

Multi Agency Risk Assessment Conference (MARAC) Practice Guidance

1. Introduction

- 1.1 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.
- 1.2 The MARAC provides a consistent approach to risk assessment which identifies those victims who are most at risk of serious harm from domestic violence. Once a victim has been assessed at this level of risk a multi agency meeting is held and agencies will work together to find a way of reducing that risk using available interventions.
- 1.3 Information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After all relevant information has been shared about the victim; the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary function of the MARAC is to safeguard the adult victim. At the heart of the MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.
- 1.4 The highest risk cases of domestic abuse are presented at the MARAC; cases usually fall within the top 10% of cases in the area in terms of risk. To determine which cases should be discussed at a MARAC the Co-ordinated Action Against Domestic Abuse Risk Identification Checklist (CAADA-DASH RIC) will be used.
- 1.5 The MARAC is held every three weeks in Hartlepool and chaired by a Detective Inspector from the Vulnerability unit. Each case can be discussed for up to 15 minutes and on average nine cases are discussed at each meeting.
- 1.6 Aim of the MARAC:
 - To share information to increase the safety, health and wellbeing of victims, adults and their children;
 - To determine if the perpetrator poses a significant risk to any particular individual or to the greater community;
 - To construct jointly and implement a risk management plan that provides professional support to all those at risk and which reduces the risk of harm;
 - To reduce repeat victimisation;
 - To improve agency coordination and accountability; and
 - To improve support for staff involved in high risk domestic violence cases.
- 1.7 The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC, which is a conferencing and co-ordination medium.

2. Definition of Domestic Violence:

2.1 In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality;
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage; and
- Age range extended down to 16.

2.2 Many people think that domestic abuse is about intimate partners, but it is clear that other family members can be involved and that much safeguarding work that occurs at home is, in fact, concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Procedure

3. Aims of Procedure:

- To ensure members of staff who come in to contact with a victim of domestic violence have sufficient understanding of what is required of them regarding MARAC to ensure the safety of that person and others who may be at risk;
- To ensure that any member of the community who is a victim of domestic violence has the trust and confidence to seek help from Hartlepool Borough Council (HBC);
- To ensure that HBC provide an effective response to reports of domestic violence to safeguard victims and children;
- To ensure HBC continue to work in partnership with other statutory and non-statutory organisations in appropriately identifying and assessing any victim of domestic violence to ensure they are afforded all the available interventions that each agency and ultimately MARAC can provide; and
- To ensure referrals to MARAC meet the necessary criteria, to avoid inappropriate referrals and to ensure appropriate referrals.

4. Referrals

4.1 Referrals to the MARAC are made through one of three routes:

- Each domestic crime/incident recorded by the police is subject to a risk assessment. Those identified, as being at high risk will be referred to the MARAC Administrator for inclusion;
- Referral to an Independent Domestic Violence Advocate (IDVA), which on completion of a risk assessment, can refer the case to the MARAC Administrator for inclusion if appropriate; and
- Direct referral to the MARAC Administrator by a core member of the MARAC upon completion of an approved risk assessment concluding there is a very high risk.

4.2 Any agency that has signed the MARAC Operating Protocol can refer a case to the meeting. The agency must identify the adult victim being at high risk of harm, by the Co-ordinated

Action Against Domestic Abuse Risk Identification Checklist (CAADA-DASH RIC) or by using professional judgement.

4.3 Who is referred to the MARAC?

- Adult victims/survivors (16+);
- Residing in Hartlepool;
- Regardless of gender or sexuality; and
- Identified as being at 'High Risk' of current or future harm from domestic abuse.

4.4 What is high risk?

- Visible High Risk and scores 14+ on the CAADA-DASH Risk Indicator Checklist (see Appendix 3);
- The professional considers the victim/survivor to be at high risk (at risk of serious harm or death). Please take into consideration the victim/survivor's own perception of risk; and
- There have been more than 5 domestic violence incidents by the same perpetrator on the victim/survivor in the last 12 months and they are increasing in severity or frequency.

