between the same victim and perpetrator(s), where the victim has been identified as meeting the threshold and has been previously referred to MARAC and at the same point in the twelve months from the date of the last referral a further incident is identified. Any agency may identify the incident (regardless of whether it is reported to the police). A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour.

- Violence or threats of violence to the victim (including threats against property)
- A pattern of stalking or harassment
- Rape or sexual abuse is disclosed

3.6.2 When an agency identifies a repeat victim, that agency should refer the case back to MARAC regardless if the victim meets the threshold of "high risk". Incidents that occur more than 12 months after the last MARAC do not constitute a repeat incident.

3.7 MARAC to MARAC

When it is identified a MARAC victim has moved area the MARAC co-ordinator should be notified of victim details, address etc. Initial update should be via phone call with an email outlining current risk level, safety plan, outstanding issues/enquiries and offender details, to enable a new risk assessment to be complete, thus identifying support and safety measures required.

MARAC chair and Coordinator will identify what information will be shared relating to MARAC subject and all MARAC agencies will be notified that a victim is leaving the area via minutes. It is the responsibility of each agency to ensure systems are updated accordingly and counterparts informed e.g. Children's Services, Probation. Transferred cases should be considered for discussion at MARAC, to ensure continuity and awareness of needs.

All agencies should inform the MARAC Coordinator if they are made aware of a high risk victim moving into/out of the Sunderland area. The MARAC Coordinator will update relevant records, flag and tag records and advise Domestic Abuse Officer, who will in turn make contact with

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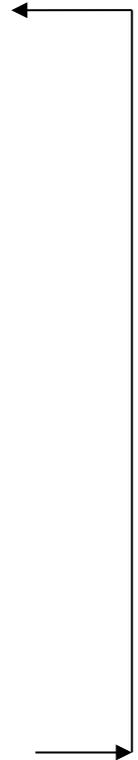
victim and implement safety plan. A risk assessment will be carried out by the Domestic Abuse Officer which will determine the level of risk. Referrals to the IDVA and other support services will be discussed with victim. High Risk victims will be put forward to MARAC in accordance with this protocol.

4. **MARAC Meeting**

- 4.1 Any agency signed up to the process can refer into the MARAC. Northumbria Police will be the co-ordination and administration agency through the employment of a MARAC Coordinator and will usually chair the MARAC.
- 4.2 Meetings should be scheduled to take place on a fortnightly basis with dates, times and venues to be agreed by the MARAC partners. In urgent cases the signatories' party to these procedures will agree to ensure that a representative from their agency will be available to attend an urgent MARAC within 72 hours of the decision to hold a MARAC.
- 4.3 The MARAC Coordinator will collate all of the information for the meeting.
- 4.4 A strict time frame for information sharing needs to be adhered to in order that the MARAC process operates effectively. (See below)

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| | |
|-----------|---|
| Wednesday | MARAC Meeting |
| Thursday | Minutes and agreed actions distributed by MARAC Co-ordinator to all agencies |
| Friday | |
| Saturday | |
| Sunday | |
| Monday | Agenda & Case List of cases circulated to all agencies |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |
| Sunday | |
| Monday | Reminder to all agencies regarding completion of actions. |
| Tuesday | <p>Actions returned to MARAC Co-ordinator.</p> <p>Submission of new referrals for next MARAC meeting (deadline 12noon).</p> |



- 4.5 New referrals must be received at least 14 days prior to the next scheduled meeting in order that the MARAC Coordinator can prepare the relevant documentation to send out to all agencies.
- 4.6 The MARAC Coordinator will compile an Agenda (**Appendix 5**) for the meeting and circulate this to the DOs for each agency represented on the MARAC.
- 4.7 Attached to the agenda will be a list of cases that are to be heard at the forthcoming MARAC (**Appendix 6**).
- 4.8 The documentation will be circulated by secure email to all agencies
- 4.9 On receipt of the agenda and list of cases to be reviewed, DO's will establish what information is held on any of the cases concerned. Consideration must be given to the sensitive nature of some information, e.g. if the victim or perpetrator is an employee of the agency concerned

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- 4.10** On receipt of details of cases to be discussed each agency is responsible for immediate actions in relation to the safety of the victim and family, contacting victim where appropriate and safe to do so, discussing referrals to IDVA, support groups, reviewing safety measures and flagging and tagging victims, family members and addresses.
- 4.11** The MARAC Research Form (*Appendix 8*) should then be completed by each agency in relation to each case where they have identified relevant information and forwarded to MARAC Coordinator. This document will form part of the minutes, will help all the agencies to share information in a consistent and time-efficient manner.
- 4.12** Consideration should be given to certain actions being carried out by an agency prior to a MARAC. These should include referral to the IDVA Service, marker placed on the address within the police system, locks being changed etc. In cases where there are children or vulnerable adults involved, social services may also consider a need to take some immediate precautionary measures ahead of the meeting.
- 4.13** PDOs or DOs should attend the MARAC meetings, or nominate a representative to attend in their absence, and share relevant information, proportionate to the need, on a confidential basis. Those attending the MARAC must have the authority within their agencies to prioritise the actions that arise from the MARAC and to be able to make an immediate commitment of resources to those actions. It is important that all attendees are clear on what they are committing to do on behalf of their agency. The MARAC Coordinator will present any reports verbally from absent agencies.
- 4.14** All agencies should be aware of the confidential nature of information discussed at the MARAC and ensure that all written information is stored securely in accordance with the relevant legislation.
- 4.15** All MARAC cases must be brought back to the next meeting to review what actions have not been taken. Any information shared and future recommendations will also be recorded on the minutes.
- 4.16** Information sharing at MARAC conferences is strictly limited to the aims of the meeting and information gained cannot be used for other purposes without a request in writing to the chair of the MARAC.
- 4.17** All cases referred to a MARAC are to allow an agency to request assistance in the management and reduction of risk to the victim, any children and family. This does not preclude the need to consider a referral to Children and young people's services if the child (ren) is considered at risk of significant harm and / or a referral to Adult Social Care in the case of an adult at risk under the Care Act definition.

