

A Guide for Norfolk Partners

Multi Agency Risk Assessment Conferences (MARAC) Operating Guide

With acknowledgement to SafeLives (formerly Coordinated Action Against Domestic Abuse (CAADA)) and to Leicester Constabulary

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1 Purpose and Aims

The purpose of this guide is to give an understanding to partners of the process of the MARAC. This will include:

- A general overview
- Understanding Risk and repeat victimisation
- An outline of actions with other safeguarding processes and key agencies
- Detailed outline of the process
- Annexes of key documents used

The MARAC is an integral part of the Coordinated Community Response model to Domestic Abuse in Norfolk. It is linked to the Independent Domestic Violence Advocacy (IDVA) service and the Specialist Domestic Violence Court (SDVC).

Domestic violence is multi-faceted and complex; there are overlaps with services being delivered and impacts on all involved i.e. the victim, perpetrator and child (if there are children involved). Agencies cannot deal with, and provide an effective service to victims and their children as well as the management of perpetrators alone.

The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and their families and to increase the safety, health and wellbeing of victims. In a MARAC local agencies will discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims and the actions needed to ensure safety. The resources available locally are shared and used to create a risk management plan involving all agencies.

Objectives:

- To share information to increase the safety, health and well-being of victims – and their families;
- To construct and implement a coordinated risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- To determine whether the perpetrator poses a significant risk to any particular individual(s) or to the general community;
- To reduce repeat victimisation;
- To improve agency accountability; and
- Improve support and safety for staff involved in high risk DV cases.

2 General Information and Overview

This section gives a brief overview of the process of the MARAC, more specific guidance can be found in the relevant sections. The process is fully compliant with the recommendations of SafeLives who are responsible for the roll out of the process nationally, and with reference to their implementation guide throughout.

There is 1 MARAC, held daily, which covers the Central, Eastern and Western areas of Norfolk. This takes the form of a teleconference, held on Floor 4, Vantage House, Norwich. Agencies can attend in person or dial in remotely to join the meeting. Full details of how to join the daily MARAC meeting can be obtained from the MARAC Coordinator, marac@norfolk.pnn.police.uk

The timetable for the meetings will be as follows:

Referrals received by 10.30pm:	MARAC Meeting held on
Monday (including Saturday & Sunday referrals)	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

The MARAC is only for high risk cases as per the DASH risk indicator checklist (Appendix M2a). The MARAC will deal with cases that fall within the geographical area defined in the referrals section. 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 MARAC will be chaired by appropriately trained representatives from key agencies, and in particular the Detective Sergeant from the Multi Agency Safeguarding Hub (MASH).

A web based case management tool (MODUS) is available for use by IDVAs and partners to gain access to case lists and minutes of MARACs.

In case of web system or computer failure, case lists and minutes can be sent to secure email addresses. **A secure email address will include gsi, pnn, gcsx, nhs.net.**

In the event that agencies do not have a secure email address then password protected emails will be sent.

Referrals to the MARAC will be those cases that have met the threshold for high risk as assessed by the ACPO-SAFELIVES recommended indicator checklist (Appendix M2a).

The MARAC Coordinator will collate the information for the meeting. Each referring agency will complete the referral form with a named officer and contact details from the referring

agency. It is expected that the referrer will attend the Daily MARAC or participate via the teleconference to present the case.

The MARAC Coordinator will be the single point of referral for cases to be discussed at the MARAC. These cases must pass the required threshold and be notified in accordance with the section on referrals later in this document.

Unlike other multi agency meetings, the MARAC will aim to deal with six cases in each meeting and work to an average time of **10 minutes per case**. The MARAC Coordinator will be the dedicated minute taker, who prepares the minutes. The minutes will be prepared as soon as possible after the meeting and include a list of all the agreed actions plus any amendments to the basic information that might have become clear as a result of the meeting.

The actions for each case will be summarised by the MARAC Coordinator at the meeting so that all attendees are clear what they are committing to do on behalf of their agency. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC Coordinator.

The MARAC Coordinator will monitor and update the minutes when actions have been completed. Agencies are expected to complete their actions within 7 days of the meeting unless it can be done sooner and are required to forward confirmation of completion to marac@norfolk.pnn.police.uk. The MARAC Coordinator will flag incomplete actions to the chair for a response at the next meeting from the agency with responsibility.

Unless a repeat incident/crime occurs within the period of time between a meeting and the next one, or actions remain uncompleted, cases discussed would not be automatically listed for the next meeting. Thereafter, if an agency feels a case previously discussed needs to go back to MARAC, then that case would need to be referred to the MARAC Coordinator in the usual way.

The level of risk threshold may need to be raised or lowered as evidenced by current trends and statistics to ensure that the highest risk cases are prioritised within the time constraints of the MARAC meeting. Again, this will be done following full consultation and agreement with all partners.

All agencies must be aware of the confidential nature of information discussed at the MARAC and ensure that all written information is stored securely in accordance with the County Community Safety Partnerships Information Exchange Protocol¹ (CCSP), and that access to the web based case management tool is strictly controlled.

Participation in the MARAC will be by a core panel of Permanent attendees made up from:-

- Chair (a senior member of staff who has attended a SafeLives Chairs Training session)
- Multi Agency Safeguarding Hub
- County Council – Safeguarding Adults and Children’s Services
- Independent Domestic Violence Advisors (IDVA)

¹ [CCSP webpage](#) – follow link to CSP Protocol

- Victim support services including local Women's Aid or other refuge provider
- Mental Health, Acute Trusts and Community health services and primary care (GPs)
- Housing; City and County district representatives and Registered social landlords
- National Probation Service

Those participating in the MARAC should have the authority within their agencies to prioritise the actions that arise from the MARAC and are able to make an immediate commitment of resources to those actions.²

Additional attendees to the MARAC may also be invited to participate as individual cases dictate. These agencies will also have a role to play in the victim's safety.

- The organisation making the referral
- Community based and voluntary perpetrator programmes
- Homelessness teams
- Voluntary drug and alcohol services
- Children and Family Court Advisory and Support Service (CAFCASS)
- Court based user groups
- National Association of Child Contact centres (NACCC) local centre initiative
- Community based independent providers of support to victims/survivors

To ensure that the MARAC process runs efficiently and the Chair is aware that all relevant persons have dialled in it will be necessary for agencies to inform the MARAC coordinators of the names of representatives that will be ringing in as well as the case number if they are only there for a specific case. This is to be forwarded by 12pm on the day following the issue of the case list.

If there is going to be no representative from your agency, the relevant information should be submitted to the Coordinators in advance. Agencies should either provide the relevant information and updates that can be used in the meeting or inform the coordinators that there is no relevant information. This will then be disseminated in the meeting.

External agencies that submit MARAC referrals are expected to attend the MARAC or dial in in order to give the summary of the case and inform those present of any actions that they expect the referral to achieve.

The Victim or Perpetrator of a case discussed, or the CPS will not be invited to participate in a MARAC. There will be no exceptions to this rule.

