# CLEVELAND MARAC STANDARD OPERATING PROCEDURE

**MARCH 2025**

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1. **Introduction**

The Domestic Abuse Act 2021

The Aim of the Act

* 1. The Domestic Abuse Act 2021 is set to provide robust support and further protection to those experiencing domestic abuse, as well as strengthen measures to tackle perpetrators and their behaviours.
	2. A new statutory definition has been created as a result of the Act. The new definition emphasises that domestic abuse is not just about the physical violence that occurs but encompasses all forms of abuse. The definition also recognises that children are victims of domestic abuse if they see, hear or are directly affected by domestic abuse.

**The Definition of Domestic Abuse (extract taken from the Domestic Abuse Act 2021):**

* 1. **Definition of “domestic abuse”**

This section defines “domestic abuse” for the purposes of this Act.

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

(a) A and B are each aged 16 or over and are personally connected to each other, and

(b) the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following—

(a) physical or sexual abuse;

(b) violent or threatening behaviour;

(c) controlling or coercive behaviour;

(d) economic abuse (see subsection (4)) ;

(e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

“Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to—

(a) acquire, use or maintain money or other property, or

(b) obtain goods or services.

For the purposes of this Act A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

References in this Act to being abusive towards another person are to be read in accordance with this section.

1.4 **Definition of “personally connected”**

For the purposes of this Act, two people are “personally connected” to each other if any of the following applies—

(a) they are, or have been, married to each other;

(b) they are, or have been, civil partners of each other;

(c) they have agreed to marry one another (whether or not the agreement has been terminated);

(d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);

(e) they are, or have been, in an intimate personal relationship with each other;

(f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));

(g) they are relatives.

1.5 For the purposes of subsection (1)(f) a person has a **parental relationship** in relation to a child if—

(a) the person is a parent of the child, or

(b) the person has parental responsibility for the child.

1.6 In this section—

**“child”** means a person under the age of 18 years;

**“civil partnership agreement”** has the meaning given by section 73 of the Civil Partnership Act 2004;

**“parental responsibility”** has the same meaning as in the Children Act 1989 (see section 3 of that Act);

**“relative**” has the meaning given by section 63(1) of the Family Law Act 1996.

1.7 **Children as victims of domestic abuse**

This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse.

Any reference in this Act to a victim of domestic abuse includes a reference to a child who—

(a) sees or hears, or experiences the effects of, the abuse, and

(b) is related to A or B.

 A child is related to a person for the purposes of subsection (2) if—

(a) the person is a parent of, or has parental responsibility for, the child, or

(b) the child and the person are relatives.

1.8 **Honour Based Abuse, Female Genital Mutilation and Forced Marriage**

* Honour based abuse is defined as ‘an incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/ or community for alleged or perceived breaches of the family and/or community’s code of behaviour’[[1]](#footnote-1).
* Female Genital Mutilation (FGM) –Comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons reasons[[2]](#footnote-2)
* Forced marriage – A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse[[3]](#footnote-3)
1. **Multi Agency Risk Assessment Conference (MARAC)**

2.1 The aim of the MARAC Operating Procedure is to outline the processes of the Cleveland Multi-Agency Risk Assessment Conference or MARAC. This is to be read alongside the MARAC Information Sharing Agreement (ISA), which outlines how information may be shared between attending agencies.

2.2 The procedure sets out accountability, responsibility and reporting structures for the MARAC. It will also outline the process for identifying cases, referral to and risk management through the MARAC meetings and detail the responsibilities of all parties involved in the MARAC and their accountability.

2.3 The overall intention of this procedure is to encourage greater awareness and confidence in the MARAC process, and therefore, improve engagement of all partner agencies to increase the safety of local victims of domestic abuse.

**What is MARAC?**

2.4 A MARAC is a multi-agency meeting which domestic abuse victims who have been identified as high risk of serious harm, homicide or suicide are referred to.

The MARAC is attended by representatives from a range of agencies including police, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs), probation, mental health and substance misuse and other specialists from the statutory and voluntary sectors.

2.5 During the meeting relevant and proportionate information is shared about the current risks, enabling representatives to identify options to increase the safety of the victim and any other vulnerable parties such as children. The MARAC then creates a multi-agency action plan to address the identified risks and increase the safety and wellbeing of all those at risk. The primary focus of the MARAC is to safeguard the adult victim. However, taking into account the UK law which priorities the safety of children, the MARAC will also make links with other multi-agency meetings and processes to safeguard children and manage the behaviour of the perpetrator.

2.6 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 to be able to identify and manage the risks, 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 represents their views and wishes and ensures that victim’s safety remains the focus of the meeting.