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- 4.18** Only cases that fall within the High Risk category will be referred to a MARAC. PDOs or DOs and Police Domestic Abuse Sergeants must adopt a robust approach in order to ensure only appropriate cases that are identified as being High Risk and capable of delivering the aims of a MARAC are progressed past the initial assessment.
- 4.19** Without proper management of the MARAC case load there is a danger of the process becoming overloaded. This will place unnecessary strain on the MARAC Agencies and result in a failure to achieve the MARAC Aims, failure to reduce the number of calls for service and more importantly fail victim's needs. It is therefore paramount that a robust review process is established and adhered to. Cases must be removed from the MARAC process once the agencies are satisfied that everything is done that can be done to reduce or manage the identified risks. MARAC cases over 12mths old and have not re-entered the MARAC process, should be De Flag and tagged on relevant systems and records. This information will be recorded in MARAC minutes. All original MARAC documentation will be retained by Northumbria Police; all requirements for retaining this material will be met.
- 4.20** The MARAC Coordinator or designated minute taker will take the minutes. The minutes should normally be prepared the same day as the meeting and include a list of all the agreed actions plus any amendments to the basic information. Information shared and any recommendations or decisions made will be recorded in the minutes (**Appendix 9**). These papers will also include a list of actions relating to each agency and each case. Actions should be 'SMART'. Action plans need to be consistent and auditable, each agency being held accountable. Review sheets are circulated with minutes to all members to ensure continuity
- 4.21** Following the meeting, it should be the most appropriate person not necessarily the agency responsible for making the initial referral to the MARAC to make contact with the victim and update them on any relevant information and any recommendations made by the MARAC. The most appropriate person will be identified during the MARAC meeting. This procedure will take place regardless of whether the victim consented to information being shared.
- 4.22** A MARAC Procedural flowchart is attached at **Appendix 10**.
- 4.23** An Emergency MARAC is an exceptional event, only called when a victim is assessed as HIGH and the risk of harm is so imminent that statutory agencies have a duty of care to act at once, holding the meeting as soon as practicable, rather than waiting for the next meeting. The referral made by phone call, which should be recorded by referring agency and Police. Attendees will be agreed between referring agency and lead agency, Police. It is recommended that the IDVA attends as well as the referring agency. All statutory agencies will be contacted by MARAC Coordinator and made aware of the situation. Basic target

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hardening, updating system etc. should be carried out as soon as possible. All actions must be executed immediately. The case should be prioritised on the next MARAC agenda so that the chair can review the action list and present the case to all the attending agencies. Information Sharing without consent can be done under Data Protection Act, Human Rights Act, Children's Act 1989, Crime and Disorder Act, Caldicott Guidelines and decisions to disclose are done on a case by case basis (See Appendix 4).

- 4.24** The role of the IDVA - IDVA service works with mainly high risk cases, aiming to protect victims and their families. IDVA receives referrals from a number of sources, including Police and will make contact with the victim offering their support. For the purpose of MARAC, IDVA service will be notified of the victims' details by the MARAC Coordinator. IDVA will contact the victim prior to the meeting to discuss support needs. They will act as the voice of the victim in the meeting, bringing along any request the victim may have. It is vital the IDVA attends to ensure safety plan and details of the meeting are feed back to the victim.

5. Multi-Agency Public Protection Arrangements

- 5.1** MAPPA is the statutory arrangements for managing sexual and violent offenders. MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. Agencies at all times retain their full statutory responsibilities and obligations.
- 5.2** The Responsible Authority (RA) consists of the Police, Prison and Probation Services. They are charged with the duty and responsibility to ensure that MAPPA is established in their area and for the assessment and management of risk of all identified MAPPA offenders.
- 5.3** Other agencies under section 325(3) of the Criminal Justice Act (2003) have a "duty to co-operate" with the RA. They are:
- Local Authority Social Care Services
 - Clinical Commissioning Groups, NHS Health Provider Trusts and other Health Providers
 - Northumberland Tyne and Wear NHS Foundation Trust
 - Jobcentre Plus
 - Youth Offending Teams
 - Registered Social Landlords which accommodate MAPPA offenders
 - Local Housing Authorities
 - Local Education Authorities
 - Electronic Monitoring Providers.
- 5.4** Three categories of offenders are defined as falling within the remit of MAPPA.

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1. **Category 1 offenders** (registered sexual offenders);
2. **Category 2 offenders** (violent offenders sentenced to 12 months custody or more and other sexual offenders and those subject to hospital orders with restrictions);
3. **Category 3 offenders** (other dangerous offenders). This could be offenders who have been previously managed at MAPPA level 2 or 3 under Category 1 or 2 and still pose a risk of harm or other persons who, by reason of offences committed by them (wherever committed), are considered by the RA to be persons who may cause serious harm to the public.

5.5 The MAPPA framework identifies three levels at which cases are managed:

- Level 1: Ordinary Agency Management;
- Level 2: Multi-Agency Public Protection (MAPP) Meeting; and
- Level 3: Multi-Agency Public Protection (MAPP) Meeting.

A person who does not meet the above criteria may still be referred if they are considered to be a 'Potentially Dangerous Person' (PDP).

6. The Link between the MARAC and the MAPPA Process

6.1 MARAC is not a formal part of the MAPPA although it should be complementary to and have links with the local MAPPA. The MARAC ensures identified high risk Domestic Abuse cases are dealt with in a public protection framework. Exceptionally, offenders will meet the criteria for both MAPPA and MARAC management.

6.2 All MARAC minutes should document that a referral into MAPPA has been considered.

6.3 The key areas to consider are:

- Communication
There needs to be clear communication between both MARAC and MAPPA to ensure all cases identified as high risk are managed effectively.
- Expertise and skills.
It should be acknowledged that MARAC and MAPPA have specific skills regarding work with both victim and offender.
- Manage risk.
Both the MARAC and MAPPA's function is to manage the risk of harm from the offender and risk of further harm to the victim.

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6.4 Communication between MARAC and MAPPA

It will be the responsibility of the MARAC Coordinator, to forward the list of domestic abuse offenders, that will form the subject of the MARAC, to the MAPPA Unit at least 72 hours before the MARAC is due to be held in order to ascertain if the offender is subject of the MAPPA process.

It will be the responsibility of the Probation Service representative attending the MARAC meeting to bring to the attention of the MARAC Chair any MARAC actions which replicate actions already agreed in the MAPPA risk management plan.

MAPPA risk management plans will not be shared at a MARAC meeting.

6.5 Expertise and Skills

Unlike MAPPA's, MARAC's only have one level of management. As already outlined, the representatives from the various agencies must have sufficient standing to make decisions.

6.6 Decision making

If a MARAC case meets the criteria for a MAPPA the Chair of the MARAC will obtain the consent of the referring agency before forwarding the MAPPA Referral form

6.7 If it is proposed to discuss a perpetrator within the MARAC process, and that perpetrator is already subject of MAPPA management, then it will be the responsibility of the MARAC Coordinator and the MARAC Chair, after consultation, to determine if the case should run concurrent at both the MARAC and MAPPA processes.