Information sharing at MARAC meetings is strictly limited to the aims of the meeting and attendees will receive a confidentiality statement and declaration to the effect before each

² Toolkits for frontline agency professional involved in referring victims to MARAC
<http://www.safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>

conference, sent with the case list, including persons participating in MARAC meetings with permission of the MARAC chair to act as observers or assessors.

Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.

Governing principles in Summary

1. Where a domestic abuse victim's level of risk has been identified as being 'high' the case will be referred to a MARAC
2. The MARAC is a formal conference to facilitate the risk assessment process. The purpose is for agencies to share information with a view to identifying those at a 'high' level of risk and thereafter jointly constructing a management risk plan to provide professional support to all those at risk.
3. The following agencies will always be invited to a MARAC meeting: Police, Children's Services, Adult Social Services, Probation, representatives from Mental Health, Acute Trusts and Community health services and primary care (GPs) and IDVA. Representatives of other statutory or voluntary agencies may also be invited to the meeting depending on whether those agencies have (or may have) any specific involvement with any of the subjects, for example: Youth Offending Teams, Registered providers, 3rd Sector voluntary specialist organisations etc.
4. All actions will be noted on the minutes from the MARAC meetings
5. Each agency will be responsible for the security of all paper work related to MARAC meetings

Only accurate information that is directly relevant to the safety of the victim should be shared by the attending agencies. This falls into 4 main categories:

1. Basic demographic information including any pseudonyms used and whether there are any children and their ages
2. Information on key risk indicators identified by the risk indicator checklist. This will include where appropriate, professional opinion on the risks faced
3. Any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim
4. The 'voice' of the victim. Typically the IDVA or another support agency should represent the perspective of the victim on the risks s/he faces

3 Understanding Risk – Domestic Abuse/Stalking/Sexual/Harassment/Honour based abused (DASH) Risk Indicator Checklist

The risk indicator checklist (DASH) and threshold for the MARAC is not designed to replace or override current agency working practices but to compliment them. It will be reviewed at regular intervals by the MARAC Steering Group.

In order for the MARAC process to work effectively there needs to be a common understanding of risk and the threshold for referral among the participants. This is achieved by the use and completion of the DASH and the referral document.

Victims identified as high risk will be offered the services of an IDVA. Only those victims identified as high risk will also be referred to the MARAC.

DASH is a tool which is evidence based and designed to be used with victims to assess the risk of homicide/significant danger by agencies seeking to support the victim.

There are other support services locally for victims of domestic abuse that are not currently assessed as high risk and these can be found by using the directory of services available through this link, [Directory of Services](#).

Any risk assessment relies on good information and a mixture of static and dynamic factors. Caution must be exercised in relation to the use of the tool in other situations that are not specific to the field of application and may undermine the accuracy.

It must be understood that using DASH alone is not fool proof and the predictive value is not 100% accurate, many victims will minimise the risk to themselves, as a coping mechanism. Risk assessment is complex and not just related to the number of ticks on a DASH. It is also about professional judgment and escalation as detailed below.

Actuarial Assessment: (number of ticks – 14 is high risk). This involves the number of risk factors to compute the probability of harm occurring.

Professional Judgment: The professional assessment of dangerousness is based on an individual practitioner's professional expertise, knowledge and experience of a situation.

Escalation – There is a very real need to identify repeat victimisation and escalation. Victims are more likely to become repeat victims than any other type of crime – as violence is repeated it is also likely to become more serious (a recommendation is that if there have been 3 call outs within a year, other agencies will need to identify their own criteria for escalation).

Consent

It is best practice to obtain consent but is not obligatory in high risk cases as this approach is not always safe. It is recognised that there are circumstances where there is a need to share information without consent in order to protect an individual and/or any children or vulnerable adults. However, as a matter of routine and good practice, agencies needing to share information should obtain explicit written consent or documented verbal consent from the victim of domestic violence, if possible. (**Appendix M3**).

Such written consent should be retained on file with client correspondence in accordance with agency policy in relation to retention of confidential information.

4 The Referral Process (Appendix M2)

The purpose of the referral method is to allow all agencies and persons to be able to make a referral to the same consistent standard, and to give confidence in the referral process. Although the MARAC Coordinator is responsible for managing the process, they will not screen referrals or change the risk score of a referral.

Referrals to the MARAC will be accepted from all agencies and individuals regarding high risk victims. For more information on the threshold for 'high risk' please refer to **Section 3**. Agencies must be aware that DASH is a risk indicator checklist and not a full risk assessment. It is a victim focussed practical tool that can help to identify which clients should be referred to the MARAC and where to prioritise the use of resources. Risk is dynamic and the person completing needs to be alert to the fact that risk can change very suddenly.

Where the IDVA/Police takes a referral either themselves, or on behalf of another agency that is assessed as high risk, they will notify the MASH with geographical responsibility for the address of the victim to ensure that Police are aware of the incident. This must be done in order to ascertain if it has already been reported and to access important information contained on Police systems in relation to the incident, the safety of the victim and children being paramount.

All MARAC cases discussed must eventually be referred to the MARAC Coordinator regardless of the route the referral has taken within agencies.

5 Method of Referral

Only referrals via the MARAC Coordinator will be accepted using the correct format, on a Word document, PDF format will not be accepted. This will require the completion of the following forms on all occasions:

- 1 ACPO – SafeLives DASH Risk Assessment Indicator Checklist (**Appendix M2a**)
- 2 MARAC Referral Form - These two forms are sent to the MARAC Coordinator (**Appendix M2**)

These forms contain the information required in order for the MARAC Coordinator to collate and prepare the reports required prior to the conference taking place. This ensures as much relevant information is brought to the meeting as possible and **reduces the amount of time spent discussing each case**, and in turn allows more cases to be included during the meeting duration.

The case can be referred via secure email, or password protected email, registered post or by hand and marked 'Private and Confidential - to be opened by addressee only'.

Professional Judgement

In this operating procedure, professional judgement is deemed to be based on facts and objective evidence as well as experience. At times the DASH RIC might not meet the threshold for referral to a MARAC (i.e. 14 ticks) – however professional judgment should also be taken into consideration. Individuals are expected to make professional judgments about the level of risk in order to secure the best interests and welfare of the victim.

Best Practice:

- Discuss the circumstances that has informed your professional judgment that an individual is to be referred to the MARAC with your senior manager
- Always record discussions and reasons why actions were taken
- Record any areas of disagreement about course of action taken and if necessary

Out of county referrals (Appendix M4) - MARAC to MARAC process

The aim is to promote the safety of high-risk victims, regardless of where they live, and to ensure that all agencies at MARAC are clear about their roles and responsibilities at each stage of the transfer process.

For High risk victims that require a MARAC referral to a different county, please complete the MARAC referral and Risk Assessment forms, forward this to the MARAC Coordinator in your area, with details of the county the case is to be heard.

The Coordinator will contact SafeLives and request details of the MARAC Coordinator/Administrator in the area required, upon receipt of these details from SafeLives, the Coordinator will forward the MARAC referral and risk assessment to them.