Roles and Responsibilities

5. Designated MARAC Contact Officer

5.1 Designated MARAC Contact Officers will facilitate the MARAC process. Designated MARAC Contact Officers are responsible for collating or requesting all relevant information that might help to assess the risk to the victim and children or inform a safety plan. This must include whether or not the case is known to HBC, the level of any current intervention, assessments and outcomes.

5.2 The Designated MARAC Contact Officer is a MARAC representative for Adult Social Services not a decision maker; they will attend the MARAC to express the concerns of the relevant professionals involved in the case. The Designated MARAC Contact Officer is required to liaise with the relevant professionals/colleagues to obtain the relevant information needed to present the case accurately at the MARAC.

5.3 Key functions of the MARAC role:

- If the case is known to HBC and an Adult Social Care issue has been identified the Designated MARAC Contact Officer will attain the receipt of information and find the relevant information on CareFirst and seek further information from the relevant professional;
- If the case is not known to HBC the Designated MARAC Contact Officer will add the individual(s) to CareFirst and allocate the case to the relevant Team under a priority 2 basis:
 - ~ Learning Disability – Learning Disability Social Care Team
 - ~ Mental Health - Psychosis Team
 - ~ 18-25 – C&A Children's Services
 - ~ General – North/South Team

- Once the case has been assigned the relevant professional will gather information either at the MARAC or report to the Designated MARAC Contact Officer;
- The necessity of a visit will be determined by the relevant professional through a completed risk assessment and depending on the outcome the Police may have to attend;
- Attend the MARAC as a HBC representative and present accurate and relevant information;
- If the case is presently open, facilitate contact with the relevant professional where the MARAC minutes have highlighted any outstanding matters;
- The case **MUST** be worked on a Priority 2 basis, within 5 days of receiving the case.

5.4 The Designated MARAC Contact Officer should ensure that:

- In the event the individual(s) is not known to HBC this should be clearly communicated in the report and clarify that the information being presented has been obtained mostly from agency records.
- They have a clear understanding of the individuals' view on the situation, before presenting at the MARAC, and they do not change the individuals' words.
- They ensure information disclosed by other practitioners and agencies is accurately represented.

5.5 The Designated MARAC Contact Officer is a representative of HBC and will not be involved in the decision making process. Any urgent issues or matters of contention should be directed to the relevant professional not the Designated MARAC Contact Officer.

5.6 The Designated MARAC Contact officer will be rotated on a 6 monthly basis.

5.7 The Designated MARAC Contact Officer will not make any decisions and should follow the guidance and process outlined in this document. Team Managers and/or Principal Practitioners will oversee the process to ensure that the guidance is adhered to.

6. Guidance for Designated MARAC Contact Officers

- When undertaking research in advance of the MARAC, it is important that HBC does not automatically contact the victim unless they need to take immediate actions to address risk. In most cases, the IDVA service will contact the victim in advance of the MARAC and HBC should contact either the IDVA service or the referring agency in the first instance;
- When working with either children or the perpetrator your research form must be adapted to reflect the particular source of information;
- The information within the research form should be current, accurate and where necessary make a distinction between fact and professional opinion; and
- Contact Officers should abide by any Teeswide Processes for researching cases and presenting information at the MARAC.

7. Role of the Independent Domestic Violence Advisors (IDVA):

7.1 IDVAs are independent professional advisors that work with victims from the point of crisis to assess the level of risk, discuss the range of suitable options available to victims and develop co-ordinated safety plans.