7. The Link between the MARAC and the MATAC Process

7.1 The aims of MATAC are as follows:

- Determine most harmful domestic abuse perpetrators from police data using the Recency, Frequency and Gravity (RFG) analytical process
- Incorporate partner referrals and assess against RFG data
- Determine subjects for targeting (combining first 2 points) and produce subject (perpetrator) profiles
- Hold 4 weekly MATAC meeting and determine method of targeting each perpetrator
- Manage and track partnership actions

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7.2 There is a process for internal police referral to MATAC (e.g. from MARAC) and also external referral from cohort partners, the MATAC coordinator will manage this referral process.

7.3 Information shared and actions raised at MATAC should be made available at MARAC and vice versa for any MARAC victim whose abuser is being considered at a MATAC meeting.

8.0 **Information Sharing Protocol for MARAC Conference**

8.1 The MARAC is a formal conference to facilitate the risk assessment process. The purpose is for all agencies to share information with a view to identifying those at a 'high' level of risk.

8.2 All partner agencies must sign the Information Sharing Agreement in order to facilitate the exchange of information between partners in pursuant of the principles of the 'interest of the child' as contained within the Children Act 1989 and the power contained in Section 115 of the Crime & Disorder Act 1988.

Breach of the Protocol may increase the risk to the victim. In the event of a breach it is the responsibility of the Chair to identify actions with the relevant agency to identify and resolve events which resulted in the breach.

9. **Audit**

The MARAC procedures will be reviewed as agreed/stated on the protocol, in order to amend it and assure it remains fully effective. It will be the responsibility of the MARAC Steering Group to conduct reviews to ensure the MARAC operates in line with legal responsibilities and keeps up to date with changes in legislation and national guidelines.

10. **Data Collection and Outcomes Monitoring**

Basic SafeLives record keeping data should be kept to ensure outcomes are measured to:

- Encourage accountability and consistency and permit participants to measure the impact of their work
- Analyse the cost – benefit of running a MARAC and justify commitment of resources to funder
- Establish contribution of MARAC to other performance targets
- Most importantly, encourage accountability to the victims whom all partner agencies are trying to help, keeping safety at the forefront.

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Some comparison should be made for those who do suffer repeat incident about the degree of abuse they suffer before reporting, as improved confidence in agency responses and earlier help seeking represent positive outcomes.

Quarterly data provided by SafeLives include:

- The number of cases reviewed at MARAC over a 12 month period
- The range of agencies referring
- Data relating to diversity issues including ethnicity, sexual orientation, gender identity and disability
- Numbers of children involved

11. **Governance**

The MARAC will report directly to the Sunderland Domestic Violence Partnership and the Safer Sunderland Partnership, providing quarterly data. The performance data will enable the partnerships to evaluate the performance of MARAC. The data will also support the MARAC Steering Group in conducting it's self-assessment work (2 yearly).

The day to day monitoring will be the responsibility of MARAC members, individually and collectively and a list of contacts of the group should be circulated and updated on a regular basis.

12. **Equality and Diversity**

The principles of this protocol will be applied in accordance with the 9 protected characteristics of the Equality Act 2010:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion or belief
8. Sex
9. Sexual orientation

All agencies must demonstrate a commitment and understanding of the principles of equality and diversity. They must ensure that in relation to employment and service delivery no person is discriminated against either directly or indirectly on the grounds of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; or sexual orientation unless this is permitted under the exemptions provided for by existing equality legislation.

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13. Complaints

Any complaints regarding the MARAC should be referred to the relevant single agency complaints procedure. Where appropriate the complaint will be discussed at the MARAC under Any Other Business to identify if there is a broader issue that can be dealt with by the Chair and MARAC partners in addition to signposting to relevant single agency complaints procedures.

14. Roles and Responsibilities

Appendix 11 outlines the roles and responsibilities of partner agencies who attend MARAC meetings.

DO NOT COPY

SafeLives Dash risk checklist

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

<http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>.

Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to 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.
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. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

¹ For further information about Marac please refer to the 10 principles of an effective Marac:
<http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>

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What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

| <p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</p> | YES | NO | DON'T KNOW | State source of info if not the victim (eg police officer) |
|---|--------------------------|--------------------------|--------------------------|--|
| <p>1. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>2. Are you very frightened? Comment:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>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, including children. Comment:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>4. Do you feel isolated from family/friends? ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>5. Are you feeling depressed or having suicidal thoughts?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>7. Is there conflict over child contact?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>8. Does [name of abuser(s)] 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"/> | <input type="checkbox"/> | |
| <p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>10. Is the abuse happening more often?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>11. Is the abuse getting worse?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

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| | | | | |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| <p>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> | YES | NO | DON'T KNOW | State source of info |
| <p>16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/></p> | | | | |
| <p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p> | | | | |
| <p>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. 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"/></p> | | | | |

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| | | | | |
|---|--------------------------|--------------------------|--------------------------|--|
| <p>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</p> <p>If yes, please specify:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Total 'yes' responses | | | | |

For consideration by professional

| | |
|--|--|
| <p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</p> | |
| <p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p> | |
| <p>What are the victim's greatest priorities to address their safety?</p> | |

| | | | |
|--|---|----------------------------------|--------------------|
| <p>Do you believe that there are reasonable grounds for referring this case to MARAC?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| <p>If yes, have you made a referral?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| <p>Signed</p> | | | <p>Date</p> |
| <p>Do you believe that there are risks facing the children in the family?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| <p>If yes, please confirm if you have made a referral to safeguard the children?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>Date referral made</p> | |
| <p>Signed</p> | | | <p>Date</p> |
| <p>Name</p> | | | |

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Practitioner's notes

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

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MARAC ASSESSMENT CRITERIA

| | |
|----------------------|---|
| HIGH RISK | <ul style="list-style-type: none">• 14 or more ticks in the relevant fields or <ul style="list-style-type: none">• 4 incidents in 4 months or <ul style="list-style-type: none">• Repeat MARAC victim within the last 12 months or <ul style="list-style-type: none">• Honour based violence, forced marriage or female genital mutilation or <ul style="list-style-type: none">• Professional judgment |
| MEDIUM RISK | <ul style="list-style-type: none">• 8-13 ticks in the relevant fields or <ul style="list-style-type: none">• 3 incidents in 4 months |
| STANDARD RISK | <ul style="list-style-type: none">• Incidents falling outside of the above. |

Risk assessments received from partner agencies will not be assessed using number of incidents; instead professional judgement will be taken into consideration.

