**Official**

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**Cleveland MARAC Standard Operating Protocol/ Information Sharing Agreement**

**Between:**

**Cleveland Police**

**and**

**MARAC Partner Agencies**

**Version 2.0**

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| Version | Date | Author | Position | Organisation | Summary of changes | MARAC Strategic Group Approval | SAB | CSPs | LCJB | Teeswide Policies & Procedures Group Approval |
| 1 | May 2010 |  |  |  |  |  |  |  |  |  |
| 2 | October 2017 | S Caddell | Domestic Abuse Transformation Project Manager | Office of Police & Crime Commissioner for Cleveland | Protocol revisions following strategic Review | TBD |  | TBD |  |  |

**Cleveland MARAC Standard Operating Protocol/ Information Sharing Agreement**

1. **Introduction**
	1. **Purpose of this standard operating protocol and information sharing agreement**
		1. The purpose of this standard operating protocol (SOP)/ information sharing agreement (ISA) is to:
2. provide operating guidance to participating partners involved with the operational Multi Agency Risk Assessment Conference (MARAC) process across Cleveland (North Tees Local Policing Areas – Stockton and Hartlepool, and South Tees LPAs – Middlesbrough & Redcar & Cleveland); and,
3. provide an information sharing framework for participating MARAC partners to facilitate the exchange of relevant information with the aim of reducing the risk of harm to very high risk victims of domestic violence.

**The Data Controller for information held by Cleveland Police is the Chief Constable**

* 1. **Who is this SOP/ ISA for?**
		1. The procedures set out in this document should be used by the staff in the Cleveland agencies who have an active role in contributing to the MARAC assessment process, and who participate in the interventions required. This document details the individual roles and responsibilities required to achieve safe MARAC processes, effective partnership working and victim safety. Each of the Cleveland agencies must have a designated security lead (DSL) (see Section 10.6) who will ensure this document is adhered to.
	2. **Review**
		1. This protocol/ agreement was reviewed by Cleveland Police in October 2017, in consultation with the MARAC Strategic Review/ Steering and Operational Groups. The protocol will be disseminated to all MARAC partner agencies across Cleveland.
		2. The ISA will be reviewed six months after its implementation and annually thereafter.

The nominated holder of this agreement is Cleveland Police. It is based on the national template for Information Sharing which forms part of the guidance issued on the Management of Police Information by National Police Chief Council (NPCC) and the Home Office.

* 1. **Aims of the Protocol**
		1. The aim of this MARAC Operating Protocol is:
* To ensure that members of staff within relevant agencies who come into contact with a victim of domestic violence and abuse 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 and abuse has the trust and confidence to seek help from an agency
* To ensure that agencies provide an effective response to reports of domestic violence and abuse to safeguard victims and children
* To ensure agencies continue to work in partnership with other statutory and non-statutory organisations in appropriately identifying and assessing any victim of domestic violence and abuse to ensure they are afforded all the available interventions that each agency and ultimately MARAC can provide
* To ensure referrals to MARAC meet the necessary criteria, to avoid inappropriate referrals and to ensure appropriate referrals
* To link with perpetrator management and enforcement processes that is part of the whole system approach to tackling and reducing domestic violence and abuse.
	+ To enable MARAC agencies to participate in facilitating and managing the appropriate exchange of relevant information
1. **National Policy & Strategy Context**
	1. The cross-Government Violence Against Women and Girls Strategy (VAWG) was refreshed in March 2016. A key commitment within the VAWG Strategy is that MARACs are necessary to build a picture of the victim’s situation and devise a risk management plan to reduce harm faced by the victims and their families, and that funding should continue to be made available through transformation funding following the cessation of direct Home Office grants.
	2. The government continues to support bringing together the expertise from the MARACs (and Multi-Agency Safeguarding Hubs, MASHs, where they exist) to ensure that no risks or potential solutions are missed. MARACs have not been made a statutory requirement on the same basis that MAPPAs and Initial Child Protection Conferences (ICPCs) have been at the present time; the government has committed to review the efficacy of MARACs and publishing guidance and good practice on the best methodology for helping high risk victims of domestic violence and abuse.
2. **Information Sharing:**
	1. The MARAC is a formal conference of agency partners to facilitate the risk assessment process. The purpose is for all the agencies to share relevant information to assemble a more complete picture of risk, with a view to identifying and devising key areas for action for domestic violence and abuse victims at a very high level of risk of serious harm or homicide.
	2. The data controller for all MARAC information held by Cleveland Police is the Chief Constable; each MARAC agency must also have a designated security lead to manage and control any MARAC information that that agency holds, including information that has been received by them following MARAC meetings.

**Supporting Legislation:**

* + 1. The legislative context for this protocol, including sharing of information, is as follows:
* 29 (3) Data Protection Act
* Human Rights Act (2000)
* Children’s Act 1989 & 2004
* 115 Crime and Disorder Act (1998)
* Protection from Harassment Act 1997
* Section 76 of Serious Crime Act 2015
* The Crime and Disorder Act (1998)
* Freedom of Information Act (2000)
* The Criminal Justice and Court Services Act (2000)
* **Legal Aid,** Sentencing and Punishment of **Offenders Act (2012)**
* Prison and Courts Reform Bill (2016)
* The Care Act (2014)
* Mental Capacity Act (2005)
	+ Common law
	1. Practitioners referring to MARAC **must** detail and record the rationale and legal basis for sharing information, or choosing not to share it. They will be expected to include whether they consider that sharing information increases or could help to reduce risk to vulnerable adults and children, what has been disclosed and to whom if information is shared, and what alternative risk mitigation actions have been taken if the decision has been not to share information.

**Client consent, duty of confidentiality and balancing principles**

* 1. It is recommended good practice to gain client consent when making referrals to MARAC. However, client consent **does not need to be gained** if the practitioner has reason to believe, following a disclosure of domestic abuse, that the victim might be at **serious risk of harm**. The referral to MARAC should be done, and grounds for disclosing included, for instance, to protect the vital interest of the data subject[[1]](#footnote-1).[[2]](#footnote-2):
	2. It recognised that practitioners may be guided to keep sensitive information confidential, particularly where client consent has not been gained, but it should be noted that they must balance their decision making and deliver a proportionate response[[3]](#footnote-3) that gives consideration to safeguarding.
	3. Practitioners are recommended to refer to the Information Commissioners Office (ICO) Data Sharing Code of Practice[[4]](#footnote-4).
	4. Practitioners should familiarise themselves with this protocol and information sharing guidance, and in the event of any continued professional doubt or concern around information sharing and disclosure, they should seek further training and support from their organisations.
	5. Partner agencies are advised not to use MARAC for information sharing only as this can be done by other means (see Section 8.6.4); referrals should be made on the basis that there is a need for multi-agency problem solving and safety planning/ harm reduction activities.
1. **Partner agencies**
	1. The following agencies, and named Single Points of Contact representatives, are required to attend and input into MARAC. Where the SPOCs are unable to attend, they will be expected to send a representative.