- Where a victim moves between areas, a MARAC to MARAC referral should always be made
- Agencies referrals should be consistent, a victim focused response to the transfer of cases across MARAC areas
- A referral to a new MARAC should not be contingent on that victim meeting the local MARAC threshold in the area to which they are referred
- The originating and receiving MARAC should have clear responsibilities at both the point of referral and in the 12 months since last referral (i.e. 'flagging and tagging' for further incidents')

MODUS Case Management Tool

Data relating to victims and perpetrators of domestic violence will be recorded into the Modus Case Management System. The Modus system has an enhanced level of login security and active record restrictions. Security levels limit access to client records unless access has been specifically granted on an individual case basis. Systems administration and auditing processes will allow each individual access to specific areas within the system dependent upon their security access level. The system will enforce an audit trail regime, document all record edits and system access logs.

Information held on MODUS are the case lists for the daily MARAC and the minutes of each meeting, for access by agencies.

6 Number of Cases per Daily MARAC

The target number of cases is 6 per Daily MARAC. These victims will have been assessed as High Risk, although there will be times where the demand is either higher or lower. All case lists will be forwarded at 1030hrs or earlier that morning if the case list is full. Under the victim details in red will be the estimated time that the case will be heard. It is anticipated that each case will last no more than 10 minutes and that there will be a maximum of 6 per day unless certain exceptions apply. If there are abstractions or commitments within the MARAC coordinators office, then then the case list may not be sent out at 1030hrs, for future

meetings therefore it will be forwarded as soon as possible after that time. Case lists forwarded will be for the relevant meeting two days later.

From this case list each external agency will need to determine if they will be participating either in person or by joining in the telephone conference and notify the MARAC Coordinators by email so that the Chair is aware of who the attendees will be in advance.(See Attendance section)

7 Before the Meeting

Actions ahead of the MARAC

The MARAC Coordinator will collate the information for the meeting case agenda. Each referrer will complete the referral form with a named officer and contact details from the referring agency and basic data about the victim, children and perpetrator including names, dates of birth, and addresses if known. The referral may be returned to the originating agency if there are any missing details.

The Case agenda for the next meeting is closed at 1030hrs 48 hours prior to the meeting, with the relevant information available on MODUS, by secure or password protected email where MODUS is not accessible.

Once each agency receives the agenda with the list of cases that will be reviewed they should establish what information is held by their organisation about each case. There is a research form that should be completed by each agency in relation to the cases where they have information. This form will help agencies to share information in a consistent and time-efficient way.

A guide for each referring agency can be found in the appendices. If agencies are unable to attend the daily MARAC an email update is acceptable, sent through to the MARAC Coordinator ahead of the meeting. Agencies are asked to inform the MARAC Coordinator if they are intending to dial into the meeting.

Conference Call procedure

Meetings will commence at 1100hrs promptly each day (Monday – Friday) and a time slot of 10 minutes per case has been allocated and the time for each case will be emailed in advance with the case list by the MARAC Coordinators, shortly after the case list is closed.

Those agencies not based within the MASH are welcome to attend in person; if you do, please inform the coordinators who will provide you with the relevant information. However a conference call facility has been made available for each meeting for participants to dial into. The Chair of the meeting will be from Police, Children's Services, Leeway or Probation and will be physically located in the MASH.

To enter the conference at the required time, please dial in, you will be then required to input the passcode. (Full dial in details obtained through the MARAC Coordinator at marac@norfolk.pnn.police.uk).

Once completed, please ensure that you clearly state your name and agency (It is recommended that you then place your phone on mute to ensure that no other conversations are heard)

The conference will only start once the Chairperson has entered the call, once all parties have been introduced, the Chairperson will then lock the facility, and this will ensure that no other persons are able to listen in. The Chair will ensure that all agencies introduce themselves and a reminder of the confidentiality agreement is shared.

Once the details for this subject have been dealt with, any parties that are not required for the next case, can then simply hang up and leave the conference.

There will be times where the case may slightly overrun; this will become apparent by the conference facility informing you cannot join as the call is locked. Please wait a few minutes and try again. If there are issues with connecting to the conference, please call one of the MARAC coordinators on 01603 276041

During the MARAC

All information relating to the cases is shared. Only accurate information that is directly relevant to the safety of the victim should be shared by the attending agencies. This falls into 4 main categories:

1. Basic demographic information including any pseudonyms used and whether there are any children and their ages;
2. Information on key risk indicators including where appropriate, professional opinion on the risks faced;
3. Any relevant history of domestic violence or other associated behaviour by the perpetrator or victim;
4. The 'voice' of the victim. Typically the IDVA or another support agency should represent the perspective of the victim on the risks s/he faces.

Information sharing at MARAC conferences is strictly limited to the aims of the meeting and attendees will have received the confidentiality statement with the case list in advance of each conference (**Appendix M5**).

Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.

A risk management plan is jointly constructed and implemented that provides professional support to all those at risk and that reduces the risk of harm in order to reduce repeat victimisation.

The action list will be summarised after each case by the Chair of the meeting to ensure that all attendees are clear what they are committing to do on behalf of their agency. Be aware that agencies who are not present during the daily MARAC calls may be assigned actions.

After the MARAC

Agencies must agree to prioritise the actions assigned and deliver them on the day of the MARAC or as soon as possible thereafter.

Most of the actions that arise from the MARAC reflect an altered perception of risk as a result of the information shared and therefore a more tailored response for the victim. With additional information, agencies are more able to prioritise actions, to support the victim and to support their staff.

The nominated representative ensures actions are carried out. As agencies complete the actions identified they must notify the MARAC Coordinator.

The MARAC Administrator produces the minutes of the meeting and downloads them onto MODUS and emails them to those agencies on the distribution list

8 Information sharing

Information sharing at MARAC meetings is strictly limited to the aims of the meeting and attendees must read through the confidentiality statement and declaration to this effect before each conference, including persons attending MARAC meetings with permission of the MARAC chair to act as observers or assessors. This declaration is sent to attendees with the agenda details before each meeting.

Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.

Access and Security of Data

As the County Community Safety Partnership Information Sharing Protocol suggests, agencies should ensure that security measures commensurate with the Data Protection Act 1998 that requires that:

‘Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data’.

In addition, agencies should ensure that measures are in place to do everything reasonable to:

- Make accidental compromise or damage unlikely during storage, handling, use, processing, transmission or transport,
- Deter deliberate compromise or opportunist attached,
- Promote discretion in order to avoid unauthorised access.
- MARAC data is restricted and staff accessing information must be subject to the ‘need to know’ and to any specific additional restrictions agreed within agencies.

Secure Storage of Data

Data should be stored in accordance with the Data Protection principles in that:

- Data should be stored securely – only those who legitimately require access to the data should be allowed access
- Personal data processed for any purpose should not be kept longer than is necessary for that purpose (it is usually recommended that data is kept for 7 years from the date of the last referral to the MARAC)
- The retention of data should comply with organisational policies
- Steps should be taken by all Partners to ensure that information is securely stored and accessible by only those who are permitted access. (it is recommended that documentation should be double locked)
- Where information is stored electronically, steps should be taken to ensure that files are created with restricted access to those permitted to access the data.
- Care should be taken when using electronic storage accessible to other individuals within own organisations.