DOMESTIC ABUSE
MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

CONSENT FORM FOR INFORMATION SHARING

Name

Address

.....
.....

Agency referring to Risk Assessment Conference

.....
(E.g. Northumbria Police, Children Services, Health Service etc)

We ask you for information about yourself so that we can make sure that we offer you the services, protection or support that you may need.

To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you.

However, we will not pass on any information without your consent, unless we have a statutory duty to do so in order to:

1. Protect you, or
2. Prevent harm to someone else, or
3. Prevent or detect a crime.

If we do use your information for other reasons, for example to help us manage and/or plan services, or staff training – then we will make sure that you cannot be identified.

Declaration (tick as appropriate)

I agree that information about me and my dependants may be used for the above purposes

I disagree that information about me may be used for the above purposes

Signed **Date**
(By service user)

Signed
(By member of staff)

(NB. One copy of this form should be retained by the person signing it, and one should be retained by the member of staff).

Overview of legal provisions relating to information sharing

(NB – This is not a full statement of the law – please view this information as the least that you need to know. Readers are advised to seek further information and expert advice where necessary.)

Data Protection Act 1998 (DPA)

The DPA safeguards individual rights and regulates the processing of ‘data’ and ‘sensitive personal data’ in electronic and some manual forms, giving guidance on obtaining, storing and the use and disclosure of information about individuals.

- The Act details the rights of individuals to access data held about them (known as ‘subject access’) and the need for data controllers to notify the Information Commissioner (subject to exemptions), with penalties for failing to do so.
- Contains eight data protection principles (subject to exemptions, see below), which must be complied with by those who ‘control’ data.
- Section 29 (known as the ‘crime and taxation’ exemption) regards data processed for the prevention or detection of crime and/or the apprehension or prosecution of offenders. However, Section 29 does not exempt from the requirement to comply with schedules 2 and 3 concerning processing personal/sensitive data. The Information Commissioner has stated that where relying on these exemptions, there would need to be a substantial chance, rather than a mere risk that in the particular case the purposes (e.g. detection/prevention of crime, apprehension/prosecution of offenders) would be noticeably damaged by failure to process. Moreover, the exemptions should not be used for routine processing and should be considered on a ‘case by case’ basis. If challenged, the data controller must be prepared to defend their decision to act under the exemptions to the Commissioner or the Courts and that it is advisable for each decision to do so to be taken at a senior level, with reasons documented.

The Crime and Disorder Act 1998 (CDA)

The CDA aims to tackle crime and disorder and help create safer communities.

- Section 115 of the CDA provides a power (but not an obligation) for information sharing between ‘responsible’ public bodies (e.g. police, local authority, health authority) and with ‘co-operating’ bodies (e.g. DV support group, victim support group) participating in the formation and implementation of the local crime and disorder strategy. This must be to pursue a specific objective within the strategy and be subject to a written agreement.
- In addition, Section 115 stipulates that any person who would not have power to disclose information to a relevant authority or a person acting on behalf of such an authority, shall have power to do so in any case where the disclosure is necessary or expedient for the purposes of any provision of the Act.
- This power must be exercised in accordance with any other relevant legislation, including the HRA, common law of confidence and the DPA.

The Human Rights Act 1998 (HRA) (which gives force to the European Convention on Human Rights, ECHR)

The ECHR contains fundamental rights and freedoms such as the right to life, the right to a fair trial and freedom of thought, religion and speech and respect for private and family life.

- Article 2.1 stipulates that “Everyone’s right to life shall be protected by law”.
- Article 3 stipulates that “No one shall be subjected to torture or to inhuman or degrading treatment or punishment”.
- Article 6 stipulates the right to a fair trial.
- Article 8 stipulates that “Everyone shall have the right to respect for his private and family life, his home and correspondence.... There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others”.

The Children Act 1989 (CA)

The CA redefined the law around child welfare and introduced new measures for working with children and families.

Key principles include:

- The child’s welfare is paramount.
- Professionals will work in partnership with the child, with other professionals and with the parents and significant others.
- Section 27 stipulates that where it appears to a local authority that any authority or other person mentioned in subsection (3) (see below) could, by taking any specified action, help in the exercise of any of their functions under this part, they may request the help of that other authority or person, specifying the action in question. An authority whose help is so requested shall comply with the request if it is compatible with their statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions.

Agencies listed in subsection (3) are:

- a) Any local authority
- b) Any local education authority
- c) Any local housing authority
- d) Any health authority, and
- e) Any person authorised by the Secretary of State for the purposes of this section.

Section 47 places a duty on the above authorities to assist with enquiries (in particular by providing relevant information and advice) if called upon by the authority conducting enquiries following reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

Adoption and Children Act 2002 (ACA)

The ACA modernises the law on adoption line with the Children Act 1989.

- Section 120 amends Section 31(9) of the Children Act 1989 to extend the definition of harm to include “impairment suffered from seeing or hearing the ill-treatment of another”.
- The relevant provision of the ADC (Section 120) will be implemented from January 2005).

Common Law Relating to Confidentiality

The common law protects from disclosure of information (whether personal or not) given in ‘confidential’ contexts.

Breach of confidence may be demonstrated where the information:

- Has a ‘quality of confidence’ (i.e. should not already be in the public domain and has sensitivity and value);
- Is given in circumstances giving rise to an ‘obligation of confidence’ on the part of the person to whom the information has been given (e.g. nurse/patient);
- Is used in a way that was not authorised.

However, the duty of confidentiality is not absolute. Disclosure can be justified if:

- The information is not confidential in nature;
- The person to whom the duty is owed has consented to the disclosure;
- There is an over-riding public interest in disclosure;
- Disclosure is required by a court order or other legal obligation.

The Children Act 2004

This provided the legislative framework for the required reforms of children’s services, it established the following key change, a duty on Local Authorities to make arrangements to promote co-operation between agencies and other appropriate bodies (such as voluntary and community organisations) and a duty on key partners to take part in the co-operation arrangements in order to improve children’s well-being (where well-being is defined by reference to the five outcomes)

Background

As in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout. The fact that a child has become sixteen years of age is living independently or is in Further Education, or is a member of the armed forces, or is in hospital, or in prison or a young offenders institution does not

change their status or their entitlement to services or protection under the Children Act 1989.

The Government's response to both the Laming Report and the first joint Chief Inspectors' report informed the green paper Every Child Matters and the Children Act 2004 and in particular plans for integration of services around the needs of children.