**MARAC four aims:**

 The need for a multi-agency approach

2.7 No one partner holds all the information required to effectively assess the needs of victims and their children, or to fully assess the risk of serious harm or murder to victims.

2.8 In the majority of cases the support of more than one agency is required to ensure the longer-term safety of the victim and their children

Clear information sharing creates a supportive structure to ensure improved outcomes across services

2.9 The responsibility to take appropriate action remains with individual agencies; it is not transferred to the MARAC. Agencies should not wait until a case has been discussed at MARAC before taking necessary action or giving advice or access to services. It would be far more relevant for a victim to receive help prior to the meeting and information regarding this brought to MARAC.

2.10 Likewise, the MARAC should not be used as a tool to escalate cases through the system, whether it is housing, social care assessments or other services – this can be done outside of the MARAC.

2.11 The MARAC exists as a tool to facilitate effective information sharing and action planning to keep residents safe

1. **MARAC Representative**

3.1 The MARAC process will ask for representation from all service areas that can have an impact in increasing the victim’s and children’s safety – including non-criminal justice agencies. There should be regular attendance from the full range of statutory agencies, specialist domestic abuse services as well as relevant voluntary and community organisations.

3.2 Whilst regular attendance is expected from all relevant statutory and voluntary agencies (see 2.4), there should always be a presence of several “core agencies” which is expected for there to be an effective operation of the MARAC.

**Core Partners**

* Cleveland Police
* Children’s Social Care
* Domestic abuse (IDVA) services
* HBA/FGM and FM services
* Sexual abuse/violence service
* Mental Health service (TEWV)
* NHS
* Adult Social Care
* National Probation Service
* Health Visiting & School Nursing
* Housing provider service
* Homeless Service
* Drug and Alcohol services

3.3 Additional partners may attend for individual cases or to support the MARAC as required.

3.4 All agencies are required to verbally agree the confidentiality agreement at the beginning of the MARAC.

**Expectations of MARAC Representatives**

3.5 All participating core agencies should have a named MARAC representative who should be of an appropriate level of seniority to commit to actions on behalf of their agency.

3.6 If a MARAC representative is unable to attend, then the representative should inform the MARAC coordinator in advance of the meeting and provide a written submission of relevant information. Alternatively, and in the case of all core agencies, a substitute representative should attend on behalf of an agency.

3.7 The MARAC representative is the key link between the MARAC and their service and acts as a single point of contact (SPOC) for relevant advice to that service about the MARAC.

**Induction of New MARAC Representatives**

3.8 All new MARAC representatives should inform the MARAC coordinator that they will now be attending MARAC on a regular basis before the first meeting.

3.9 Where possible a secure e-mail address should be supplied so that the MARAC Administrator can send referrals, minutes and case-lists to the new representative.

3.10 The MARAC Coordinator will ensure that the new representative and their secure e-mail is added to the list for the MARAC. The MARAC Chair should also be advised of a new member, so that the necessary introductions can be made.

**A MARAC induction should include:**

* The new MARAC representative should attend Domestic Abuse Awareness Training through the Teeswide Safeguarding Adults Board (TSAB) Training offer, see **Appendix 2** for link to the training
* Where replacing a MARAC representative, the new representative should have completed a hand-over meeting with the old representative, to ensure that on-going actions, cases and procedures are in place.
* The new representative should appraise themselves of the local MARAC process, dates, times and locations of MARAC meeting, who the IDVAs are, risk assessments, MARAC ISA and referral form.
* The new MARAC representative should visit the SafeLives website (www.safelives.org.uk) and make use of the resources available for MARAC representatives. See **Appendix 2** for more information.

**Governance and Performance Management**

3.11 A Cleveland wide Strategic Steering Group is in place to have oversight of the practical operation of MARAC.

3.12 The objectives of the Strategic MARAC are to:

1. Oversee the operation of the current Cleveland MARAC structure, including chairing and administrative support.
2. To review performance information, for instance, monitoring the volume of referrals by local police force area, and cumulatively for Cleveland.
3. To develop and review MARAC processes as needed.
4. To maintain positive partnerships and adapt where needed.
5. To keep referral processes under review to ensure that they are timely and responsive to the issue of risk reduction.
6. To ensure that MARAC referrals consider the needs of all vulnerable victims and any children, and ensures support is deployed as soon as is needed.
7. To receive and review quality assurance information from task groups set up to do audits/ dip sampling.
8. To ensure MARAC functions are effective and work within national best practice principles, including information sharing
9. To keep guidance for participating agencies on their roles and responsibilities under review.
10. Implementing recommendations from reviews as appropriate (including not but limited to DHR/SCR, independent reviews, commissioned reviews)

Taken from the Strategic MARAC Terms of Reference (draft June 2023 – need to check if this is the most up to date).