- 7.2 The main purpose of the IDVA is to address the safety of the victim assessed as being at high risk of harm from intimate partners, ex-partners or family members to secure their safety, and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients to assess the level of risk, discuss the range of suitable options and develop safety plans.
- 7.3 The IDVAs role in multi agency settings is to keep the client's perspective and safety at the centre of proceedings.
- 7.4 The IDVA service receives referrals from a range of sources and will contact the client to offer their support service. IDVAs mainly work with clients over the short to medium term, with the overall aim of assisting people in establishing longer term safety plans.
- 7.5 For the purposes of MARAC, the IDVA service receives notification of the victim whose cases are to be discussed from the MARAC Coordinator who will also forward details of the clients if not already known to the service.
- 7.6 The IDVA contacts the victim prior to the MARAC to advise them of the meeting, to discuss support needs and acts as the voice of the victim in the meeting.
- 7.7 Information obtained from the client/ Service User is provided to the Coordinator on the MARAC research form within the agreed timescales.
- 7.8 Once a case has been referred to MARAC it will automatically be referred to the IDVA Service, whether or not consent has been given. The IDVA's role at MARAC is to represent the views of the victim at the meeting and to liaise where possible between the victim and partner agencies to ensure that the safety plan is effective. The IDVA will bring along the wishes of the victim to the meeting along with any upcoming appointments and content of previous contacts. It is crucial that the IDVA representative attends to ensure the action plan is as safe as possible.
- 7.9 Following the MARAC the IDVA will generally be the person who provides feedback to the victim providing updates on the actions agreed, exploring appropriate safety plans and discussing options as required, unless HBC has a stronger link with the victim. If this is the case, HBC will take the lead role in feedback to the victim.

8. Risk Assessment:

- 8.1 In order for the MARAC process to work effectively there needs to be a common understanding of risk among the participants. The 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 in its own context.
- 8.2 The risk factors can be categorised in to 5 main categories:
1. Nature of abuse e.g. emotional, physical, sexual;
 2. Historical patterns of behaviour e.g. previous convictions or abusive behaviour;
 3. Victim's perspective of risk e.g. specific fears for themselves, children and pets;
 4. Specific factors associated with an incident e.g. use of a weapon, threat to kill; and

5. Aggravating factors e.g. drugs, alcohol, financial problems.
- 8.3 HBC has a duty of care to our clients/Service Users since they have become our clients/Service Users because a propensity to harm exists. We need to make defensive decisions. In addition under the Children Act 2004, we have a statutory duty to safeguard and promote the welfare of children.
9. **Consent for information sharing:**
 - 9.1 Disclosures to MARAC are made under the Data Protection Act 1998 (DPA) and the Human Rights Act 1998 (HRA). Information can be shared when it is necessary to prevent a crime, protect the health and/or safety of the victim and/or the rights and freedoms of those who are victims of violence and/or their children. It must be proportionate to the level of risk of harm to a named individual or known household.
 - 9.2 The referring agency **MUST**, where possible, discuss their concerns with the victim and seek to obtain their consent to share information with other agencies represented on the MARAC. The MARAC Client Consent Form should be completed to document this.
 - 9.3 The IDVA or the Domestic Violent police officer will inform every victim by telephone, where considered safe to do so, that they are to be discussed at the MARAC meeting.
10. **Consent for information sharing refused:**
 - 10.1 Cases at the MARAC are likely to constitute exceptional circumstances due to the nature of the content discussed at the meetings. However, each case must be considered individually, taking into account its specific circumstances. Designated MARAC Contact Officers should be aware that guidelines are not law and the DPA, HRA and common law will always take precedence. If there is an apparent conflict between legislation and the common law, legislation takes precedence.
 - 10.2 If the victim has refused consent for information sharing their refusal and reason for refusal should be recorded.
 - 10.3 If consent is refused HBC professionals **MUST** then consider whether or not they can satisfy the requirements under Section 115 of the Crime and Disorder Act 1998, which allows information sharing to take place without 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 disclosure but does not impose a requirement to exchange information. The decision to disclose information rests with HBC, but it is advisable to consult a more senior member of staff, if you are unsure.
 - 10.4 If a decision to override consent is taken the decision to disclose/share information without consent must be recorded and clearly indicated what information has been given and why.
 - 10.5 Ultimately, the decision to disclose information rests with HBC, however, if you feel you need further guidance you should seek the advice of the legal department and specifically Constitutional and Administrative Solicitor or the chair of the MARAC can be consulted.

11. What Information is usually shared?

11.1 Information can vary depending on the case but the list below outlines the most common information shared at the MARAC.