Roles and Responsibilities

The guidance within Working Together 2006 specifically states that **all** organisations that work with children share a commitment to safeguard and promote their welfare and for many organisations that is underpinned by a statutory duty or duties. This document outlines those responsibilities e.g., Local Authorities that are Children's Services Authorities have a number of specific duties to organise and plan services and to safeguard and promote the welfare of children.

Section 10 of the Children Act 2004 is the legislative basis for Children's Trust arrangements the key components of which are:

- to work together in more integrated front-line services, built around the needs of children and young people;
- common processes which are designed to create and underpin joint working;
- a planning and commissioning framework which brings together agencies planning, supported as appropriate by the pooling of resources and ensures key priorities are identified and addressed; and
- Strong inter-agency governance arrangements, in which shared ownership is coupled with clear accountability.

Section 11 requires a range of organisations to make arrangements for ensuring that the functions and services provided on their behalf are discharged, having regard to the need to safeguard and promote the welfare of children.

Freedom of Information Act 2000 (FOI)

The FOI enables any member of the public to apply for access to information held by bodies across the public sector. The legislation will apply to a wide range of public authorities, local authorities, health trusts, doctors' surgeries and other public organizations. Comes into full force in 2005.

The Act provides a general right of access to information held by public authorities in the course of carrying out their public functions, subject to certain conditions and exemptions. Alongside other legal protections, the exemptions provide grounds for refusal to provide information. This could include a request made under the Act about DV survivors by alleged perpetrators. Sections 22-44 contain the exemptions, which include:

- Where held in the investigation, prevention, detection or prosecution of a crime or the apprehension of offenders or the administration of justice.
- Where held as court documentation.
- Where disclosure would constitute a breach of confidence.
- Where legal professional privilege exists.

Legal Grounds when considering sharing information without consent

Protection against Disclosure

| Legal Issues | Source |
|----------------------------------|-----------------------------|
| Protection of personal data | Data Protection Act 1998 |
| Duty of Confidentiality | Common law |
| Right to private and family life | Human Rights Act, Article 8 |

Main Lawful Grounds for Sharing Without Consent

| Purpose | Legal Authority |
|--|---------------------------------------|
| Prevention and detection of crime | Crime and Disorder Act 1998 |
| Prevention and detection of crime and/or the apprehension or prosecution of offenders | Section 29, Data Protection Act (DPA) |
| To protect vital interests of the data subject; serious harm or matter of life or death | Schedule 2 & 3, DPA |
| For the administration of justice (usually bringing perpetrators to justice) | Schedule 2 & 3, DPA |
| For the exercise of functions conferred on any person by or under any enactment (police/social services) | Schedule 2 & 3, DPA |
| In accordance with a court order | |
| Overriding public interest | Common law |
| Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential | Schedule 2 & 3, DPA |
| Right to life Right to be free from torture or inhuman or degrading treatment | Human Rights Act, Articles 2 & 3 |

Balancing Principles

| | |
|--|--|
| Proportionate response <ul style="list-style-type: none"> • Respective risks to those affected • Pressing need • Need to know of other agencies | |
| Public interest in disclosure | |

SAMPLE MARAC AGENDA

**SUNDERLAND MARAC MEETING
Wednesday 2017
South Shields Police Station – 9.30AM**

AGENDA

1. Welcome and Introductions
2. Apologies –
3. Confidentiality Statement
4. Any Other Business –
5. Update of actions from previous meeting
6. New Cases with Children A/
7. Repeat Cases with Children A/
8. New Cases without Children A/
9. Repeat Cases without Children A/
10. Close Meeting –

The next meeting will be held on Wednesday 2017 at 09:30am at Police Station Millbank, Station Road, South Shields, Tyne And Wear, NE33 1RR .

CASE SUMMARIES-MARAC

Date of meeting:

Location:

| Case NO | Victim - DOB - Address | Perpetrator - DOB - Address | CHILDREN – DOB - ADDRESS | Referring Agency | Reason for Referral | INITIAL OR REPEAT MARAC |
|---------|------------------------|-----------------------------|--------------------------|------------------|---------------------|-------------------------|
| | | | | | | |
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REFERRAL FORM FOR SUNDERLAND MARAC



The referring agency is to complete this form with as much information as possible and forward this referral together with a copy of the completed risk indicator checklist **to your agency MARAC point of contact (NOT directly to the MARAC Coordinator) – in order for the referral to be quality checked to confirm it has been completed correctly and meets the MARAC criteria.**

If you do not know who your MARAC point of contact is then please contact the Sunderland MARAC Coordinator on 101 ext 45461 who can advise. The referral is then to be forwarded by your agency's MARAC point of contact to sunderland.marac@northumbria.pnn.police.uk

| | |
|--|---|
| Date of referral: | Agency: |
| Name of referring practitioner: Contact details: Telephone: Mobile: Email: | Address: |
| REFERRAL TO MARAC (please specify) | <input type="checkbox"/> SCHEDULED / <input type="checkbox"/> EMERGENCY |
| VICTIM | PERPETRATOR |
| Forename(s): Surname: Alias: DOB: Address: | Forename(s): Surname: Alias: DOB: Address: |

| | |
|--|--|
| Ethnic Origin: | Ethnic Origin: |
| Religion: | Religion: |
| Status of Relationship: | |
| Safe Contact number (please state if there is not one) | |
| If Refugee / Asylum seeker (victim only) | |
| Nationality: | Status: |
| GP details if known (victim only) | |
| VICTIM RISK ASSESSMENT ON REFERRAL | |
| STANDARD / MEDIUM / HIGH | |
| CONSENT: | |
| Service User's Consent Obtained: YES / NO | If not can you satisfy the requirement to share information without consent? YES / NO |
| LIST ANY CHILDREN IN THE HOUSEHOLD: | |
| 1. Name: Date of Birth: Address: School: 2. Name: Date of Birth: Address: School: 3. Name: Date of Birth: Address: School: 4. Name: Date of Birth: Address: School: | |

BACKGROUND INFORMATION:

EG. Why are you referring this case to MARAC and what do you want from the process?
Please provide **FULL** details of the circumstances and **current** risk issues.
Additional information can attached on a separate piece of paper if required)

PROFESSIONAL JUDGEMENT

*****IF THERE ARE LESS THAN 14 TICKS ON THE RISK IDENTIFICATION CHECKLIST, YOU MUST INCLUDE FULL RATIONALE AND FULLY EXPLAIN WHY THE VICTIM IS DEEMED TO BE AT HIGH RISK OF SERIOUS HARM OR HOMICIDE - WITHOUT THESE DETAILS, THE MARAC REFERRAL WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOUR POINT OF CONTACT.*****

Is the person referred aware of the MARAC referral? YES / NO

If the person is aware of MARAC referral and it is safe to contact them please consider the following questions:

- Who is the victim afraid of?(to include all potential threats, and not just primary perpetrator)
- Who does the victim believe it is safe to talk to?
- Who does the victim believe it is not safe to talk to?