|  |  |
| --- | --- |
| Agency  | SPOC Representative |
| South Tees | North Tees |
| **Criminal Justice** | **Middlesbrough** | **Redcar & Cleveland** | **Stockton** | **Hartlepool** |
| Police (DI) |  |  |  |  |
| National Probation Service |  |  |  |  |
| Community Rehabilitation Company |  |  |  |  |
| Youth offending team  |  |  |  |  |
| Community Safety Partnership |  |  |  |  |
| **Health agencies** |  |  |  |  |
| South Tees NHS |  |  |  |  |
| North Tees NHS |  |  |  |  |
| TEWV |  |  |  |  |
| Health visiting & School Nursing |  |  |  |  |
| **Housing agencies** |  |  |  |  |
| Homeless Service representatives |  |  |  |  |
| Housing provider service |  |  |  |  |
| **Household Care & Support:** |  |  |  |  |
| Education |  |  |  |  |
| Children’s services |  |  |  |  |
| Adult Social Care |  |  |  |  |
| Independent Living Support Agencies |  |  |  |  |
| Substance misuse services |  |  |  |  |
| Early Help |  |  |  |  |
| **Specialist services** |  |  |  |  |
| Domestic violence and abuse (in particular the IDVA services) |  |  |  |  |
| Sexual abuse/ violence service |  |  |  |  |
| HBV/ FGM and forced marriage services |  |  |  |  |
| Black and minority ethnic (BAME)  |  |  |  |  |
| Lesbian, gay, bi-sexual and transgender (LGBT) communities |  |  |  |  |
| Age Concern |  |  |  |  |
| Young People Support & Advocacy Services  |  |  |  |  |

* 1. **Role of the MARAC Attendee/SPOC (single point of contact):**
* The MARAC attendee must be of sufficient authority to process or initiate requests for information, and to ensure actions are completed within their agency
* Research agency records regarding the individuals involved in the case and complete the referral form
* Attend the MARAC meeting and share their agency information
* Feed in details of completed actions to the MARAC Administrator / Coordinator
* If actions were outstanding from a previous MARAC, the SPOC for the relevant agency will be expected to update and confirm that the required action has been taken
* If actions are set for the new cases each SPOC is responsible for the dissemination of those actions within their agency, and for ensuring they are carried out
* Raise awareness of MARAC within their agency
1. **Background to MARAC**
	1. **What is MARAC?**
		1. MARAC stands for (Multi-Agency Risk Assessment Conference). They are a multi-agency processes that brings together key representatives from relevant agencies (local police, health, adult and children’s safeguarding teams, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors) with the core purpose of safeguarding, namely, jointly reducing the risk to victims of domestic violence and abuse of them suffering further/ serious harm through. This is done by agencies sharing key information, proactively offering agency support either directly to the victim, the perpetrator, or any children in the household, or to other agencies directly involved with risk/ harm reduction work.
		2. At the heart of a 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.
		3. The victim does not attend the meeting but is represented by an IDVA, or lead practitioner if the victim is not engaged with an IDVA, who speaks on their behalf.
		4. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing, tasking and coordination and problem solving to enable appropriate actions to be taken to increase public safety.
		5. It should be noted that MARAC is a conferencing and coordination medium and risk management actions cannot be assigned to it; these will remain the responsibility of individual agencies who participate in MARAC.
	2. **MARAC Aims**
		1. Additional aims of the MARAC are to reduce reoffending through effective management of the perpetrator, and to ensure safeguarding in respect of any affected children, as well as vulnerable adults.
	3. **MARAC Objectives**
		1. The objective of MARAC, as defined by Safe Lives (formerly known as CAADA,) is

• To bring together relevant information that will help to increase the safety, health and wellbeing of domestic abuse victims – adults and their children

• To determine whether 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 and repeat offending

• To ensure agency coordination and accountability in risk management and harm reduction

• To ensure support for staff involved in high risk domestic violence and abuse cases

1. **Definition of Domestic violence and abuse**
	1. The cross government definition (2013) of domestic violence and abuse and abuse which has been adopted by Cleveland Police and all participating agencies is:

‘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 family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

* + psychological
	+ physical
	+ sexual
	+ financial
	+ emotional

6.1.2 Coercive and Controlling Behaviour

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent 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

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.

6.1.3 Forced Marriage, so called Honour Based Violence and Female Genital Mutilation

The definition also includes: forced marriage, so called honour based violence, and female genital mutilation.

6.1.4 Stalking and Harassment

The definition also includes stalking and harassment.

* 1. **National guidance for MARAC**
* Safe Lives Resources for people involved in MARAC, 2015
* Courts and Tribunals Judiciary: MARAC Guidance 2011
1. **Process of MARAC**
	1. **Meeting intervals and Independent Chairing arrangements**
		1. MARACs in Cleveland are held at regular intervals throughout the year (weekly, alternating between North Tees and South Tees) and are chaired by an Independent Chair, appointed and managed jointly by the Police & Crime Commissioner for Cleveland in conjunction with Cleveland Police. Domestic violence and abuse is demand led, as are opportunities for early intervention. The issue is typically high volume within certain areas of Cleveland, and victim engagement is higher in areas where there are commissioned response services. A consequence of this is that there may be a relatively low or high amount of cases heard within each meeting. On average, the amount of cases heard is approximately 15 per meeting.
	2. **Structure of meetings**
		1. Case history information regarding referred concerns is collated and shared prior with the partner agencies prior to MARAC meetings. The information that is assembled should be relevant and proportionate, in line with Data Protection Act requirements, and all partner agencies who participate in MARAC are governed by the current Teeswide Information Sharing Protocol (ISP). Representatives who attend MARACs will also be asked at each meeting to agree a confidentiality statement in which they must not share/ discuss/ store information on individuals unless there is a relevant reason for doing so in line with the provisions within the ISP.
	3. **Agenda and pre-meeting actions**
		1. An agenda will be sent out to partner agencies no less than 5 days prior to the MARAC meeting. Cases will be ordered where possible to make best use of partners’ time; for instance, efforts will be made to cluster cases for those agencies with limited ability to attend and input.
		2. Partners are required to review the information prior to the meeting, to enable the meetings to be focussed; each case should be discussed for no more than 15 minutes. Discussion should focus on risk issues summary, with partners then identifying and leading on unresolved issues that need to be addressed as part of the risk reduction/ safety planning actions.
		3. MARAC meetings are sectioned into first consolidating and reviewing the outstanding actions from previous MARAC meetings, then hearing the new cases that have been referred for coordinated partnership intervention.
	4. **Identification of MARAC cases**
		1. High risk victims are identified primarily by use of a risk identification checklist tool (Safe Lives’ DASH RIC form), but also through professional judgement around concerning case features. Professionals who make referrals to MARAC will usually have received special domestic violence and abuse and risk identification training, and will have an active role in risk reduction, either because they work for the police, are an IDVA, or have a role in safeguarding.
		2. **Role of the MARAC Referrer:**
* Ensure that a MARAC referral form including risk identification checklist/risk assessment has been completed
* Review the risk level to ensure appropriate action has been taken i.e. that a form has still been completed and that referral made to MARAC even when no consent is given but significant concern is raised. Also any action that is required is to be taken via each agency’s relevant existing procedures
* Ensure all victims and potential victims are identified and that all immediate reasonable steps that are required to ensure their safety have been taken and are documented on the MARAC referral form. This would include if a child protection referral has been made
	+ 1. **Role of Frontline Staff:**