9 MARAC Coordinator

The Police are responsible for the management of the process locally and in order to do this the MARAC Coordinator post is sited within the MASH which has responsibility for Domestic Abuse and Safeguarding.

The role of the MARAC Coordinator is intended to be as independent of any one agency as possible.

The MARAC Coordinator is the single point of contact for referral to the MARAC. The MARAC Coordinator can be contacted at marac@norfolk.pnn.police.uk Cases discussed at the MARAC will have been referred via the Coordinator and referrals will not be accepted via any other method.

The MARAC Coordinator is the link between all agencies, and the overall process, and is responsible among other things for the collation of referrals, the preparation of reports and monitoring of actions completed.

It is the referring agency's responsibility to identify the level of risk and forward the cases to the MARAC Coordinator via their internal procedures. Cases can be referred by any agency as long as they meet the threshold for discussion at a MARAC.

Essentially, the MARAC Coordinator role and responsibilities are in relation to communication, administration and outcomes and therefore the MARAC Coordinator will:

- Establish effective communication between all parties who regularly attend the MARAC
- Establish effective communication between those parties who may attend the MARAC on a less frequent basis
- Give appropriate information to partner agencies about the MARAC process
- Work with the Chair to identify agency gaps within the MARAC and continue to establish links with these agencies to enable full participation at the MARAC
- Accept properly completed referrals to the MARAC from all agencies via e mail
- Maintain and develop referral forms, MODUS case management tool, and organise ways of sending information, for example by secure email or registered post dependant on the needs of all parties
- Refer any requests for emergency/closed cases to the appropriate MARAC chair

- Access police systems and databases in order to compile a case list by 1030hrs 48 hours prior to the meeting – case list to be downloaded to MODUS
- Produce and distribute appropriate and accurate minutes as soon as possible after the MARAC downloading them on completion to MODUS and e mailing them to those on the distribution list.
- Record MARAC data
- Monitor agency actions following a MARAC and make a record of those actions not completed prior to the next meeting for discussion
- Keep performance data on the MARAC and feedback to the MARAC steering group
- Inform partner agencies of relevant facts and provide performance reports to meet information requests from the MARAC steering group, and to SafeLives
- Produce data reports for the MARAC steering group and the DASVB in an anonymous format
- Highlight statistics for help with future funding for further resources and identify if there are particular communities that are not currently engaging with any service providers
- Measure links to the volume of cases brought to the meeting and the number of cases who suffer a repeat incident of domestic abuse in the following twelve months

The MARAC Coordinator is not responsible for managing the risk of high risk victim, or for ensuring that agency actions are completed. The responsibility for managing the risk and completing actions remains with the referring agency and those agencies tasked with completing the actions identified by the MARAC.

The MARAC Coordinator will be supervised by one of the Detective Sergeants responsible for the MASH who will provide support throughout the process and help ensure its effectiveness. The role of MARAC Coordinator will be covered by the Domestic Abuse Safeguarding Team personnel in exceptional circumstances (such as leave and/or sickness) to provide continuity.

10 Governance

The DASVB comprising of the key agencies involved in delivering a coordinated community response is the governing body for the MARAC, through the MARAC steering group.

The MARAC Steering Group will meet on a quarterly basis and its roles and responsibilities include:

- Monitoring and evaluating the data from the MARAC – and report to the DASVB on a quarterly basis via the Victim's Group update
- Ensuring that there is effective partnerships maintained with other public protection bodies
- Monitoring and regularly assessing the overall performance of the MARAC, in line with the 10 Principles (**Appendix M1**)
- Addressing operational issues – including ensuring there is a programme of appropriate training on offer
- Link to the other sub-groups to ensure there is effective communication about the successes of the MARAC
- Contributing to any serious case reviews, and/or domestic homicide reviews
- Ensuring that the MARAC operates in line with the legal responsibilities and keeps up to date with changes to legislation and national guidance
- Deciding whether the referral threshold needs to be raised or lowered to ensure that this aim is met following full consultation and agreement with the other agencies

Chairing of the MARAC

The Chair will have overall responsibility for the MARAC operational process. Their roles and responsibilities include:

- Ensure that the MARAC is as consistent, transparent and accountable as possible by ensuring that all agencies are clear about their role and about the referral threshold
- Establish consistency during the meeting in relation to the participation of partner agencies, the information that they bring to the meeting and an ethos that actions are timed and completed as agreed within the meeting
- The chair will be responsible for calling emergency or closed MARACs if there is a need owing to the number of cases being referred or the type of case that needs reviewing (such as HBA)
- Encourage participation from all agencies involved to help create a proactive safety plan where the risks and needs of victim, children and perpetrator are addressed by the MARAC appropriately. **(Appendix M6 Aide Memoire)**
- Ensure that any issues of staff safety that become apparent are shared between the agencies who are working with the victim, children or perpetrator. Appropriate risk assessments for workers must be made by the relevant agency
- Identify the most appropriate person to inform the victim of any action plan or relevant information agreed at the MARAC, and that it is recorded in the minutes
- The chair is **not** responsible for the actions of each attendee but for promoting an ethos of accountability and responsibility from all the partner agencies involved. This relates to regular attendance, adherence to the confidentiality statement and information sharing agreement, completion of actions in a timely fashion and to the recording of data in relation to the MARAC

Developing an Action Plan

If victims and their children are high risk, the individual representatives of each agency must agree to prioritise the actions assigned and deliver them within a defined and agreed time scale as determined by the MARAC.

It will be the responsibility of that individual to ensure that actions are complied with and reviewed within defined time scales. MARAC Co-ordinators should not be given actions resulting from the meeting. It is the role of the Co-ordinator to take minutes at the meeting and to further monitor actions given to other agencies.

The chair will take overall control of the meeting and ensure that it runs to the correct format. Although actions can come from the chair it is the responsibility of each agency to come up with actions that they feel their agency can proceed with in order to improve the safety plan. The chair will always ask if those attending are in agreement with the actions or vice versa in agreement that there are no actions.

In principle:

- A tailored action plan will be developed at the MARAC to increase the safety of the victim, children other vulnerable parties and any staff and will be communicated to all relevant stakeholders
- The actions could cover a wide range (see Appendix M6)

- Agencies should inform the MARAC Coordinator by email when actions are complete, the Coordinator will keep a record in the minutes of any incomplete actions, and these will be reported at the next meeting and reviewed periodically
- If victims move out of the area they will be referred to that area's MARAC (Appendix M4)

11 Emergency MARAC

An emergency MARAC is an exceptional event as we now run daily MARACs. It is only called when a victim is assessed as high risk and the risk of harm is so imminent that statutory agencies have a duty of care to act at once, rather than waiting for the next MARAC.

Process for calling an emergency MARAC

- Initial phone call referral by any agency to the lead agency
- This call should be recorded by both agencies
- The lead agency should contact all the other relevant statutory agencies at once and make them aware of the situation
- Non-statutory agencies are not normally expected to attend the meeting unless they are the referring agency. However, they may be contacted by phone during the meeting to check both what information they have about the case and whether there are any specific actions that they can take to address risk
- The MARAC should be held as soon as practicable
- The initial referring agency must attend so that the details presented at the meeting are accurate
- As in every case basic safety measures must be carried out as soon as possible
- Urgent actions must be executed immediately and the emergency MARAC case should be prioritised on the next MARAC agenda so the chair can review the action list and present the case to all the attending agencies

12 Repeat Victimisation

Victims of domestic violence referred to a MARAC will be those who have been identified as high risk based on the DASH and the risk assessment process.