REFERRAL INTO MAPPA: YES / NO (to be completed by MARAC Co-ordinator)

Equality and Diversity information for survivor and perpetrator

We aim to support people from all communities and by completing this section, it helps us measure which communities we are supporting.

VICTIM

Gender: Male Female If you identify yourself as Transgender / Transsexual
Prefer not to say

Ethnicity: White – British Irish Other

Mixed – White & Black Caribbean White & Black African

White & Asian Other

Asian or Asian British – Indian Pakistani Bangladeshi Other

Black or Black British – Caribbean African Other

Chinese or other Racial Group – Chinese Other

Religion / Belief: None Christianity Buddhism Hinduism Judaism
Islam Sikhism Other Prefer not to say

Disability: Yes No Prefer not to say

Sexual Orientation: Lesbian / Gay Bi-sexual Heterosexual Prefer not to say

PERPETRATOR

Gender: Male Female If you identify yourself as Transgender / Transsexual
 Prefer not to say

Ethnicity: White – British Irish Other _____

Mixed – White & Black Caribbean White & Black African White & Asian

Other _____

Asian or Asian British – Indian Pakistani Bangladeshi Other _____

Black or Black British – Caribbean African Other _____

Chinese or other Racial Group – Chinese Other _____

Religion / Belief: None Christianity Buddhism Hinduism Judaism Islam

Sikhism Other _____ Prefer not to say

Disability: Yes _____ No Prefer not to say

Sexual Orientation: Lesbian / Gay Bi-sexual Heterosexual Prefer not to say

DO NOT COPY

DO NOT COPY

**Multi Agency Risk Assessment Conference
MARAC Research Form
MEETING HELD**

| | | | |
|---|--|----------------|---------------|
| Referring Agency Contact details | | | |
| Reason for Referral | | | |
| Initial or Repeat Victim | | | |
| Is the person referred aware of the MARAC referral? | | | Yes/No |
| Victim Name | | | |
| DOB | | | |
| Address | | | |
| Telephone no. | | | |
| Perpetrator Name | | | |
| DOB | | | |
| Address | | | |
| Children | | | |
| Name | | | |
| DOB | | | |
| Address | | | |
| Name | | | |
| DOB | | | |
| Address | | | |
| COMPLETED BY: | | | |
| DATE: | | TEL NO: | |
| E MAIL: | | FAX: | |
| Please state Agency involvement – both CURRENT and previous if NO LONGER current (delete where appropriate): | | | |
| | | | |
| Risk level: | | | |
| | | | |

Work currently being undertaken in relation to DV/Child Protection:

Compliance/engagement :

Agency concerns:

Research all information, files and database using NAME, DOB AND ADDRESSES of ALL individuals concerned. Please list relevant information your agency has in relation to the victim/perpetrator and any children.

List the measures your agency has/can offer to the victim to minimise the risk posed.

NB. A SEPARATE RESEARCH INFORMATION FORM SHOULD BE COMPLETED FOR EACH CASE. PLEASE USE ADDITIONAL SHEETS IF NECESSARY

SAMPLE MINUTES for MARAC

**SUNDERLAND DOMESTIC ABUSE MARAC
(MULTI AGENCY RISK ASSESSMENT CONFERENCE)
MINUTES OF THE MEETING HELD AT SOUTH SHIELDS POLICE
STATION
ON //17**

STRICTLY CONFIDENTIAL:

THESE MINUTES SHOULD NOT BE PHOTOCOPIED OR THE CONTENTS SHARED OUTSIDE OF THE MEETING WITHOUT THE AGREEMENT OF THE CHAIR. MINUTES SHOULD BE KEPT IN THE RESTRICTED/CONFIDENTIAL SECTION OF AGENCY FILES.

1. Welcome and Introductions

The meeting was held at South Shields Police Station and opened at 9.30am by DI Introductions and apologies made as recorded below.

Present

| <u>NAME</u> | <u>AGENCY</u> |
|--------------------|--|
| DI | Chair - Northumbria Police |
| | MARAC Coordinator - Northumbria Police |
| | |
| | |
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| | |
| | |
| | |

Apologies

| | |
|--|--|
| | |
| | |

2. Confidentiality Declaration

Confidentiality declaration passed round the table and members present signed the statement.

Those persons present were reminded that this meeting is strictly confidential. Information discussed by the agency representative, within the ambit of this meeting is strictly confidential and must not be disclosed to third parties who have not signed up to the 'domestic abuse information sharing protocol', without the agreement of the partners of the meeting. It should focus on domestic violence and child protection concerns and a clear distinction should be made between fact and opinion. All agencies should ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.

3. Review minutes from previous meeting

The minutes of the last meeting held on //17 are agreed as a true and accurate record.

4. Any other business

Cases previously discussed at MARAC over 12months.

Archives from MARAC meeting on: //

The following cases are over 12mths old and have not re-entered into the MARAC process now discharged. Please ensure records are updated accordingly in line with MARAC Protocol and Procedures.

| CASE NUMBER/NAME | CURRENT RISK |
|------------------|--------------|
| | Standard |
| | Standard |

5. Review of Outstanding Actions

Outstanding actions discussed and updates recorded.

6. Initial Cases with children

***Please note standard action for all cases and should be applied to all cases
Update records and all professionals as necessary - flag and tag all files
in relation to victim/offender and children if systems available***

Case no: A/

Victim:
Suspect:

Information was shared as per research supplied by each agency. This was confirmed as being accurate and actions were agreed as recorded below in the table.

| Actions Agreed | Responsible Agency | Update |
|------------------------|---------------------------|---------------|
| | | 48hrs |
| Update victim of Marac | | 48hrs |
| | | 48hrs |
| | | |

N.B. In formulating the above strategy, has account been taken of diversity issues?

7. Repeat cases with children

Case no: A/
Victim:
Suspect:

Information was shared as per research supplied by each agency. This was confirmed as being accurate and actions were agreed as recorded below in the table.

| Actions Agreed | Responsible Agency | Update |
|------------------------|---------------------------|---------------|
| | | 48hrs |
| Update victim of Marac | | 48hrs |
| | | 48hrs |
| | | 48hrs |
| | | 48hrs |

N.B. In formulating the above strategy, has account been taken of diversity issues

8. Initial cases without children

Case no: A/
Victim:
Suspect:

Information was shared as per research supplied by each agency. This was confirmed as being accurate and actions were agreed as recorded below in the table.

| Actions Agreed | Responsible Agency | Update |
|------------------------|---------------------------|---------------|
| | | 48hrs |
| Update victim of Marac | | 48hrs |
| | | 48hrs |
| | | 48hrs |
| | | 48hrs |

N.B. In formulating the above strategy, has account been taken of diversity issues?