All staff have a duty to take all reasonable steps to:

* Respond, in line with safeguarding training and Tees Policies & Procedures, once a disclosure of domestic violence and abuse has been made
* Complete all relevant documentation to facilitate risk assessments in relation to all victims
* Fully record information as appropriate and in line with agency procedures
* Assess the immediate and observable safety considerations of the victim to ensure provision of support including safety-planning for victims.
	+ 1. It is important that all staff appreciate the difficult and unique position of victims of domestic violence and abuse regarding their relationship with their abuser. Many victims do not wish to criminalise their partner or family member and may not have considered what would be expected of them once they have made contact with an agency. Nevertheless, victims still face the possibility of violence which often presents a threat to life, and all agencies are under a duty to protect the victim or potential victim and their children, notwithstanding the risk of support from that victim.
1. **MARAC Administration**
	* 1. The Protecting Vulnerable People Support Hub within Cleveland Police provides administrative support for the MARAC process; partners are expected to support and facilitate the PVP Hub within this process by ensuring they submit timely referrals of high risk domestic violence and abuse cases, with information on the key area of concern. Partners should also provide updates on any completed or incomplete actions within the safety plan.
		2. The PVP has a detailed procedure regarding receipt and screening of MARAC referrals. A MARAC Coordinator role is employed by the police for the purpose of administering referrals, and recording decision regarding conference cases, and safety planning activities.
		3. The Independent Chair will screen the cases, and decide which of those should be heard at conference. The decision and rationale for it will be formally recorded by the Coordinator.
		4. Referrals to be sent no less than five working days prior to a MARAC meeting. However, it is accepted that on some occasions, there may be instance where it is necessary to be heard at a MARAC after the normal cut off for referrals.
		5. **Key Functions of Coordination and Administration:**
* Compile list of cases including names, date of birth, and address of victim, perpetrator, children and vulnerable adults
* Circulate cases to discuss at least eight days before the meeting
* Prepare agenda
* Ensure actions are completed in a timely manner
* Ensure attendance from all relevant agencies, or that information is forwarded if an agency is unable to attend
* Produce accurate minutes and distribute as soon as possible after the MARAC
* Maintain the necessary documentation to ensure the smooth running of the MARAC
	1. **Criteria and threshold for MARAC**
		1. The key trigger for referring a case to MARAC is that the case requires additional multi-agency input beyond what has been already been put in place through lead practitioner’s risk assessment and safety planning.

**Risk features**

* + 1. It will normally be expected that referred cases would be assessed as visibly high risk according the DASH RIC assessment, and that there are features that, in the professional judgement of the lead practitioner, are concerning, for instance, around the frequency, escalation and lack of protective features around the case.
* When dealing with potential victims it is important to recognise the seriousness/immediacy of the risk.
* If it is obvious that domestic violence and abuse is a factor the use of a private room or private space should be considered when speaking to the victim in order to afford then the ability to speak in confidence, in a safe environment where they cannot be overheard.
* In all circumstances, if the abusive partner is present with the victim every opportunity should be taken in order to see the victim on their own otherwise they will not be able to speak freely.
* If language difficulties frustrate communication then consideration should be given to the use of an interpreter, this should be from an independent source and not associated with the community/network of the victim’s family.

**Professional Judgement**

* + 1. Agencies will be expected to clarify what their professional judgement concerns are regarding the referred case, for instance, a lack of protective factors around the case, and/ or issues around an increase in frequency and escalation of abuse towards the victim. On this basis, there may be cases that score low to medium risk on the DASH RIC, but which are referred and heard at MARAC on the basis that the case features present concerns to professionals because of unresolved issues, or a lack of protective factors.

**Referrals for information sharing only**

* + 1. It will **not be acceptable** for cases to be referred on the sole basis that they have reached a threshold of a certain number of ticks on the DASH RIC.
		2. Cases should not be referred for the purpose of information sharing only if there are no outstanding concerns that need to be actioned; this information can be collected together through mechanisms such as secure notifications to relevant agencies (Police, Social Services etc), or by agency using secure community safety portals such as ECins.

**Completing the MARAC Referral Form**

* + 1. The lead practitioner completing the form **will**:
* Where necessary, fully explain to the victim what MARAC is and the reason for completing the referral form.
* Where possible try and gain the victim’s consent for their information to be shared. If this is not possible, explain the circumstances when, for example, ‘significant harm’ (for the purpose of this document significant harm is described as the imminent risk of serious harm which could happen quickly and without warning , and the effects of which could be fatal to the victim or their children), that information may be shared without their consent. Again explain why this would be the case and document your reasons for sharing the information.
* Gather all available and relevant information as per agency requirements including the completion of the MARAC referral form which incorporates the DASH RIC (see Appendix 2).
* Be clear when asking questions within the assessment and fully explain what the questions mean and why they are being asked.
* Take time with the victim and remember this may be the first time they have been asked this type of question and it could also be the first time they have disclosed that they a suffering from domestic violence and abuse
* Offer support to the victim by way of making sure they know what other support services are available to them by giving contact details and literature to take away if safe to do so, or making literature available on the premises so they can be read without being taken home.
* Follow their existing agency procedures if any issues regarding child protection or risk to life/serious harm etc. are disclosed. If practitioners have concerns, they should contact their Line Manager.
* If the case is not high risk, and there are no identified concerns that fall within the significant concern category, and the victim does not consent for their information to be shared, the referral **must not** be forwarded to the MARAC administrator.
* If the practitioner has significant concerns regarding the victim and the victim refuses to provide any information on the MARAC referral form and does not give their consent for information to be shared, the practitioner should inform the victim that information will still be passed into the MARAC due to the perceived level of risk, and the practitioner will should document their reasons for sharing the information.
* Inform the victim that their wishes can be put forward at the meeting via a designated advocate for that area, and the practitioner can supply the details of that person to the victim.
* Take action if significant concern is a factor.
* Consult Line Manager or Supervisor if the practitioner is unsure what constitutes ‘significant harm’ or is unsure of what action to take.
* Forward the referral form to MARAC once it has been completed, whether with consent or without consent but high risk. It should be forwarded to the MARAC Coordinator/Administrator for the appropriate area within 24 hours, via secure email or registered post. Research will then be conducted to gain further information regarding the victim, any children and the perpetrator.
	+ 1. The practitioner **should not** send the victim away on the basis that they don’t consider it to be a matter for them to deal with.
		2. The practitioner **should not** attempt any form of mediation.
		3. **The MARAC process does not override pre-existing procedures within organisations, for example, where issues of child protection are concerned. Staff must still be alert and aware of what actions are required in emergency situations in addition to the MARAC process.**
	1. **Definition of a Repeat MARAC**
		1. A repeat MARAC case is one which has been previously discussed at a MARAC and at some point in the 12 months from the date of the last referral, a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police).
		2. 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); or,
* A pattern of stalking or harassment; or,
* Rape or sexual abuse.
	+ 1. Where a repeat victim is identified by any MARAC agency, that agency should refer the case to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement. To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to ‘flag and tag’ their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.
		2. Incidents that occur more than 12 months after the last MARAC meeting will not constitute a repeat incident, but would instead constitute a new referral to MARAC.