Once a case has been taken to MARAC it remains flagged as a MARAC case for a total of 12 months after the most recent MARAC review. For example, if a case is seen at a MARAC once only, in January, it will be flagged for 12 months after this date. If this case is then reviewed at the same MARAC in the April of the same year, then the case will be flagged for 12 months from April.

A repeat case occurs when a case that is reviewed at MARAC has also been reviewed at the same MARAC within the preceding 12 months.

Each repeat case will also be counted each time an incident involving criminal behaviour takes place, and the case is therefore presented again to the MARAC within the given 12 month period (i.e. if a case first comes to MARAC in January and then is presented in February and July then this will count as two repeats).

All MARAC repeats are a consequence of at least one incident that has taken place (not necessarily reported) to at least one MARAC agency and that incident involves:

- Violence or threats of violence; and/or
- Where there is a pattern of stalking or harassment (the repeated following of communication with or other intrusions on the privacy of a victim); and/or
- Where rape or sexual abuse is disclosed
- Coercive and controlling behaviour

The repeat incident can be flagged by any of the agencies involved in the MARAC.

Multiple incidents occurring between MARAC meetings only result in one MARAC repeat.

It is possible for a case to go to MARAC where there is more than one perpetrator. This is counted as one case and will be reviewed if there are any incidents with any of the named perpetrators.

The following do not constitute a repeat case:

- Where a case is reviewed at the MARAC involving the same victim but a different perpetrator or group of perpetrators.
- Where a case is reviewed at the MARAC involving the same perpetrator but a different victim.
- Where an incident not involving criminal behaviour occurs and is therefore not reviewed at MARAC.
- Where the same combination of victim and perpetrator is involved, but being reviewed at a different MARAC. This is clearly a repeat incident in human terms, however will not be recorded as such for the purposes of this indicator.
- Cases which are discussed at a MARAC meeting but for information purposes only (e.g. imminent release of perpetrator from prison; perpetrator begins Building Better Relationships course (BBR)).
- Cases which were previously reviewed at the MARAC more than 12 months ago.

There are specific instances where a second referral might be made but **no repeat incident has occurred** such as, for example, where a perpetrator is about to be released from jail and the case is mentioned in order to make sure that every agency is aware and able to put in place any appropriate safety measures.

13 The Relationship between MAPPA (Multi-agency Public Protection Arrangements) and the MARAC

The aim of this section is to summarise the principal differences between MAPPA and MARAC, to identify where there are potential overlaps and illustrate how we will accommodate this in practice to ensure the most effective and efficient use of resources.

The central purpose of MAPPA is to reduce serious harm from **known** offenders and prevent further harm to victims, operating to a central principle that risks presented in these typically complex cases cannot be managed by agencies working alone.

There are 3 categories of offender that fall under the MAPPA as defined by the Criminal Justice & Court Service Act (2000) Sections 67 & 68 and re-enacted by the Criminal Justice Act (2003) Sections 325 and 327.

Category 1: Registered sex offenders, for the period of their registration.

Category 2: Persons convicted of a violent or sexual offence sentenced to at least 12 months imprisonment (excluding registered sex offenders who will fall under category 1).

Category 3: Other Offenders who do not fall into categories 1 or 2, but because of the offences committed by them (wherever they have been committed) are considered by the Responsible Authorities to pose a risk of serious harm to the public.

Involvement in MAPPA meetings also enables the Victim Liaison Officers from the Probation Service to keep victims properly informed about key decisions in the management and supervision of offenders.

As well as MAPPA categories, there are 3 levels of MAPPA management.

The table below summarises the essential differences between MAPPA & MARAC, accepting that these are generalised observations

Level 1: Single Agency

Level 2: Active Conferencing Required

Level 3: Active Conferencing Required - which needs senior representation

Where an incident occurs that is risk assessed by the Police as the highest risk of domestic violence to the victim, this would automatically be referred to a MARAC. Checks will be made at this stage to see if the perpetrator is subject to statutory supervision and is being managed by the MAPPA process.

The Probation office contact within the MASH will establish whether or not the perpetrator is a MAPPA subject when receiving a referral and will inform MARAC Coordinator of any MAPPA referrals.

Referral of cases: from MARAC to MAPPA

In reality, the majority of MARAC cases will not reach the threshold for MAPPA because of the strict eligibility criteria, particularly in respect of the conviction history of the offender.

There may be instances within MARAC where the perpetrator is involved in other types of criminality ancillary to the domestic violence or is involved in organised crime. In these scenarios it is unlikely that these complex issues are going to be addressed through a single meeting of the professionals involved in managing the case and may warrant a referral from MARAC to MAPPA. These cases involve those perpetrators who are not subject to statutory supervision or post release licence.

Where there is no statutory contact with a case and it is deemed multi agency involvement is required to commit exceptional resources to protect the victim and manage the perpetrator, it may be considered appropriate to refer from the MARAC to the Multi Agency Public Protection Panel (MAPPP – MAPPA Level 3).

The IDVA and MAPPA

IDVAs can be key contributors to the MAPPA process and will be invited to attend when appropriate, to ensure that the voice of the victim is represented.

14 The IDVA and MARAC

The IDVA is crucial to the MARAC process. They provide the voice of the victim during the meeting and feed information back to the victim after it has finished. Many of the MARAC actions will be progressed by the IDVAs. In the context of the meeting itself, their role is to keep victim safety and that of any children central to the process.

They are likely to have more information about the victim's situation and what might influence their safety than any other agency and this information will be crucial in developing a safe and appropriate risk management plan for each family.

Finally, they will be expected to keep the victim informed of any decisions made by the other agencies, and to make sure that the other agencies perform their functions safely. Since risk is always changing in domestic violence situations, a decision which was safe at one time may not be only a short time later and therefore the impact of an agency's actions can be affected.

The victim may ask that they are represented at the MARAC by another support service. In this instance the IDVA will support that agency and identify roles and responsibilities between the two.

The IDVA services will determine which staff members from their respective agencies attend the MARAC.

The IDVA service in Norfolk is provided by the Leeway Domestic abuse and violence service, and available to both genders. It is recognised that the agencies will provide a holistic service across the county and that the IDVAs will be based with the police.

15 Relationship between Police and IDVA

The relationship between the Police and IDVA service exists as described in this protocol and with reference to the Service Level Agreement with the Office of the Police and Crime Commissioner for Norfolk. Joint working to these procedures will ensure an effective multi agency risk management plan is created to protect the victim and any children.

It is important to acknowledge that despite the best efforts of both the Police and IDVA some victims will decline the offer of support and services. In such cases it must be stressed to the victim that this does not bar them from accessing help in the future.