9. Repeat Cases without Children

Case no: A/

Victim:

Suspect:

Information was shared as per research supplied by each agency. This was confirmed as being accurate and actions were agreed as recorded below in the table.

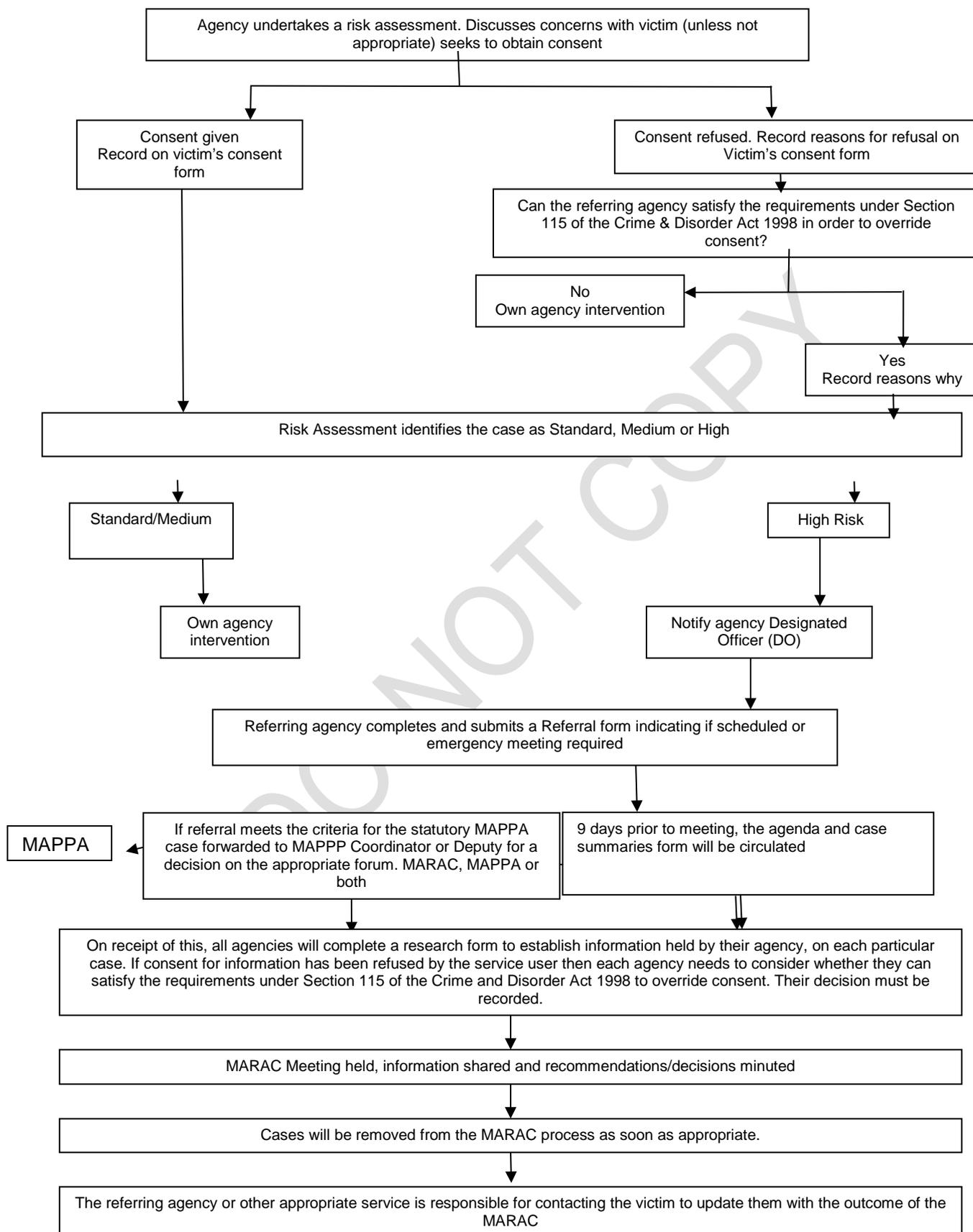
| Actions Agreed | Responsible Agency | Update |
|------------------------|---------------------------|---------------|
| | | 48hrs |
| Update victim of Marac | | 48hrs |
| | | 48hrs |
| | | 48hrs |
| | | 48hrs |

N.B. In formulating the above strategy, has account been taken of diversity issues?

10. Date & time of next meeting

The next meeting will be held on Wednesday 2017 at 09:30am at South Shields Police Station.

DOMESTIC ABUSE MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC) PROCEDURAL FLOWCHART



ROLES AND RESPONSIBILITIES

All MARAC partner agencies will:

- Use a common risk assessment tool i.e. the DASH RIC to determine consistent threshold for referral to MARAC
- Ensure consistent MARAC membership at a level of seniority to enable commitment of resources required to carry out action plans
- Bring relevant information to the MARAC meeting
- Complete actions as agreed within the meeting within set timescales
- Retain responsibility to address any gaps in their agency's response and to acknowledge this to the group
- Ensure they have procedures for the receipt and secure storage of MARAC related documents including minutes and that the process complies with confidentiality requirements

MARAC CHAIR will:

- Establish a process that addresses the safety of the highest risk victims of abuse in Sunderland
- Encourage attendance and active participation from all partner agencies
- Clarify the roles and responsibilities of participants
- Manage the MARAC meetings efficiently
- Ensure that all agencies have an opportunity to be heard at the meeting
- Identify who has brought information from the victim to ensure their views regarding their own safety and needs are heard
- Facilitate creation of proactive safety plans where the risks and needs of victim, children and perpetrator are addressed by MARAC
- Identify the most appropriate person to inform the victim of any action plan or relevant information agreed at MARAC
- Ensure relevant data is recorded

MARAC COORDINATOR will:

- Establish effective communication between MARAC partner agencies
- Identify gaps in agency attendance and link with agencies to enable full participation in MARAC
- Organise secure sending of information to partner agencies
- Access databases and police systems to ensure accuracy of MARAC list prior to distribution
- Circulate MARAC list 8 days prior to MARAC meetings
- Produce accurate minutes of MARAC meetings and distribute as soon as possible, but within 5 working days
- Record MARAC data to monitor effectiveness