**If you are unsure as to whether a case meets the criteria for referral into MARAC, or have further questions, then contact the MARAC Coordinator or Administrator in your area for advice.**

* 1. **Training**

8.4.1 Training can be made available to other agencies to assist them in submitting appropriate referrals to MARAC.

8.4.2 Standard forms are available via Cleveland Police Protecting Vulnerable People (PVP) Hub to submit referrals (see Appendix 2). DASH RIC indicator concerns and any protective / mitigating information as well as areas for concern should be included on the submitted forms by referring agencies.

* 1. **Referral to or from another Teesside MARAC**

• MARAC Coordinator/Administrator to contact receiving district SPOC

• MARAC Coordinator/Administrator to complete the referral form for the receiving district

• MARAC Coordinator/Administrator to forward referral form, risk identification checklist, relevant MARAC minutes, case history and relevant contact details to receiving district SPOC

* 1. **Partner participation in process**
		1. Partners who attend MARAC should ensure they read the conference agenda, listed cases, and any case histories prior to the meeting, and they should also bring any relevant and proportionate information that relates to the cases to the meeting. This should particularly focus on areas of concerns around unresolved risk issues to make best use of multi-agency problem solving resources.
		2. To make use of multi-agency human resources, participating representatives should bring wifi-enabled laptops, and ideally have real time access to client information systems, and their email account. This will enable any real time updates to be carried out during the meeting, and will make best use of officer time, for instance .on partner systems to be added to records immediately, for instance: flags, notifications to other internal service areas, update of personal information such as telephone numbers and addresses, and so on.
	2. **Action planning**
		1. A tailored action plan will be developed at the MARAC to increase the safety of the victim, children, perpetrator, other vulnerable parties and any staff.
		2. The types of actions that may be agreed include flagging and tagging of files, joint visits between partner agencies, utilising domestic violence and abuse practitioner toolkit resources (injunctions, target hardening), assistance with accommodation and support needs, or referral to other appropriate multi-agency meetings.
		3. Agencies must notify the co-ordinator know when actions are complete, or when there is significant information in relation to victim/ perpetrator/ any children affected, e.g. new incidents, custody, refuge placements, moving out of area. As part of the partnership, they must ensure that they are accountable and responsive to assist the MARAC’s purpose of centralising information in relation to the victim.
	3. **MARAC link to Local Safeguarding Children’s Board**
		1. The interface between MARAC and Children’s Safety is acknowledged to be critical.

* + 1. With any MARAC case where children are discussed (if appropriate) there needs to be confirmation of the referral received by Children’s Services. This also needs to include the status of any of the following referrals:
* Child in Need
* Child Protection Plan
* Common Assessment Framework (CAF)/ Early Help Assessment (EHA)
* Child not known to services
* No action taken/necessary
	+ 1. Where a child has a Child Protection Plan, as a result of DV, the MARAC should work together with all relevant agencies.
		2. The MARAC Chair needs to consider whether all issues surrounding the MARAC case can be adequately dealt with in a normal scheduled MARAC meeting? Or decide if a specific Multi Agency meeting is required to discuss the case
	1. **The Link between MAPPA & MARAC**
		1. Where the Police or the Probation Service is actively managing an offender who is a perpetrator in a MARAC case, but not at MAPPA (Multi Agency Public Protection Arrangement) level 2 or 3, they will use the information provided by the MARAC to reassess the level of risk the offender presents to assist them in the effective management of the case. This could lead to the offender being referred to a level 2 or 3 MAPP meeting.
		2. Where such a referral is made, the IDVA must be invited to the MAPP meeting to ensure that the information about the victim and their views are discussed and to ensure that the safety of the victim is central to the process.
		3. Where an offender is already being managed at MAPPA level 2 or 3, to avoid duplication of effort and resources, the MAPP meeting should take the lead over MARAC. If, due to geographical or personnel constraints, this is not feasible, the two Chairs should liaise regarding planned actions to avoid conflicting Risk Management Plans being put in place. Where appropriate, the MARAC Coordinator or Administrator will provide a relevant report to the MAPPA Meeting.
	2. **Emergency MARACs**

For cases that require urgent attention with tasking and coordination to ensure safeguarding issues are addressed as quickly as possible, these can be done through a same day process. This can be done virtual meetings, and telephone conferencing with a smaller amount of agencies that should include police and IDVAs as a minimum.

1. **MARAC Governance and Performance Management**

9.1 A Cleveland wide Strategic Steering Group is in place to have oversight of the practical operation of MARAC. The role and responsibilities of that group is framed by a separate terms of reference, which cross reference with the content of this protocol.