In every case there should be certain police actions carried out before the MARAC. The MASH will notify the duty IDVA of the address of the victim at the earliest opportunity when a high risk victim is identified on a police report by the risk assessment. The Police will notify the victim that they will be referring them to the IDVA service at this stage.

Similarly, where the IDVA service takes a referral either themselves, or on behalf of another agency that is assessed as high risk, they will notify the MASH of the address of the victim to

ensure that Police are aware of the incident, and will complete a DASH. This must be done in order to ascertain if it has already been reported and to access important information contained on Police systems in relation to the incident, the safety of the victim and children being paramount.

It must be remembered that in high risk cases the safety of victims and children outweigh any client confidentiality concerns. Lack of consent in these cases need not be a bar to the sharing of relevant information appropriate to the level of risk. Further advice regarding information sharing can be found in the section on the Information sharing agreement and Appendix M3

If the incident has not been reported to police, then the MASH will then create a Non Recordable Domestic Incident report or crime report on Athena system in accordance with Norfolk Constabulary Safeguarding & Investigations policies and procedures and guidance and NPIA crime recording standards.

The Police will mark the Athena report whenever an IDVA is required or engaged to support a high risk victim and a task is sent through to IDVA to highlight a high risk case.

These decisions and actions must be recorded in order to show transparency of process and defensible decision making.

The web based case management tool (MODUS) is not a replacement for Athena or other Police systems. It is designed to speed up the sharing of information. Any data entered on the system is subject to existing data procedures.

Both the MASH and IDVA should adopt a joint approach and work together closely to decide who should complete the DASH, and who should refer the case to the MARAC Coordinator for discussion at the next MARAC. The MASH should take responsibility for the referral of Police identified cases unless otherwise agreed.

All referrals to the MARAC must be made using the single point of referral and having completed a DASH, referral form. Referrals will not be accepted if this procedure is not adhered to.

The timetable for the meetings will be as follows:

Referrals received by 10.30pm:	MARAC Meeting held on
Monday (including Saturday & Sunday referrals)	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

The IDVA and Police will also work together around liaison with the victim and other agencies, and in the implementation of a safety plan ahead of the MARAC.

Referral to partner agencies in the case of children will still be carried out by the Police in accordance with Norfolk Constabulary's Domestic Abuse policy and guidance, and in relation to safety planning and risk management.

The MARAC Coordinator will prepare the client information form with Police held data.

Consent from victims to refer to other agencies is recorded on Police Athena forms under the section 'referral to victim support services' and is recorded in the form of a YES/NO tick box.

16 Children and Young People

Domestic abuse can impact on a child's life chances and the MARAC process must address the support and safety issues in relation to children and young people in order to reduce risk and prevent harm.

The following principles will apply

General – Children's issues

- *If a child is referred to a child protection conference, and it becomes known that there is domestic violence, the safety of the parent should be considered at the child protection conference. The Chair of the Child Protection Conference must be informed if the case has been referred either to the MARAC or MAPPP. A decision will be made at the conference whether there is still a need for the parent to be referred either to MARAC or MAPPP*
- *The NSCB1 and Conference agendas will include reference to the MARAC and MAPPP processes, to ensure that it is addressed at each conference.*
- *The referring agency to MARAC must either make a safeguarding referral to Children's Services or call to the consultation line of the MASH to discuss the case. This includes also those children outside of the household who may still be at risk of significant harm from the perpetrator e.g. unborn children, children from other households who are known to have contact with the alleged abuser.*
- *Where there are children in the household that are known to be active cases to Children's Services, then the agency referring to the MARAC need not complete an NSCB1 but must discuss the referral and risk assessment with the relevant social work practitioner. They must also share a copy of the risk assessment that has prompted the referral into the MARAC.*
- *Guidance relating to risk to children from domestic abuse can be found on the Norfolk Local Safeguarding Children Board (NSCB) website*
<http://www.norfolklscb.org/about/policies-procedures/7-4-domestic-violence-and-abuse/>

Police

- The first officer, who attends any incidence of domestic violence and becomes aware that there are children involved, will raise a CPI (which is sent electronically to Children's Services representatives in the MASH) whatever the risk indicator is.
- Personnel need to reassure themselves that all high risk cases have been adequately referred to the appropriate multi- agency case conferences (e.g. Child Protection, MARAC, MAPPP)

Children's Services

- On receipt of the MASH Confirmation CPI – this will act as a contact for Children's Services staff and consideration will be given to the need for an initial Assessment or other response

- It is recognised that perpetrators may have regular access/living with other children (including the unborn child), than those of the identified MARAC victim. As a general principle there should be consideration to an initial assessment made for those children too.

17 Honour Based Abuse/Violence (HBA)

Definition

Honour based abuse is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community³.

For the purpose of this document we will use the term Honour Based Abuse (HBA) to include all forms of abuse including: physical, sexual, emotional, psychological and financial.

HBA is a fundamental abuse of human rights. There is no honour in the commission of murder, rape, kidnap and the many other acts, behaviours and conduct which make up violence in the name of so-called honour.

Honour Based Abuse is a collection of practices; this includes practices involving abuse of Forced Marriage (FM) and Female Genital Mutilation (FGM) which are used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour.

Forced marriage is a crime. It is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced. (HM Government 2014).

Female Genital Mutilation is a crime; the term (also known as female circumcision and female genital cutting) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Management of cases

The management of such cases, because of the collusive nature of the family and cultural leaders, confidentiality considerations are of paramount importance.

In order to maintain the utmost confidentiality only those who are working directly with the family can participate in the closed MARAC meeting – no 3rd party representation will be allowed.

In order to achieve this the MARAC Coordinator, once it is ascertained that it is a HBA case, will arrange the agenda, so the case is heard in a closed session, either before or after the normal MARAC meeting or a separate one will be called.

³ (Police must refer to the force policy document (FPD on Honour Based Abuse)

A confidentiality statement outlining security of relevant paperwork will be read out at the closed meetings, and all participants must agree. **(Appendix M6)**

The same confidentiality procedures must apply if children are involved – and any other subsequent risk assessments/initial assessments carried out by Children’s Services must be treated with utmost confidentiality.

Appendix M1 –

The Principles for an Effective MARAC

1. Identification

All agencies have protocols and systems for identifying and referring high risk cases to MARAC in a timely way.

2. Referral Criteria

The MARAC has clear and transparent referral criteria that include visible high risk, professional judgment and escalation.

3. Representation

The relevant statutory agencies, specialist domestic violence services and voluntary and community organisations are appropriately represented at MARAC.

4. The Engagement of the Victim

An effective advocate, most commonly the IDVA, is identified to represent and support the victim within the MARAC process.

5. Research and Information Sharing

All agencies research their files and information systems and bring any relevant, proportionate and up-to-date information which is shared and stored in accordance with legislation by all attendees who hold information on each case discussed.

6. Action Planning

Comprehensive, SMART action plans are developed which address the risks identified at the meeting.

7. Volume

The volume of cases referred to the MARAC should be commensurate with your local population.

8. Administration

The administration of the MARAC promotes safety, efficiency and accountability.

9. Strategy

The MARAC process is embedded in key local partnerships to promote sustainability.