**Identification of Domestic Abuse**

3.13 Agencies may identify the existence of domestic abuse in several ways, including disclosure or direct reporting from victims, third party reporting or disclosure or because of suspicions arising from the behaviour or appearance of an individual or their children.

3.14 There is therefore an expectation that agencies will incorporate questions relating to domestic abuse within their own processes and policies. When domestic abuse is identified agency staff should follow their own agency’s procedures. However, all agencies’ policies should:

* Encourage the victim to report the abuse to the Police.
* Signpost to locally available support services.
* Notify the Multi-Agency Children’s Hub (MACH) where there are children in the household, or the victim is pregnant.
* Notify Adult Social Care if there is a vulnerable adult involved.
* Address the responsibility and need of third party reporting crimes.
* Complete a Domestic Abuse Stalking and Harassment Risk Indicator Checklist (DASH RIC) to ascertain the level of risk and determine whether a referral to MARAC and/or IDVA is required. **See Appendix 1.**

**Domestic Abuse Stalking and Harassment Risk Indicator Checklist (DASH RIC)**

3.15 The DASH RIC is used to assess risk for victims of domestic abuse. It is the recognised assessment tool for the MARAC process and should be used by all agencies wherever there is a disclosure or identification of domestic abuse.

3.16 This tool is evidence based and has been developed following analysis of domestic abuse homicide and other serious incidents. The DASH RIC identifies a series of risk factors which are indicative of high risk of harm or death.

3.17 There is no specific formal training required to use the tool, and it is for individual agencies to determine how they wish to implement the assessment in practice. However, all staff using DASH RIC should have a good understanding of domestic abuse and associated risk factors.

3.18 It is therefore strongly recommended that all staff in local agencies attend available training courses offered through the Teeswide Safeguarding Adults Board, campaign events or local domestic abuse training offers. **See Appendix 2.**

**4 Referral Criteria**

4.1 There are four criteria which professionals can use to refer a victim at high risk from domestic abuse to MARAC. It is important that anyone who meets the referral criteria is referred to MARAC, and that one criterion is cited to evidence legal authority to share information.

* **Visible High Risk** (14 or more ‘yes’ answers on the DASH RIC)

This is an assessment based on actuarial data, involving the use of risk indicators to assess the probability of serious harm or homicide. For domestic abuse cases, the number of yes answers on the DASH usually determines the level of risk. SafeLives recommends that 14 ‘yes’ answers on the DASH would result in a referral to MARAC. However, completing the DASH is not a simple ‘tick box’ exercise and even where there is a lower number of ticks, professional judgement should be used to inform the overall assessment of risk. Where a case score’s 14 or more and there are children in the household, a referral to Children’s Service is required (best practice).

* **Professional Judgement**

Professional judgement involves an assessment of the severity based on an individual professional’s consideration of a situation but will naturally use the information from the DASH checklist (if available) to inform this judgement. This form of assessment relies heavily on the skill and experience of the professional in order to make an informed decision of likely risk. In domestic abuse situations, professional judgement will be informed by the practitioner’s knowledge of domestic abuse and its manifestations. Referrals to MARAC can be made based solely on professional judgement. However, it is the practitioner’s responsibility to articulate what their concerns are and the reasons for the referral. Professional judgement should not be used to ‘downgrade’ an actuarial risk assessment.

* **Potential for Escalation**

The potential for escalation can be assessed by looking at the frequency and/or severity of abuse. It is common practice for services to determine there is a potential for serious harm or homicide when three domestic abuse events have been identified in a 12-month period. For example, three attendances at A&E, three Police callouts or three calls to make housing repairs. This should alert professionals to the need to consider a referral to MARAC, taking into account escalation in behaviour and that the events are factually based.

* **Repeat Referral**

SafeLives defines a repeat as ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC. The individual act of abuse does not need to be ‘criminal’, violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour.

Some events that might be considered a ‘repeat’ incident may include, but are not limited to:

* Unwanted direct or indirect contact from the perpetrator and/or their friends or family
* A breach of police or court bail conditions
* A breach of any civil court order between the victim and perpetrator
* Any dispute between the victim and the perpetrator(s) including over child contact, property, divorce/separation proceedings etc.

4.2 These events could be disclosed to any service or agency including, but not exclusive to, health care practitioners (including mental health), domestic abuse specialists, police, substance misuse service, housing providers etc.

4.3 The MARAC meeting may also agree for a Clare’s Law disclosure to be made under the ‘Right to Know’ Domestic Violence Disclosure Scheme (DVDS).