9.2 The core responsibilities of the Steering Group are as follows:

* To meet at quarterly intervals, and where unable to attend, to send an appropriate representative.
* Ensure that the MARAC operates in line with legal responsibilities and keeps up-to-date with changes to legislation national guidance.
* To ensure appropriate membership of both the Steering Group and operational MARACs, keep this under review and hold partnership agencies to account on their joint participatory responsibilities in delivering efficient MARACs and meeting victims’ needs effectively.
* Monitor and evaluate the data from the MARAC at each partnership meeting.
* Monitor and regularly assess the overall performance of the MARAC and ensure it operates in line with the 10 Principles of an effective MARAC.
* Address operational issues.
* Develop effective partnerships with other public protection bodies (e.g. VEMT) and other MARAC areas (e.g. Durham and North Yorkshire and comparative police force areas)
* Oversee efforts to raise awareness with local practitioners about the MARAC.
* Communicate to the public, to stakeholders and to government about the successes of the MARAC.
* Participate on local domestic homicide reviews, and review any learning.
* Report to other strategic partnerships (Community Safety Partnerships, Safeguarding Boards and Local Criminal Justice Board).
1. **MARAC Information Sharing and Management**
	1. **SECURE EMAIL**
		1. Handling of data: Data exchanges must be done via secure email, the following are considered as such Secure email addresses include those incorporating:
* pnn.police.uk
* gscx.gov.uk
* cjsm.net
* nhs.net
	1. **REVIEW, RETENTION AND DISPOSAL**
		1. Partners to this agreement undertake that personal data shared will only be used for the specific purpose for which it is requested. The recipient of the information is required to keep it securely stored and will dispose of it when it is no longer required. The force may also want to request a copy of the partner’s information security policy (where it exists) when sensitive personal data is to be shared.
		2. Files containing information from partner sources will be reviewed in line with force policy.
		3. The recipient will not release the information to any third party without obtaining the express written authority of the partner who provided the information.
	2. **REVIEW OF THE INFORMATION SHARING AGREEMENT**
		1. The ISA will be reviewed six months after its implementation and annually thereafter. The nominated holder of this agreement is Cleveland Police. It is based on the national template for Information Sharing which forms part of the guidance issued on the Management of Police Information by National Police Chief Council (NPCC) and the Home Office.
	3. **Privacy Impact Assessment (to be completed at later date)**
	4. **Data Quality**
		1. Information discovered to be inaccurate or inadequate for the purpose will be notified to the data owner who will be responsible for correcting the data and notifying all other recipients of the data who must ensure that the correction is made. Any disclosure of personal data must have regard to both common and statute law e.g. defamation, the common law duty of confidence and data protection principles as well as any relevant codes of practice and Human Rights.
	5. **Security**
		1. Signatories to this agreement must designate an individual within their organisation to assume responsibility for data protection, security and confidentiality and compliance with legislation. The designated person will ensure that Data Protection registrations or notifications are in place to cover the holding and use of personal data.
		2. It is expected that partners of this agreement will have in place baseline security measures compliant with B.S.7799/I.S.O/I.E.C 17799:2005/I.S.O./I.E.C 27001:2005.
		3. All Signatories will ensure that they have these appropriate security arrangements in place. Only nominated representatives can access, request information, and make disclosure decisions.  Data should be stored securely to prevent unauthorised access and disclosure.
		4. Any changes in nominated officers will be notified in writing as soon as practicable and in any event within 5 working days after such a change has occurred.
		5. A nominated Cleveland Police employee will, by arrangement, undertake a physical review of the security in place to ensure the confidentiality, integrity, availability and non-repudiation of the Force information being stored under this agreement.
	6. **Complaints and Breaches**
		1. Each party should agree a procedure to be followed in the event of a complaint being received by any party on the use or disclosure of personal data.
	7. **Amendments**
		1. Any partner may make suggestions for amendments to the agreement at any time. To enable partners to exchange views prior to changes being made it is suggested that such changes be discussed at the appropriate forum.  No changes can be made unless each is agreed.
	8. **Subject Access**
		1. When an agency receives a subject access application and personal data is identified as belonging to another agency, it will be the responsibility of the receiving agency to contact the data owner to determine whether the latter wishes to claim an exemption under the provisions of the Data Protection Act.
		2. Where a data controller cannot comply with the request without disclosing information relating to another individual who can be identified from that information, he is not obliged to comply with the request unless: -
1. The other individual has consented to the disclosure of the information to the person making the request, or,
2. It is reasonable in all circumstances to comply with the request without the consent of the other individual.
	* 1. In determining whether it is reasonable, regard should be had to:
* Any duty of confidentiality owed to the other individual.
* Any steps taken by the data controller with a view to seeking the consent of the other individual.
* Whether the other individual is capable of giving consent, and
* Any express refusal of consent by the other individual.
	1. **Freedom of Information**

* + 1. Requests under the Freedom of Information Act that may involve access to policy documents and the decision-making process should be dealt with as above.
		2. Agencies are reminded that these arrangements should be publicly available

**Appendix 1**

 **SafeLives**

**Frequently asked questions**

**Multi-Agency Risk Assessment Conferences (MARAC)**

**What is a Multi-Agency Risk Assessment Conference (MARAC)?**

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.

After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a 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.

**How are victims’ cases referred to a local MARAC?**

Any frontline agency representative that undertakes a risk assessment with a victim, and thereby determines that their case meets the high risk threshold, can refer a victim’s case to a local MARAC. IDVAs, police and health professionals commonly refer high risk victims to MARACs.

**How effective are MARACs?**

Early analysis shows that following intervention by a MARAC and an IDVA service, up to 60% of domestic abuse victims report no further violence.2

**Do MARACs save public money?**

Severe domestic abuse causes spiralling, entrenched costs to the tax payer – SafeLives estimates that the average high risk domestic abuse case costs almost £20,000 in public money, based on an assumed average number of police call outs, A&E attendances and GP support.

This results in estimated direct costs of around £2.4 billion per year to the tax payer, and still more to employers. By proactively engaging with identified high risk victims and establishing safety plans as quickly as possible, MARACs substantially reduce the cost associated with severe domestic abuse. For every £1 spent on MARACs, it is estimated that at least £6 of public money can be saved annually on direct costs to agencies.3

**Does SafeLives fund MARACs?**

No. Individual police forces provide staff to chair local MARACs and the Home Office has provided some funding for MARAC coordinator posts. All other agency representatives attend MARACs as part of their normal, day-to-day work. MARACs are not a statutory provision, so there is no formal obligation for MARACs to exist in every area.

**How many MARACs currently operate in the UK? Where are they based?**

Over 270 MARACs operate across England, Wales, Northern Ireland and Scotland.

**What sort of actions can occur as a result of safety planning at MARAC? How does this help victims in practical terms?**

Since all cases that come to MARAC are high risk, co-ordinated action planning is an important way of reducing the risk to victims and improving the safety of other family members, especially children. As every case is different, the agency representatives present at the MARAC will discuss each case and allocate appropriate actions accordingly. Actions often fall within the normal day-to-day remit of the agency representatives.

 Typical actions might include:

* All agencies: Identifying high risk victims so they can provide an enhanced and responsive service in the event of an incident.
* Police: Placing the victim’s home on ‘cocoon watch’; taking further action against the perpetrator if required; target hardening; providing panic alarms.
* Health: Heightened awareness by health professionals around injuries sustained; ensuring that the victim is separated from the perpetrator upon presentation so that she is attended to by health professionals whilst she is alone.
* IDVA: Feeding back MARAC actions to the victim where safe; providing ongoing support to the victim; attending appointments with victims; assisting victim with finding new housing and education; ongoing co-ordination and communication between all agencies; continued risk assessment; feeding back on repeat victimisation to the MARAC; assisting victims with seeking legal assistance.
* Children and Young People’s Services (CYPS): Agreeing to undertake an initial assessment of

children involved in MARAC cases as appropriate; give additional support to the family; making referrals to children and adolescent mental health services.

* Housing: Assisting with finding alternative accommodation; supporting applications for housing benefit and homelessness; implementing safety devices on the home property.
* Education: Sharing information with appropriate staff to support children effectively; monitoring school performance and behavioural issues.
* Probation: Using information from MARAC for pre-sentence report writing.
* Adult services: Making referrals to vulnerable adults team and/or voluntary sector support, for example, Age Concern.
* Refuge: Providing refuge accommodation; providing ongoing support to the victim.
* Drug and Alcohol team: Fast tracking access to specialist services and support.