10. Equality of outcome

That the MARAC demonstrates it is a process which is structured to deliver equality of outcome to all.

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Appendix M2

REFERRAL FORM		
PLEASE ENSURE AND CONFIRM THAT YOU		
<ul style="list-style-type: none"> • Have noted that all questions should be completed and failure to do so is likely to result in a delay in the referral being heard at MARAC. • Are aware that your attendance is expected and able to answer questions about the case. • Know that if attendance cannot be confirmed, then an email update is to be forwarded to the MARAC co-ordinators at marac@norfolk.pnn.police.uk no later than 24 hours prior to the meeting. 		
I confirm the above (Please sign and date).	Signature:	Date:
Your name, Date of Birth, position and agency. (We ask for a DoB as our systems have to have a referrer DoB for data accuracy)		
Your contact telephone no(s) and email address.		
Your line manager's name and position. Line Manager: Please add a signature, date and ensure that the MARAC referral has been completed to a satisfactory standard and deemed relevant for the MARAC process.		

MARAC Referral Consent	
The victim has given consent to the MARAC referral	
The victim has NOT given consent to the MARAC referral	
Under which ground(s) are you making this non-consensual referral?	
Is the victim aware of the MARAC referral?	
Please state your rationale if the victim is not aware and has not provided consent.	
<p>Reminder - Consent – Please read this statement to the Client/Victim</p> <p><i>We ask you for information about yourself so that we can make sure that we can put a safety plan in place that will provide the most appropriate services, protection or support that you may need.</i></p> <p><i>To make sure it is the most appropriate and effective service for you, it may mean that we will be sharing this information or obtaining information about you, from other agencies such as your GP, Health worker, and Housing. (Tick when completed)</i></p>	
	<input type="checkbox"/>

Victim Name		Date of Birth	
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PLEASE GIVE DETAILS BELOW ABOUT THE DOMESTIC ABUSE EXPERIENCED BY THE VICTIM

This part of the form must include the current incident/crime or any Domestic Abuse that the (V) is experiencing that has prompted the referral – purely historical events would not normally generate a referral. There must be current Domestic Abuse occurring – SafeLives guidance suggests a current incident as having occurred within **three** months prior to the referral. If this is not the case then it is envisaged that the high risk has significantly reduced. Any referral with no incident within **three** months prior to the referral will be looked at purely on an individual basis (i.e. impending release from Prison etc.).

Please explain why the case requires a MARAC

Please state the risks you have identified which the MARAC needs to address

VICTIM DETAILS				
Gender M/F		LGBT? Y/N		
Victim contact telephone No.(s) ONLY - where safe to call	It is very helpful to know the best times to call. Please state below.			
Victim Address including Postcode				
Are there other safe avenues of contact?				
Accommodation type? Council/Private? Sole Tenancy?				
Is it safe to post here? Y/N				
Is there a safe alternative postal address?				
Nationality? First Language?		Ethnicity?		
Is victim a refugee or asylum seeker? Y/N and any details		Does victim have recourse to public funds? Y/N		
Does the victim have a disability? Please provide details				
GP name or Practice and address or details of any other Health contacts				
Status of Relationship? Married/Partner				
DEPENDANTS				
Is the victim Pregnant? Y/N Please give due date				
Children or other dependents details including vulnerable adults who may visit	DoB	Age	Gender	School/College/Nursery/ Pre-school/Childminder details

Please state where and with whom the children reside if not with the victim under what legal status if known.				
<p>Are there any child safeguarding issues or risks associated with children living in the household? If yes, please give details below and names of any professionals involved</p> <p>If you are unsure that the level of concern warrants a referral, please phone Children's Services' consultation line. When making referral – it must be for all children living in the household or known to have contact with the perpetrator - www.nscb.norfolk.gov.uk/</p>				

PERPETRATOR				
Perpetrator(s) name		Perpetrator alias		
Perpetrator(s) DoB		Age		Gender M/F
Perpetrator(s) address including Postcode				
What kind of accommodation is this? Council/Private? Sole Tenancy?				
GP name or Practice and address				
First language spoken?				
Does the Perp have a disability? Please provide details and impact				

DASH (Domestic Abuse, Stalking and Harassment) Risk Assessment Checklist

Norfolk ACPO/SafeLives – DASH Risk Identification Checklist for use by IDVAs and other non-police agencies for MARAC case identification when domestic abuse, ‘honour’-based violence and/or stalking are disclosed.

Please cut and paste sample tick ✓ to use below. Please count only main answers and not the sub sections.

CURRENT SITUATION					YES	No	State source of info if not the victim e.g. police officer
<ul style="list-style-type: none"> • The context and detail of what is happening is very important. The questions highlighted in bold are high risk factors. Tick the relevant box ✓ and add comment where necessary to expand. • Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. • Tick box if the factor is present ✓ It is assumed that the main source of information is the victim. If this is not the case then please indicate in the right hand column. • It is assumed that your main source of information is the victim. If this is not the case then please indicate in the right hand column. 					e.g. ✓		
1. Has the current incident resulted in injury? Please state below what and whether this is the first injury?							
2. Are you very frightened? Please make any comment below:							
3. Are you afraid of further injury or violence? If so, please give an indication of what the abuser might do and to whom (e.g. Kill themselves or injure the children). Do NOT count the ✓'s below in this sub section							
Kill:	Self		Children	Other(s) (please specify)*	*		
Further injury and violence:	Self		Children	Other(s) (please specify)*	*		
Other (please clarify):	Self		Children	Other(s) (please specify)*	*		
4. Do you feel isolated from family or friends and does the perpetrator try to stop you from seeing friends/family/Dr or others? Please make any comment below:							
5. Are you feeling depressed or having suicidal thoughts? Please make any comment below:							
6. Have you separated or tried to separate from the perpetrator within the past year? Please make any comment below:							

7. Is there conflict over child contact? Please state what below:			
8. Does the perpetrator constantly text, call, contact, follow, stalk or harass you? Please expand by completing the section below 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.			
The 11 subsection questions below Q8 DO NOT count as additional ticks, but should be completed ✓ if there are two or more incidents of stalking and harassment (reported or unreported) and/or if the victim is extremely frightened. The questions are important to ask in stalking incidents as the answers will provide a better indication of what is happening. This information should then be used to inform the risk management assessment.	Yes	No	Comment
	DO NOT COUNT THE ✓ 's below in this sub section		
(i) Are you very frightened?			
(ii) Has the perpetrator engaged in harassment on previous occasions(s) with you and, if you know, with other victims?			
(iii) Has the perpetrator ever destroyed or vandalised your property?			
(iv) Does the perpetrator visit you at work, home, or other places more often than three times per week?			
(v). Has the perpetrator loitered around your home, friend's home or workplace?			
(vi) Has the perpetrator made any threats of physical or sexual violence in the current harassment incident?			
(vii) Has the perpetrator harassed any third party since the harassment began? (e.g. your friends, family, children, colleagues, partners or neighbours)			
(viii) Has the perpetrator acted out violently towards people within the current stalking incident?			
(ix) Has the perpetrator persuaded other people to help him/her? (wittingly or unwittingly)			
(x) Is the perpetrator known to be abusing drugs and/or alcohol?			
(xi) Is the perpetrator known to have been violent in the past? (This could be physical or psychological; Intelligence or reported)			
Any other relevant information/additional observations made by Practitioner (e.g. level of fear in victim, details of threats and violence, duration of harassment, various harassing behaviours engaged in by abuser, victim's beliefs concerning abuser's motives, weapons owned by abuser, nature of unwanted 'gifts'/items left for victim, attitude/demeanour of abuser - including mental health issues and whether the victim has responded in any way to the abuser). Please detail below.			