**MARAC to MARAC referrals**

4.4 A MARAC-to-MARAC transfer referral occurs when a victim of domestic abuse moves between geographic areas, whether temporarily or permanently, and is therefore referred from one MARAC to another MARAC.[[4]](#footnote-4)

 See 7.5 for ‘Referrals to other areas’.

 In respect of Transfer cases to the Cleveland MARAC, when there is limited information on a victim who moves to the Cleveland area.

The case will be assessed and if the subject does not reside in the Cleveland area the case will not be automatically heard in a MARAC meeting but noted on Police systems.

Information will then be sent to partner agencies i.e. HALO/Harbour/MSP as appropriate to make contact and offer support to the victim.

If a perpetrator moves to the Cleveland area along with the victim the case will then be heard in MARAC.

 This was a process that was implemented by Simone when she was the DCI without agreement from Strategic MARAC. It goes against MARAC-to-MARAC transfer as per Safelives and is not deemed best practice. It was raised within Strategic MARAC the risk that the process Simone had implemented and was to be changed back but with Helen being off this has not happened.

**Non-MARAC Cases**

4.5 Cases should not be referred to MARAC if:

* There is no visible high risk from the DASH RIC or professional judgement
* To get access to an IDVA
* To provide evidence to access Housing moves (without other circumstances)
* To signpost to other services
* Where the perpetrator is subject to MATAC, MAPPA or HRAP.

4.6 Where the case does not meet the risk threshold and criteria for referral to MARAC, support should be sought from local domestic abuse services.

4.7 It is important that actions are not delayed for MARAC sign-off, many if not most actions can be completed before a case comes to MARAC.

1. **Referral Process**

5.1 Any partner agency can refer a case to the MARAC if it meets the threshold criteria as listed above. If an agency believes that a case is high risk, but they lack confidence in the completion of the DASH Checklist then advice can be sought from their MARAC SPOC or the Coordinator.

 The police submit Public Protection Notices (PPNs) following their internal quality assurance process.

5.2 The DASH RIC and MARAC referral form can be found at **Appendix 1.**

**Making the Referral -**

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

 **Deadlines**

5.3 MARACs are conducted weekly every Thursday and Friday mornings, and the following deadlines are in place:

* Police and Partner Referrals to be made by 12pm on a Tuesday for discussion at MARAC the following week
* Case notifications sent out to partners by close of play on Thursday
* Case studies completed by PVP by the end of Monday
* Partner information to be sent by 5pm Monday
* Case studies sent out to partners by the end of Tuesday
* MARAC meetings held Thursday and Friday mornings
* Minutes to be completed and shared by the end of Friday

**MARAC List/Agenda**

5.4 The cases studies are circulated by close of play every Tuesday so that all agencies have the time to complete their preparation (reading all the information and identifying actions) before the meeting. It is not appropriate for research to be conducted within the meeting as this has an impact on the efficiency of the MARAC. If a MARAC representative is unable to attend the meeting, their research must be sent to the MARAC coordinator no later than COP Monday, to ensure their intelligence is replicated to the minutes that are typed live during the meeting. The MARAC Coordinator is unable to share your intelligence during the meeting without having enough time to process the information.

**Victim contact before the meeting**

5.5 It is best practice that clients who are referred to the MARAC should be notified of the referral (if it is safe to do so), although it is acknowledged that this will not always be possible. Victims should also be offered support of a domestic abuse service and where this is consented to a referral should be made to the relevant domestic abuse service prior to the MARAC.

5.6 If the victim declines the support of a domestic abuse service/IDVA then the referring agency should record this on the referral form and make attempts themselves to notify the victim that the case is being presented to the MARAC where it is safe to do so. All other methods of contact should be attempted i.e. via social care, housing, education, health visitor etc.

**Independent Domestic Violence Advocates (IDVA)**

5.7 It is a standard action that all cases referred to the MARAC are also offered support from the local domestic abuse support service. In high-risk cases this support will be provided by an Independent Domestic Violence Advocate (IDVA). To enable the service to make contact prior to the MARAC meeting it is vital that a referral is made in enough time with all appropriate details, specifically a safe contact number and consent.

**Consent**

5.8 The key focus at each MARAC meeting should be the victim. It is therefore desirable that the victim consents to the MARAC process and as such, it is vital that agencies can explain the role and purpose of MARAC in such a way that consent is encouraged. This also confirms that the victim is aware of the MARAC referral as above.

5.9 Notwithstanding this, the role of the MARAC is to address high-risk cases of domestic abuse where a risk of death or serious harm has been identified. Therefore, it is not a requirement that consent is obtained, if referral threshold is met, and cases should still be referred where it has been withheld.