The responsibility for actions lies with each agency so transparency and accountability are crucial.

**Do victims know that their cases are being heard at MARAC? What happens if they don't want this to happen?**

It is important that the victim is informed of the MARAC. SafeLives recommends that it is good practice to work in partnership with victims where possible, in order to obtain the most up-to-date information directly from the victim. It’s relatively unusual but in cases where the victim doesn’t want to be referred, practitioners must assess whether it is proportionate and defensible to share information, depending on the level of risk which the victim is facing.

**If agencies are sharing information, could this increase the risk to victims experiencing abuse?**

If a victim is at high risk of being seriously harmed or killed, all agencies should consider whether it is proportionate and defensible to share information in order to better protect her/him. The IDVA will often be in a position to assess what actions might contribute to safety based on their relationship with the victim. By sharing information, a safety plan can be developed. The actions arising out of this plan should provide a greater level of support and protection for the victim.

Some victims whose cases are referred to MARAC are at first concerned about the involvement of the police or social services. However, where the process is well managed, most victims that engage with an IDVA come to trust both the IDVA and the MARAC process. The MARAC process itself can be a transformative experience for victims, enabling many families to be liberated from prolonged and severe domestic abuse that has been ongoing for many years.

**Are children discussed at MARAC? Can IDVAs assist children who are witnessing or experiencing abuse?**

The focus of the MARAC is to implement a safety plan for the adult victim of abuse. However, children which are involved in the same MARAC case as an adult high risk victim will be mentioned at MARAC. This ensures that the relevant agencies that are charged with safeguarding children are informed of the children’s situation. For example, Children and Young People’s Services may undertake a separate assessment of a child involved in a MARAC case to determine whether or not the child requires additional support or safeguarding measures. Many vulnerable, previously ‘hidden’ children who are living with domestic abuse are identified through the MARAC process.

Similarly, IDVAs are not typically able to offer a separate, individual service to children affected by domestic abuse, but all IDVAs have a duty to work with parents to highlight the risks to children from witnessing domestic abuse. IDVAs also have a duty to inform Children and Young People’s Services if they believe that a child is at risk of harm. SafeLives has developed a Continuing Professional Development course for IDVAs on Safeguarding children living with domestic abuse.

The training enables professionals to improve their response to children’s safeguarding issues through support of the non-abusing parent. It’s important to understand the huge impact - physical, emotional and psychological - that domestic abuse can have on children. Children who are living with high risk abuse should not be denied professional support and help.

**Can victims with no recourse to public funds be referred to MARAC?**

Yes, the MARAC is available for all adult domestic abuse victims who meet the MARAC high risk threshold. A MARAC case may be used as evidence in an application for Indefinite Leave to Remain (in the UK).

**Can victims who have had a case referred to MARAC receive legal aid?**

From 2012 onwards, legal aid has been more rigorously restricted for domestic abuse victims, however victims that have had their case referred to a MARAC, received a letter from a GP or social worker to confirm they have experienced abuse or who have received support from a refuge within the last 24 months are usually entitled to receive legal aid funding for legal representation in child contact and residency court cases.

*This document is intended as a general introduction to the work of the MARAC. If you are involved in the MARAC process and have questions which are not answered here, you may find it helpful to refer to our corresponding ‘Frequently Asked Questions for professionals involved in MARAC’.1*

1 This is available to view at www.SafeLives.org.uk/marac/MARAC-Frequently-Asked-Questions-April-2013.pdf

2 Robinson, A. (2004); Howarth, E., Stimpson, L., Barran, D., & Robinson, A., (2009).

3 SafeLives (2010).

**Appendix 2**

**Cleveland MARAC Referral Form**

Multi-Agency Risk Assessment Conference (MARAC) uses a consistent comprehensive approach to risk assessing victims of domestic abuse, This helps to identify those most at serious risk of harm and identifying appropriate inventions to reduce that risk. The process will also enable a more effective way of sharing information between agencies and thus identifying risk that may have previously not been readily identified by the initial responding agency.

The purpose of this form is to enable referrals to be made into MARAC.

This form should be completed by members of staff as part of the agencies procedures for dealing with victims of Domestic Abuse.

Once completed the form should then be emailed for the attention of the MARAC Coordinator who is based at Protecting Vulnerable People Hub:

**T: 01642 302879**

**E:** **marac@cleveland.pnn.police.uk**

The Chair will then decide what further information sharing needs to take place, the level of risk to the victim and finally whether a MARAC meeting is required.

Agencies should continue to follow their own procedures regarding Child Protection issues and continue to adhere to any agreed Domestic Abuse Policies.

# Cleveland MARAC referral form including DASH RIC

*MARAC referrals should be sent by* ***secure email or other secure method*** *to:* **marac@cleveland.pnn.police.uk**

|  |  |
| --- | --- |
| Referring agency |  |
| Contact name(s) |  |
| Telephone / Email |  |
| Date |  |
| Victim name |  | Victim DOB |  |
| Address |  | Diversity Data (if known)B&ME  Disabled  LGBT  Gender M/F  |
| Telephone number |  | Is this number safe to call? | *Y/N*  |
| Please insert any relevant contact information e.g. times to call |  |
| Perpetrator(s) name |  | Perpetrator(s) DOB |  |
| Perpetrator(s) address |  | Relationship to victim |  |
| Children(please add extra rows if necessary) | DOB | Relationship to victim | Relationship to perpetrator | Address  | School(If known) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Reason for Referral / Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional judgement | *Y / N* | Visible high risk (*14 ticks or more on CAADA - DASH RIC*)  | *Y / N* |
| Potential escalation (*3 or more incidents reported to the Police in the past 12 months*) | *Y / N* | MARAC repeat (further incident identified within twelve months from the date of the last referral) | *Y / N* |
| If *Yes*, please provide the date listed / case number (if known) |  |
| Is the victim aware of MARAC referral?  |  *Y / N* | If no, why not? |  |
| Has consent been given? |  |
| Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator) |  |
| Who does the victim believe it safe to talk to? |  |
| Who does the victim believe it not safe to talk to? |  |
| Has the victim been referred to any other MARAC previously?  |  | If yes where / when? |  |
|  |

**CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies[[5]](#footnote-5) for MARAC case identification 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 **☑**.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 not the case please indicate in the right hand column | Yes(tick) | No | Don’tKnow | State source of info if not the victim e.g. police officer and brief details |
| 1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are you very frightened?

 Comment:  | [ ]  | [ ]  | [ ]  |  |
| 1. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think might do and to whom, including children).