- Name, date of birth, address(es), aliases and gender;
- Current information relating to the recent contact, meetings, sightings, phone calls. This could include attendance or non-attendance at appointments, who is present at an address and attendance at A&E or other health settings;
- Current information on attitude, demeanour and behaviour etc;
- Information about court orders, injunctions, bail conditions and other legal issues;
- Historic relevant information, such as, for example, previous convictions, family or relationship history, other safety options considered or substance misuse issues; and
- Other information relating to the risks facing the victim or other data subjects.

Appendix 1

Researching for the MARAC

Below is an outline of the research process for MARAC. The green boxes should be completed by the Designated MARAC Contact Officer and the blue boxes can be completed by either the social worker or the Designated MARAC Contact officer.

List of names to be discussed at MARAC received from the MARAC co-ordinator approx eight working days prior to the meeting.

Check all addresses you have for victim, perpetrator(s) and children, including any on the agenda.

Check information systems for up-to-date information and flag files as MARAC case with date.

Contact social workers involved if necessary to get up-to-date info and complete any appropriate actions in line with domestic violence policy.

TO BE COMPLETED BY THE RELEVANT WORKER OR MARAC REPRESENTATIVE:

Complete research form.

Put flag on file if not already done or make a note that MARAC took place, the date, and who to contact with queries.

MARAC representative attends MARAC, shares relevant information and agrees actions.

MARAC representative inputs any relevant information onto information systems/contacts relevant social workers. Passes on any actions to the social worker so that you can make sure your response to that family is as safe and supportive as it can be.

TO BE COMPLETED BY THE RELEVANT WORKER:

Social worker completes actions and lets MARAC representative know when completed.

Appendix 2

MARAC Process

Step 1: Identify

- Identify victims of domestic abuse.

Step 2: Risk Assess

- Once identified as suffering domestic abuse the RIC should be used to establish if the victim is at high risk of harm.
- Immediate safety measures for the victim, children and perpetrator must be implemented. The police will carry out target hardening and child protection agencies will act to safeguard any children involved.
- If the case is high risk refer to IDVA service.

Step 3: Referral

- Complete the Referral form and send to the MARAC Co-ordinator.
- Inform relevant colleagues that a referral has been made.
- The IDVA service contacts victim to offer support and identify key risks and fears.

Step 4: Research

- All agencies receive the MARAC meeting agenda from the MARAC Co-ordinator.
- Research on HBC's case should be commenced and completed by the Designated MARAC Contact Officer.
- The Designated MARAC Contact Officer contacts colleagues for information and explains the purpose of the meeting.
- The IDVA gathers background information from the victim and other agencies not represented at the MARAC.

Step 5: Meeting and Information Sharing

- The Designated MARAC Contact Officer presents information at the meeting on HBC's referrals and information relating to other cases with an agency involvement.
- Those in attendance at the MARAC will then identify risks for the victim, children, perpetrator and agency staff.
- The IDVA service presents information on behalf of the victim.

Step 6: Action Planning

- The Designated MARAC Contact Officer will volunteer actions, where possible, on behalf of HBC and offer advice about what HBC could do to increase safety.
- Ensure actions are SMART.
- Identify opportunities to coordinate actions with other partners.
- IDVA service confirms that in their opinion the proposed actions are as safe as possible.

Step 7: Follow Up

- The Designated MARAC Contact Officer will inform colleagues of any agreed actions and complete in the time agreed.
- The Designated MARAC Contact Officer will confirm when actions are completed with the MARAC Co-ordinator.
- The Designated MARAC Contact Officer will keep IDVA informed of any relevant information.
- The IDVA service keeps the victim informed of the plan, where safe to do so.
- The IDVA service liaises with partner agencies to coordinate an action plan.

Appendix 3**Co-ordinated Action Against Domestic Abuse Risk Identification Checklist (CAADA-DASH RIC) for use by IDVAs and other non-police agencies for identification of risks when domestic abuse, honour-based violence and/or stalking are disclosed**

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. 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	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No

If yes, have you made a referral? Yes/No

Signed:

Date:

Do you believe that there are risks facing the children in the family? Yes / No

If yes, please confirm if you have made a referral to safeguard the children: Yes / No

Date referral made

Signed:

Date:

Name:

Practitioner's Notes

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