**Research**

5.10 Once the notifications have been circulated, MARAC representatives should research their own agency databases and records to identify relevant, current and risk-focused information regarding the victim, perpetrator and any children.

5.11 Where an individual is known to an agency, the information should be brought or forwarded to the MARAC mailbox.

5.12 Guidance as to relevant and appropriate information is available in Safelives toolkits for all agencies and should be used as a guide. As with all information sharing it is important that the level of information shared is appropriate to the risk identified.

**Actions before the MARAC**

5.13 It is not intended to be the case that agencies wait until the MARAC meeting before taking action to address a case and begin reducing risk. Prior to the meeting work will commence within several agencies to address issues of safety and support. These are likely to include:

* Target Hardening to improve the security and safety at the home address
* Moving the victim to a refuge or other safe address or temporary accommodation if needed.
* Providing support and advice, and safety planning with the victim, including planning safe exit
* Safeguarding Children and Vulnerable Adults - There may also be a need for immediate safeguarding actions in cases where children or vulnerable adults are involved. A Strategy meeting will be initiated, if necessary, either with Children’s Social Care or Adult’s Social Care.
* Third Party reporting of crime to 101 where necessary.
1. **The MARAC Meeting**

6.1 MARAC meetings are held weekly on Thursday (South) and Friday (North) mornings. These take place remotely via Microsoft Teams.

**Meeting Times**

**Thursday**

Redcar 09.00 hrs.

Middlesbrough 10.45 hrs.

**Friday**

Hartlepool 09.00 hrs.

Stockton 10.45 hrs.

Cases are allocated 15 minutes each, this includes both new cases and repeat cases.

6.2 It is important that agencies ensure their representatives can attend and do not schedule conflicting appointments or other commitments for this day, as it is not possible to determine precisely when the meeting will conclude, and representatives should ensure they have enough flexibility on the day to remain at the meeting until all cases have been heard.

**The MARAC Chair**

6.3 The aim as Chair of the MARAC is to establish a process that addresses the safety of the highest risk victims of domestic abuse, in partnership with other agencies. To do this you need to have a MARAC which is as consistent, transparent and accountable as possible.

6.4 The Chair is not responsible for the actions of each attendee. But an ethos of accountability and responsibility to partner agencies must be developed from the start. This relates to their attendance, and in particular, completing relevant actions, and to the recording of data in relation to the MARAC.

6.5 Encouraging participation from all agencies is therefore a key task for the Chair, in partnership with the steering group. This helps create a proactive safety plan where the risks and needs of victim, children and perpetrator are addressed by the MARAC appropriately.

6.6 **The MARAC Chair’s role**:

* Ensure risks are highlighted within the meeting with appropriate measures put in place to manage or mitigate those risks through the MARAC action plan.
* Effectively chair MARAC meetings and drive forward action on outstanding items.
* Ensure the efficient running of the MARAC meeting, including keeping to time overall and by case i.e. max 15 minutes per case.
* Ensure relevant agency attendance at meetings to maintain confidentiality and safety.
* Ensure that observers at MARAC meetings are appropriate.
* Read meeting papers and prepare for meetings ensuring that they have full awareness of the cases. Where appropriate a pre-meeting with the MARAC coordinator can be made.
* Assist the MARAC Coordinator to ensure that they can accurately record all actions at the meeting.
* Work to the MARAC Standard Operating Procedure and uphold the principles for safe information sharing as outlined in the MARAC ISA, including ensuring the confidentiality agreement is signed (including verbal agreement) at the start of the meeting.
* Ensure through the MARAC that partners are held to account for the actions agreed at meetings.
* Report performance to the MARAC Steering Group

6.7 **The roles within Cleveland Police that administer MARAC**

* Domestic Abuse Solutions Team (DAST) Coordinator acts as a single point of contact for referring agencies.
* Multi-Agency Administrator arranges the MARAC meetings and issues invitations to attend.
* Partner Agency referral received to the MARAC mailbox.
* Protecting Vulnerable People (PVP) Support Hub create an occurrence on police systems, link the involved parties and upload the referral document.
* Tasks are sent by the PVP Support Hub to the DAST Coordinator for review of the referral and to DAST PC to review and record any offences disclosed in the referral (and action as appropriate).
* PVP Support Hub prepare the case studies and send out the case notifications.
* PVP Support Hub complete the agenda.
* DAST add partner updates and any police updates to the case study and send to MARAC partners.
* Multi-Agency Administrator notes the actions in the MARAC meeting, records on the case studies and shares with partners post meeting.
* DAST Coordinator collates statistics in accordance with current agreement with SafeLives and for the purposes of Strategic MARAC.
* PVP Support Hub complete MARAC transfers to other force areas.
* MARAC Chair authorises and arranges MARAC letters as requests are received.