 Comment:  | [ ]  | [ ]  | [ ]  |  |
| 1. 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:  | [ ]  | [ ]  | [ ]  |  |
| 1. Are you feeling depressed or having suicidal thoughts?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Have you separated or tried to separate within the past year?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is there conflict over child contact?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are you pregnant or have you recently had a baby (within the last 18 months)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are there any children, step-children that aren’t the suspects in the household? Or are there other dependents in the household (i.e. older relatives)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Have they ever hurt the children/ dependents?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Have they ever threatened to hurt or kill the children/dependents?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is the abuse happening more often?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is the abuse getting worse?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever used weapons or objects to hurt you?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)

 You 🞎 Children 🞎 Other (please specify) 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever attempted to strangle/choke/suffocate/drown you?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Do you know if (?) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)

 Children 🞎 Another family member 🞎 Someone from a previous relationship 🞎 Other (please specify) 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever mistreated an animal or the family pet?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are there any financial issues? For example, are you dependent on for money/have they recently lost their job/other financial issues?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) 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 🞎 Alcohol 🞎 Mental Health 🞎Dawn  | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever threatened or attempted suicide?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) 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 🞎 Non Molestation/Occupation Order 🞎Child Contact arrangements 🞎 Forced Marriage Protection Order 🞎 Other 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Do you know if (?) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)

 DV 🞎 Sexual violence 🞎 Other violence / Other 🞎 | [ ]  | [ ]  | [ ]  |  |
| Total ‘yes’ responses  |  |  |
| **FURTHER INFORMATION** |
| Consider victim’s situation in relation to: disability, substance misuse, mental health issues, cultural/language barriers, ‘honour’- based systems and minimisation. Are they willing to engage with your service?  |
| **Aggravating factors**Is there any other relevant information (from victim or professional) which may increase risk levels?  |
| **Mitigating factors** * What safety measures have already been put in place by you or other agencies?
* Is the victim in refuge?
* Is the perpetrator in custody?
* Include details of injunctions, target hardening, and safeguarding referrals/ processes already in place.
 |
| **Why does the case need to go to MARAC**?* What additional help do you anticipate will be offered by this case being heard at MARAC?
 |
| **What are the victim’s greatest priorities to address their safety?**  |
| **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:****Name:** | **Date:** |

**MARAC Administrator Use Only**

|  |  |
| --- | --- |
| **Action** | **Completed** |
|  MOI |  |
| Notify Flag (victim) |  |
| Special Situation Marker |  |
| Case study |  |
| Agenda |  |
| Police Report |  |
| Intelligence |  |
| Spreadsheet |  |

**APPENDIX 3: Risk Classification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Seriousness | Absence/Presenceof ProtectiveFactors | Imminence | Victim Factors | Risk Classification |
| Presents an ongoing risk of committing an offence causing serious harm. | Pervasive risk and a lack of protective factors to mitigate that risk. | More than likely to happen imminently.Requires long term risk management to contain the risk (including long term treatment).Will happen if controls are absent. | Expresses significant fear for life/threats to kill.Many risk factors for victim present. Requires a robust plan to protect from them. | Very High |
| Capable of causing serious harm. | There are sufficient protective factors to mitigate that risk.The offender evidences a capacity to engage with risk management strategies and/or comply with treatment.Some capacity to self-risk manage. | May present a risk if protective factors ‘fail’, are absent or diminish.Protective factors require maintenance and support. | Numerous serious risk factors present but there is a potential for a safety plan to work and for the perpetrator to comply if monitored.Protective factors can be enhanced. | High |
| May have caused serious harm in the past but a repeat of such behaviour is not probable. | Will co-operate with risk management strategies and/or comply with treatment.Some capacity to self – risk manage with appropriate support. Presence of protective factors. | Not imminent and a repeat offence is ‘on the balance of probability’ deemed unlikely. | Less risk factors and no significant victim fears.Perpetrator complying with interventionsVictim safety assured and significant protective factors. | Medium |
| May have caused harm in the past but a repeat of such behaviour is not probable. | The balance of protective factors now substantially outweighs any risk factors.There are no current indicators of risk of serious harm. | Not imminent and deemed very unlikely. | Few risk factors and on balance they are outweighed by protective factors.No current fears and safety plan intact. | Low |

**Tactical Options Available Through MARAC:**

|  |  |
| --- | --- |
| **Option** | **Action** |
| Remove the risk | Perpetrator is arrested or remanded in custody |
| Avoid the risk | Victim is re-housed or offered placement in refuge / location unknown to the perpetrator |
| Reduce the risk | Multi Agency interventions (perpetrator programmes , drugs / alcohol support), support and safety planning for victims, Sanctuary Scheme / target hardening, enforcement of breaches of bail conditions, use of protective legal sanctions, child protection, use of statutory risk management tools ( i.e. MAPPA) |
| Manage the risk | Continued risk assessment, robust multi agency intervention and planning, victim engagement, challenging perpetrator behaviour |

**Levels of Violence & Abuse:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Violence** |  |  |  |
| **None** | **Standard** | **Increased** | **High** |
| Never, or not currently | Slapping, pushing, no injuries | Slapping, pushing, lasting pain or mild, light bruising | Noticeable bruising, cuts, pain, burns, broken bones, threats or attempts to kill partner, children, relatives or pets. Strangulation, holding under water, threat or use of weapons, loss of consciousness, head injury, internal injury, permanent injury and miscarriage |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual Abuse** |  |  |  |
| **None** | **Standard** | **Increased** | **High** |
| Never, or not currently | Use of sexual insults | Uses pressure to obtain sex, unwanted touching, non violent acts that make the victim feel uncomfortable about sex , their gender identity or sexual orientation | Uses threats or force to obtain sex, rape/ serious sexual assaults; deliberately inflicts pain during sex, combines sex and violence including weapons , sexually abuses children and forces partner to watch, enforced prostitution and intentional transmission of sexually transmitted infections |

|  |  |  |  |
| --- | --- | --- | --- |
| **Harassment / Stalking** |  |  |  |
| **None** | **Standard** | **Increased** | **High** |
| Never, or not currently | Occasional phone calls. Texts or e mails | Frequent phone calls, texts , e mails | Constant / obsessive phone calls, texts or emails, uninvited visits to home , workplace or loitering, destroyed or vandalised property, pursues victim after separation, stalking, threats of suicide / homicide to victim and family members, threats of sexual violence, involvement of others in stalking behaviour |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emotional Abuse** |  |  |  |
| **None** | **Standard** | **Increased** | **High** |
| Never, or not currently | Victim accountable to perpetrator for daily whereabouts, appointments etc, some isolation from family / friends or support network, put down in public | Increased control over victim’s time, significant isolation, intercepting mail or phone calls, controls access to money, irrational accusations of infidelity , constant criticism of role as partner / wife / mother | Controls most or all of victim’s daily activities, prevention from taking medication, accessing care needs, extreme dominance, extreme jealousy, false imprisonment, threats to take children, threats of suicide / homicide, crimes in the name of ‘honour’, threats to expose sexual activity to family members , religious or local community members |

**APPENDIX 4: Referral to MARAC or MAPPA?**

**Is the subject a Registered Sex Offender or Violent Offender sentenced to 12mths or more for a relevant offence?**

**YES**

**NO**

Is the risk of harm linked directly and exclusively to a domestic abuse victim?