POLICE will:

- Treat all domestic violence cases seriously and deal with them expeditiously in accordance with Force policy
- Ensure attending officers at a domestic violence incident complete MARAC risk indicator checklist and be alert to signs and symptoms of coercive control that underpins domestic abuse.
- Provide details of IDVA service to High Risk Domestic Violence victims and seek consent for referral
- Provide up to date intelligence to MARAC about the perpetrator and victim including bail conditions, impending prosecutions, warning markers and previous convictions
- Offer actions to increase victim safety and manage risks from perpetrators such as investigating offences discussed at MARAC if safe and appropriate to do so

IDVA will:

- Attempt to contact the victim before the meeting to ensure their views are represented
- Complete or review the risk assessment with the victim
- Ensure safety plans are in place at every stage of the case
- Inform the MARAC in relation to expertise on domestic violence
- Share up to date information on level of risk, barriers to accessing support for the victim, wishes of the victim, upcoming appointments and content of previous contacts
- Offer actions to support the victim through crisis, clarify their options, utilise the criminal and civil justice systems, and assist with accessing safe housing, signposting to other services.

PROBATION SERVICE (National Probation Service and/or Northumbria Community Rehabilitation Company) will:

- Inform the MARAC about the dynamics of offender management
- Share up to date information about the risks posed by offenders in cases known to the service, this could include the offenders current state of mind, their patterns of offending, criminal history, license conditions and attendance on Community Domestic Violence Programme
- Offer actions to manage the risk posed by the offender or to facilitate contact with the victim such as using MARAC information to inform pre-sentence report

CHILDREN AND YOUNG PEOPLE'S SERVICE (Together for Children) will:

- Inform the MARAC in relation to the safeguarding of children and young people
- Share up to date information including whether the case is known to Children's Services, whether the child is subject to a protection plan, level of intervention, any assessments and outcomes

- Offer actions to increase the safety of children and the non-abusing parent and hold the perpetrator to account for their actions

CITY COUNCIL HOUSING/HOMELESSNESS SERVICES (Housing First Service) will:

- Inform the MARAC regarding housing issues and housing options
- Share up to date information on tenancies, arrears, repairs, feedback from neighbours/estates or anti-social behaviour, as well as availability of housing stock across all tenures.
- Offer actions on homelessness, sanctuary measures, arrears, moves, use of tenancy agreements to address perpetrator behaviour.
- Identify safe and secure temporary accommodation as appropriate.
- Liaise with private landlords as appropriate.

REGISTERED SOCIAL LANDLORDS will:

- Inform the MARAC regarding housing issues and housing options within the Registered Social Landlord's remit.
- Share up to date information on tenancies, arrears, repairs, feedback from neighbours/estates or anti-social behaviour as well as availability of housing stock
- Offer actions on sanctuary/security measures, arrears, moves and use of tenancy agreements to address perpetrator behaviour

HEALTH SERVICES will:

- Inform the MARAC in relation to health issues
- Share up to date information including attendances, summary of injuries, whether domestic violence was disclosed
- Offer actions which ensure that responses to patients reflect their status as high risk victims such as enquiring further into causes of incidents, seeing patients alone at appointments, and assessing risks in relation to home visiting

EDUCATION will:

- Inform the MARAC regarding educational support
- Share up to date information about children, attendance, collection of child from school, any concerns
- Offer actions such as a safe venue to meet with victim, making school staff aware of the children's home situation

ADULT SERVICES (INC SAFEGUARDING ADULTS TEAM) will:

- Inform the MARAC around care and support needs and service provision for adults at risk
- Share up to date information on current service provision to the household, any capacity issues (i.e. a victim's capacity to freely make decisions that aren't subject to coercion from the perpetrator), wishes of the adult at risk and carers
- Offer actions which ensure that responses to adults at risk of abuse or neglect reflect their status as high risk victims such as enquiring further into causes of incidents, seeing the victim alone at appointments, making their safeguarding personal, assessing risks in relation to home visiting.

MENTAL HEALTH SERVICES will:

- Inform the MARAC in relation to expert knowledge around mental health issues
- Share up to date information relating to history of mental ill health and services the perpetrator/victim/children are receiving.
- Offer actions to support victims and reduce risks from perpetrators through appropriate service provision

DRUG AND ALCOHOL SERVICES will:

- Inform the MARAC in relation to the impact of substance misuse and service provision
- Share up to date information on cases known to the service such as details on substance use, impact on behaviour and access to support
- Offer actions prioritising the provision of services

SPECIALIST DOMESTIC VIOLENCE SERVICES will:

- Inform the MARAC about the dynamics of domestic violence and safety planning
- Share up to date information on cases known to the service such as the impact of abuse on the victim, the extent of the abuse and disclosures relating to risk
- Offer actions to support the victim through crisis, explore their options, facilitate attendance at drop ins or support groups to break down isolation, provide refuge accommodation, liaise and signpost to other agencies
- Provide advice to MARAC on the impact of coercive control and trauma on victims of domestic abuse

SEXUAL VIOLENCE SERVICES will:

- Inform the MARAC in relation to the dynamics of sexual violence
- Share up to date information regarding cases known to the service which could include barriers to accessing support, information relating to serial

perpetrators, unreported incidents of rape, upcoming appointments and content of previous contacts

- Offer actions such as forensic or therapeutic support or support through court processes

CAFCASS will:

- Inform the MARAC in relation to the interests of families involved in public or private law proceedings
- Share up to date information in the furtherance of child protection (without reference to the court) relating to court proceedings, residence and contact arrangements
- Offer actions, using discretion, to increase the safety of contact and residence arrangements

BLACK AND MINORITY ETHNIC (BME) SERVICES will:

- Inform the MARAC in relation to the complexities and cultural issues that might apply in cases of both intimate partner violence and extended family violence.
- Share up to date information regarding cases known to the service and insight into any wider implications of addressing the victim's safety such as immigration status
- Facilitate actions to support the victim where possible such as specialist refuge accommodation, interpreter services, or links to survivor networks

LESBIAN, GAY, BISEXUAL AND TRANS (LGBT) ORGANISATIONS will:

- Inform the MARAC in relation to the complexities and unique needs faced by LGBT victims of abuse
- Share up to date information regarding cases known to the service and insight into wider implications of addressing the victim's safety such as concerns about homo/bi/trans phobia
- Facilitate actions to support the victim such as help lines, support groups and specialist accommodation