**Information shared at the MARAC**

6.8 All attending agencies are required to verbally agree the MARAC Information Sharing Agreement prior to attending the meeting. In doing so they are agreeing to the Confidentiality Agreement at each meeting along with all invited visitors. The MARAC ISA provides full details about information sharing and confidentiality.

**Observers at MARAC**

6.9 It is recognised that the MARAC approach is likely to be of interest to many partners both locally and across the country. Consequently, it is acknowledged that there is a high likelihood that request to observe the process may be received from partners across various agencies.

6.10 While there is every intention to promote the work of the MARAC and to encourage partners to contribute to such multi-agency initiatives it is nonetheless a meeting where highly sensitive information is shared and observers must verbally agree to the confidentiality agreement.

6.11 The MARAC Chair must be advised who the observers are before the meeting and given an opportunity to agree or otherwise to the observer attending.

1. **Action Planning**

|  |
| --- |
| 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. The responsibility to take appropriate action rests with individual agencies; it is not transferred to the MARAC. |

* 1. During the MARAC meeting, a SMART (Specific, Measurable, Achievable, Relevant, Time-bound) action plan will be created to enhance the safety of the victim, children, perpetrator, other vulnerable individuals, and relevant staff members. The action plan must specifically identify and address the identified risks and needs, making sure that it is SMART (Specific, Measurable, Achievable, Relevant, Time-bound). When appropriate, the plan should include joint efforts and reference other multi-agency arrangements. However, it is important to note that a set of standard actions will be implemented in all cases.

These actions include:

* All agencies flagging and tagging their files in relation to perpetrator, victim and any children. This ensures that repeat incidents can be identified as such and that should a victim later have contact with another agency the appropriate level of support can be given.
* The establishment of Police Special Situation Marker where appropriate added to the victim’s and any other relevant addresses.
* Referral to the Domestic Abuse service for IDVA support/specialist support and advice as well as information relating to other specialist services and providers of support.
* Providing feedback to the victim on the MARAC process. Following the meeting where the victim is engaging with an IDVA they will contact the victim to give a verbal update on the outcome(s). Where a victim does not consent to support from a domestic abuse service it will be decided in the meeting who is the most appropriate agency to feed back to the victim.

7.2 It is expected that agencies will volunteer actions, and it is not the role of the MARAC Chair or Coordinator to allocate actions to participating agencies.

**Completion of Actions**

7.3 A summary of agreed actions from the MARAC are distributed within the minutes. Representatives are required to complete and provide confirmation that actions have been completed to the MARAC mailbox within the timescale agreed at the meeting. It is the responsibility of the named agency to ensure that actions are noted before leaving the MARAC and completed in a timely fashion.

7,4 Where agencies are unable to complete either individual or standard actions, they should notify the MARAC Chair. The MARAC Chair will then work with the agency concerned to identify a solution consistent with the principles of the MARAC process and if no resolution can be found, will be escalated to the Chair’s line manager (DCI for Safeguarding).

**Referrals to other MARACs**

7.5 If the victim moves out of the borough a referral will be made by the PVP Hub to the local MARAC Coordinator in the area where the victim re-locates.

7.6 Where a victim has relocated across MARAC boundaries within Cleveland, the MARAC of the Local Authority area in which the victim normally resides should retain the MARAC case. This is to ensure that each case is referred to the MARAC most able to offer appropriate support to the victim.

7.7 As housing, children’s social care, adult social care and education services are ordinarily provided by the Local Authority in which the victim is registered as living, MARAC referrals should reflect this and as such all MARAC referrals should be made to the MARAC operating in the local authority area where a victim is registered as living.

7.8 Where the victim’s relocation is outside of Cleveland and is a permanent or long-term move then a MARAC-to-MARAC referral will be appropriate.

1. **Effectiveness of MARAC**

8.1 The effectiveness of MARAC is underpinned by SafeLives 10 principles:

The four aims of MARAC are to safeguard victims of domestic absue, manage perpetrators’ behaviour, safeguard professionals and make links with all other safeguarding processes (covered at 2.6).