**Conduct DASH Risk Assessment and consider referral to MARAC**

**YES**

Are there complex issues that cannot be resolved by MARAC?

**NO**

**YES**

Are there 2 or more agencies required to manage risk?

**NO**

Complete MAPPA referral screening checklist

**YES**

**If case meets MAPPA criteria make referral to MAPPA Coordinator**

**NO**

**APPENDIX 5: MAPPA Eligibility**

Cat 1: Registered Sexual Offenders during period of Registration.

Cat 2: Other Sex Offenders (without a registration period) and violent offenders who have committed a relevant violent offence who have been sentenced to a minimum of 12 months custody. This includes offenders who have received a Suspended Sentence Supervision Order where the custodial element is 12 months or over for a relevant offence. Additionally, offenders subject to a hospital or guardianship order.

Cat 3: Any other offender who has a historical conviction or caution who is assessed as High or Very High Risk of harm where active multi agency management of the case at Level 2 or Level 3 MAPP is required.

The Criminal Justice Act 2003 Schedule 15 part 1 sets out the list of relevant violent offences. Schedule 15 part 2 sets out the list of sexual offences.

**DEFINITION OF SERIOUS HARM**

Harm which is life-threatening or traumatic and from which recovery, whether physical or psychological) can be expected to be difficult or impossible.

RISK LEVELS

**VERY HIGH RISK**

There is imminent risk of serious harm. The potential even is more likely than not to happen imminently and the impact would be serious.

**HIGH RISK**

There are identifiable indicators of serious harm. The potential event could happen at any time and the impact could be serious.

**MEDIUM RISK**

There are identifiable indicators of risk of harm. The offender has the potential to cause harm, but is unlikely to do so unless there is a change of circumstances.

**LOW RISK**

No significant current indicators of risk.

**MANAGEMENT LEVELS**

**LEVEL 0:** Does not meet Cat 1, 2 or 3 above.

**LEVEL 1:** Ordinary Agency Management — there may be more than one agency involved however, the information exchange and resources to manage risks between agencies is being achieved.

**LEVEL 2:** Requires conferencing of multi agency partners to exchange information and manage risks which cannot adequately be managed outside of a MAPPA meeting.

**LEVEL 3:** Requires senior manager representation from agencies to exchange information and allocate resources to manage risks.

**APPENDIX 6: MAPPA Referral Checklist**

**Step One**

Which MAPPA Category is the offender currently assessed as? (Tick)

|  |  |
| --- | --- |
| 1. [ ]  | Registered Sex Offender (Category 1) |
| 2. [ ]  | Violent offenders sentenced to 12 months custody or more and other sexual offenders (not required to register) and those subject to Hospital Orders with restrictions (Category 2) |
| 3. [ ]  | Other dangerous offenders: Must have a previous conviction or caution and pose a current, active risk of serious harm (Category 3) ***NB The decision as to whether an offender meets the criteria for Category 3 rests with the MAPPA Coordination Unit. If the referrer feels that the offender falls into Category 3 and requires active, multi-agency management at Level 2 or 3, a referral (Appendix 1) should be submitted. Otherwise the offender falls out of the MAPPA process.*** |

If the offender does not fall into one of these categories, they **can not** be registered under MAPPA. Consider Information Sharing Meeting outside of MAPPA Procedures. These meetings should be recorded.

If one of the above categories does apply, proceed to step two.

**Step Two**

Do two or more agencies need to meet to agree the Interagency Risk Management Plan? (NB If Police and Probation involved, then three or more agencies)

[ ]  Yes – move to step three

[ ]  No – does not meet criteria for level 2 or 3 management. Continue to

 Manage at Level 1 (apart from Cat 3 offenders who would be

 Managed outside of MAPPA)

**Step Three**

Does the offender pose a current, active risk of harm to others?

[ ]  Yes – move to step four

[ ]  No – does not meet criteria for level 2 or 3 management. Continue to

 Manage at Level 1 (apart from Cat 3 offenders who would be

 Managed outside of MAPPA)

**Step Four**

Will MAPP Management at Level 2 or 3 ‘add value’ to the management of the offender that otherwise would be missing?

Added value may include all or some of the following:

* More effective coordination and management
* Priority access to scarce or innovative resources
* Fast track referral to another agency that can assist in the risk management of the offender
* Senior Management oversight
* The brokering of proportionate engagement with relevant agencies
* Resolving disputes regarding level of risk or risk management plan between involved agencies
* Any other issues specific to this case which would seem to merit MAPP management

[ ]  Yes – move to step five

[ ]  No – does not meet criteria for level 2 or 3 management. Continue to

 Manage at Level 1 (apart from Cat 3 offenders who would be

 Managed outside of MAPPA)

**Step Five**

Is there a likelihood of media scrutiny and/or is public interest in the case very high and there is a need to maintain public confidence?

[ ]  Yes – Suggest referral to Level 3

[ ]  No – Answer next question

Does the likely seriousness and imminence of risk require special resources or higher level resources that can only be committed by senior staff in attendance at Level 3 meetings?

[ ]  Yes – Suggest referral to Level 3

[ ]  No – Suggest Referral to Level 2

Additional Information which supports my decision to refer to MAPPA or not

[ ]  Yes – A MAPP referral is to be completed (please send copy of screening tool with referral)

[ ]  No – A referral to MAPP is not required (consider calling a professionals meeting to share information and agree shared responsibilities)

**Glossary of Terms**

MARAC Multi-Agency Risk Assessment Conference

Safe Lives Formerly Co-ordinated Action Against Domestic violence and abuse (CAADA) – national domestic abuse organisation

DASH Domestic violence and abuse Stalking and Harassment

IDVA Independent Domestic violence and abuse Advisor

MAPPA Multi-Agency Public Protection Arrangement

VAWG Violence Against Women and Girls

SPOC Single Point of Contact

CPP Child Protection Plan

ISA/P/F Information Sharing Agreement/ Protocol/ Framework

LSCB Local Safeguarding Children’s Board

TSAB Teeswide Safeguarding Adult Board

1. A condition of processing sensitive personal data under both Schedule 2 and 3 of the Data Protection Act [↑](#footnote-ref-1)
2. “Vital Interests” – applies to cases of life and death [↑](#footnote-ref-2)
3. https://www.gov.uk/government/publications/striking-the-balance-practical-guidance-on-the-application-of-caldicott-guardian-principles-to-domestic-violence-and-maracs-multi-agency-risk-assessment-conferences. [↑](#footnote-ref-3)
4. https://ico.org.uk/media/for-organisations/documents/1068/data\_sharing\_code\_of\_practice.pdf [↑](#footnote-ref-4)
5. Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service. [↑](#footnote-ref-5)