The 10 principles underpin an effective MARAC and support everyone involved to deliver these aims. At the core of each principle is the safety of the victim, which needs to be considered at all stages of the process. Ensuring that the victim is supported throughout and their needs represented at the MARAC is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

1. Identification

Professionals recognise domestic abuse; risk assess and identify high-risk cases based on the referral criteria for MARAC

2. Referral to MARAC and IDVA

All victims who meet the MARAC threshold are referred to MARAC and the IDVA

3. Multi-agency engagement

Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the MARAC

4. Independent representation and support for victims

All high-risk victims are offered the support of an IDVA; their views and needs are represented at MARAC

5. Information sharing

MARAC representatives share relevant, proportionate, and risk-focused information

6. Action planning

Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour

7. Number of cases

The MARAC hears the recommended volume of cases

8. Equality

The MARAC addresses the unique needs of victims with protected characteristics

9. Operational support

There is sufficient support and resources to support effective functioning of the MARAC

10.Governance

There is effective strategic support and leadership of the MARAC and IDVA response, and agencies work together effectively

For more information go to <https://safelives.org.uk/wp-content/uploads/The-principles-of-an-effective-Marac.pdf>

**Equality Impact Data**

* 1. All partner agencies are committed to delivering services that meet the needs of all residents.
	2. The MARAC and any individuals involved with it will ensure that victims are not judged or discriminated against. This includes any inappropriate or insensitive comments being made about the victim, their children or their circumstances, or the alleged perpetrator. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
	3. Equality impact data within the MARAC process is monitored and reported to Safelives and Strategic MARAC. With the agreement of SafeLives the following diversity data is submitted by Cleveland as part of a quarterly data return:
* Number of cases discussed
* Number of repeat cases
* Number of children in the household
* Number of cases with children in the household
* Agency referrals
* Number of referrals where the victim is male
* Number of referrals where the victim is aged 16 or 17
* Number of referrals where the victim is over the age of 65

**Evaluation**

8.5 All MARAC data is collected monthly and entered into the Safelives MARAC spreadsheet by the MARAC Coordinator.

**Review**

8.6 The MARAC Operating Procedure will be reviewed every two years by Strategic MARAC (or earlier if required).

**Meeting Etiquette**

8.7 When sharing information during the meeting, MARAC representatives are asked to ensure they are only sharing new and relevant information in the meeting. The delivery of the information should be succinct to ensure only relevant information is recorded. Over sharing of information that is not required, causes unnecessary delays to the meeting, which can lose focus to the action planning for the victim.

8.8 MARAC representatives are reminded that all SPOCs can share information on cases, support other services with ideas to safety plan for the victim and respect that everyone’s voice is relevant.

8.9 As the meetings are on Teams, it is important that MARAC representatives be fully engaged in the meeting, have their camera on and listen to everyone’s comments to prevent repetition of information that has previously been shared during the case discussion.

8.10 Through the duration of the meeting, apart from the chair, all attendees are to remain on mute to avoid background noise and unnecessary interruptions. Attendees should use the raise hands facility and speak only when directed by the chair.

8.11 MARAC representatives are asked not to speak over one another and wait for others to stop talking.

8.12 MARAC representatives should use the chat facility if they need to ask a question or seek clarification. It is important that no information is shared in the chat that will identify any individuals being discussed during the meeting to ensure GDPR compliance. This will be monitored by the coordinator.

**Complaints**

8.13 Any MARAC agency wishing to make a complaint against another agency related to the MARAC must follow the procedure as set out below.

* Anyone who wishes to make a complaint may do so in person, by telephone, or in writing. (Written complaints can be submitted by mail or email).
* In the first instance all complaints are to be made to the MARAC Chair.
* The MARAC Chair will acknowledge receipt of the complaint within 5 working days and provide a timeframe in which a response will be made.
* The MARAC Chair will investigate the complaint, consider a response and write to the complainant
* If the complainant is not satisfied with the initial response from the MARAC Chair, then an escalated letter of complaint can be sent to the Chair of Strategic MARAC
* The Chair of Strategic MARAC will acknowledge receipt of the complaint within 5 working days and respond within a stated time frame.
* If the complainant wishes to complain about the MARAC Chair, the complaint should be made to the DCI of the safeguarding unit in the first instance, who will acknowledge the complaint within 5 working days and provide a timeframe in which a response will be made.
* If the complainant is not satisfied with the initial response from the DCI, then an escalated letter of complaint can be sent to the Chair of Strategic MARAC.

**Breaches**

8.14 The aim of the MARAC is to increase the safety of the victim(s). All agencies are advised to ensure they operate within this procedure as a breach can increase the risk to the victim(s).

8.15 Any identified breach of either the Operating Procedure or Information Sharing Agreement, will be referred to the Chair of Strategic MARAC for consideration.

**Domestic Homicide Reviews (DHR)**

8.16 Domestic Homicide Reviews were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011.

8.17 If a MARAC case becomes subject of a DHR the Independent Chair of the Homicide Review Panel or the Community Safety Partnership Manager may make a written request to the MARAC Chair for the release of Minutes pertaining to the case.

8.18 The MARAC Chair will provide the Homicide Review Panel with copies of relevant minutes and action plans within 10 working days. MARAC information will be provided to Homicide Review Panels in the following circumstances:

* A client of the MARAC is the victim of a domestic abuse related homicide.
* A MARAC client is identified as the perpetrator of a domestic abuse related homicide, and the victim is also known to the MARAC.

8.19 In all other circumstances a written request for the release of information including minutes and action plans may still be submitted to the Chair of the MARAC. A decision will then be made as to whether the request will be granted.

Victim safety will underpin any decision to disclose information relating to MARAC.

**MARAC disclosure into court proceedings**

8.20 Where disclosure of documents is requested by a court, the MARAC will follow the principles outlined by the Working party of the Family Justice Council/Safelives document; “MARAC and disclosure into court proceedings” published in December 2011 (updated November 2022) [fjc\_marac\_FJC](https://www.judiciary.uk/wp-content/uploads/2022/12/FJC_MARAC_Guidance_updated-2022.pdf)

1. **Glossary of Terms**

|  |  |
| --- | --- |
| APV | Adolescent to Parent Violence |
| BME/BAMER | Black Minority Ethnic/Black and Minority Ethnic and Refugee |
| Express Consent | Consent which is expressed orally, or in writing, (except where patients cannot write or speak, when other forms of communication may be sufficient) |
| CSP  | Community Safety Partnership |
| Crime and Disorder Act (CDA)1998 | The purpose of the Act is to tackle crime and disorder and help create safer communities. It requires the police and local authorities in partnership with the community, to establish a local partnership to cut crime. This partnership must conduct an audit to identify the types of crime in the area and develop a strategy for tackling them. |
| DISO | Designated Information Sharing Officer - A person nominated by the agency of sufficient standing to process or initiate requests for personal information and data (generally the MARAC representative) |
| DA | Domestic Abuse |
| DCI  | Detective Chief Inspector |
| DI  | Detective Inspector |
| DV | Domestic Violence |
| DVA | Domestic Violence and Abuse |
| DASH RIC | Domestic Abuse, Stalking and Honour Based Abuse Risk Indicator Checklist |
| DAST | Domestic Abuse Solutions Team |
| DHR  | Domestic Homicide Review |
| FLO | Family Liaison Officer |
| FP  | Family Practitioner |
| GBV  | Gender-Based Violence |
| GP | General Practitioner  |
| HBV/A  | Honour Based Violence/Abuse |
| HV | Health Visitor |
| IDVA | Independent Domestic Violence Advocate |
| ISA | Information Sharing Agreement |
| ISVA | Independent Sexual Violence Advocate |
| LGBT | LGBT - Lesbian, Gay, Bisexual (LGB) or Transgender |
| MARAC | MARAC - Multi-Agency Risk Assessment Conference |
| OIC | OIC - Officer in Charge |
| PPN | Public Protection Notice |
| PVP | Protecting Vulnerable People |
| SA  | SA - Sexual Abuse |
| SafeLives | Formerly known as CAADA, a National Organisation working to end domestic and sexual violence. SafeLives developed the IDVA and  |
| SN | SN - School Nurse |
| SW  | SW - Social Worker |
| VAWG | VAWG - Violence Against Women and Girls |
| TSAB | TSAB - Teeswide Safeguarding Adults Board |

1. **Appendices**

**Appendix 1 - DASH RIC and referral form**



**Appendix 2 - Link to training and resources**

SafeLives MARAC overview [SafeLives-Marac-Overview-June-2024.pdf](https://safelives.org.uk/wp-content/uploads/SafeLives-Marac-Overview-June-2024.pdf)

Teeswide Safeguarding Adults Board training - [Training Resources | Teeswide Safeguarding Adults Board](https://www.tsab.org.uk/training-resources/)

1. Honor based abuse - [Forced marriage and honour based abuse | College of Policing](https://www.college.police.uk/app/major-investigation-and-public-protection/forced-marriage-and-honour-based-abuse) [↑](#footnote-ref-1)
2. FGM - [Female genital mutilation: the facts (accessible version) - GOV.UK](https://www.gov.uk/government/publications/female-genital-mutilation-leaflet/female-genital-mutilation-the-facts-accessible-version) [↑](#footnote-ref-2)
3. Forced Marriage - [Forced marriage - GOV.UK](https://www.gov.uk/guidance/forced-marriage) [↑](#footnote-ref-3)
4. MARAC to MARAC transfer referral - https://safelives.org.uk/resources-library/marac-to-marac-transfer-form/ [↑](#footnote-ref-4)