CHILDREN/DEPENDENTS (IF NO CHILDREN/DEPENDANTS, PLEASE GO TO THE NEXT SECTION)		Yes	No	Comment
9. Are you currently pregnant or have you recently had a baby in the past 18 months?				
10. Are there any children or step-children that aren't the perpetrators in the household or are there other dependents in the household (i.e. older relative)? Please detail below:				
11. Has the abuser ever hurt the children/dependants? Please make any comment below:				
12. Has the perpetrator ever threatened to hurt or kill the children/dependants? Please make any comment below:				
DOMESTIC VIOLENCE HISTORY?		Yes	No	Comment
13. Is the abuse happening more often? Please make any comment below:				
14. Is the abuse getting worse? Please make any comment below:				
15. Does the perpetrator 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 stalking and specify the behaviour)				
16. Has the perpetrator ever used weapons or objects to hurt you? Please make any comment below:				
17. Has the perpetrator ever threatened to kill you or someone else and you believed them? Please make any comment below:				
18. Has the perpetrator ever attempted to strangle /choke /suffocate /drown you? Please make any comment below:				
19. Does the perpetrator do or say things of a sexual nature that makes you feel bad or physically hurts you or someone else? (Please specify who and what)				
20. Is there any other person that has threatened you or that you are afraid of? If yes, consider extended family if honour based violence. Please specify who:				
21. Do you know if the perpetrator has hurt anyone else? (Consider Honour Based Violence) Children/siblings/elderly relative/ strangers. Insert main tick to right ✓. Please specify who and what but do NOT count the ✓'s below in this subsection				
Children	Another family member	Someone from previous relationship	Other(s) Please specify below:	

22. Has the perpetrator ever mistreated an animal or the family pet? Please make any comment below:							
PERPETRATOR(S)					Yes	No	Comment
23. Are there any financial issues? For example, are you dependent on the perpetrator for money or have they recently lost their job or any other financial issues? Please make any comment below:							
24. Has the perpetrator had problems in the past year with drugs (prescription or other), alcohol or mental health, causing difficulties to lead a normal life? Insert main tick to the right ✓ Please specify what but do NOT count the ✓'s below in this sub section							
Drugs	Alcohol	Mental Health	All/combination	Please specify below			
25. Has the perpetrator ever threatened or attempted suicide?							
26. Has the perpetrator ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? Insert main tick to the right ✓ Please specify what but do NOT count the ✓'s below in this sub section							
Bail conditions	Forced Marriage Protection Order	Non Molestation /Occupation Order	Child Contact arrangements	Other	Please specify below		
27. Do you know if the perpetrator has ever been in trouble with the police or has a criminal history? Insert main tick to right ✓ Please specify what but do NOT count the ✓'s below in this sub section							
DV	Sexual violence	Other violence	Other	Please specify below			
DASH RESULT – number of ✓'s for YES. Is there anything else you would like to add to this?							

RISK ASSESSMENT CONCLUSION
 In order to help you decide if the risk factors involved in this case, mean that a referral should be made, no matter what the DASH score is, you should use the SafeLives Severity of Abuse Grid (Appendix M7) to determine what the severity of risk and then insert ✓ below.

NO RISK		STANDARD		MEDIUM		HIGH	
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REASON FOR REFERRAL (PLEASE tick ✓ after completing above forms)

14 YES ticks or more on DASH. Please give number	
Professional judgement (please explain)	
Potential escalation (please explain)	
Repeat case (please give dates)	

IDVA REFERRAL

<p>It is Norfolk MARAC's policy to automatically refer into the Leeway IDVA service in order for the client to access support. However, where it is deemed unsafe or the client expressly indicates they do not want their details passed on - please indicate this to the right by a ✓</p> <p>PLEASE SEND A DUPLICATE COPY OF THIS FORM TO MASHIDVASUPPORT@norfolk.pnn.police.uk</p>	<p>Please tick ONLY if it is NOT safe to contact</p>
<p>Please indicate if there are any risks which you feel professionals may face by working with the victim.</p>	

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 Norfolk Police, Norfolk and Suffolk Probation Service, Housing, Primary Care Trust, Local Education Departments, Social Services Department (Children's Services and Adult Services) Mental Health Services, Accident & Emergency Departments, National Health Service, Specialist Domestic abuse Service providers – Leeway, Drugs and Alcohol Agencies and Domestic Violence Co-ordinator

(Sharing of information between these agencies will be carried out on a confidential basis, with Designated Officers only, and will be proportionate to the needs of the agencies, and to individual cases) 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 normally represented by an IDVA who speaks on their behalf

Domestic abuse has potentially life threatening consequences and should be treated as a serious crime. The Norfolk MARAC(s) seek to promote high standards and consistency in handling incidents. Throughout all discussions of the MARAC, its priority will be the victim, dependants and any other vulnerable person.

Whilst accepting and acknowledging the existence of a number of definitions of domestic abuse used by the member agencies of the Conference, in order to achieve a common purpose, the following definition will be used:

Any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Purpose

- To provide a structured forum for the sharing of information, risk assessment and safety planning in relation to victims, offenders and their children in serious cases of domestic abuse.
- To ensure support services are aware of a very high risk or potentially very high risk domestic abuse situation, and that adequate and appropriate support is available to the victim and any dependents.

Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.

- To offer a common tool to agencies that are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full operating guide* or contact your MARAC Administrator on marac@norfolk.pnn.police.uk. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Risk Assessment

The risk assessment process contains 3 elements:

- 1) **Actuarial - Risk Indicator Checklist – DASH** is a consistent and nationally evaluated tool and should be filled in for all referrals to the MARAC - **14 relevant and recent ticks** or more is the normal MARAC referral criteria
- 2) **Professional judgement** -There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based/abuse violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk,
- 3) **Escalation** There is a very real need to identify repeat victimisation and escalation. Victims are more likely to become repeat victims than any other type of crime – as violence is repeated it is also likely to become more serious (a recommendation is that if there have been 3 call outs within a year, other agencies will need to identify their own criteria for escalation)

Please pay particular attention to detailing and considering professional judgement in all cases. **The results from a checklist alone are not a definitive assessment of risk.** They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

What DASH is not:

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

*the Full Operating Guide can be found at <https://www.norfolk.gov.uk/safety/domestic-abuse/information-for-professionals/multi-agency-risk-assessment-conference-marac>

Appendix M3 - Information Sharing without Consent

Checklist and guidance

If you are in a situation where you feel that you have to disclose information without the consent of the survivor, you must record your decision and the reasons for making it.

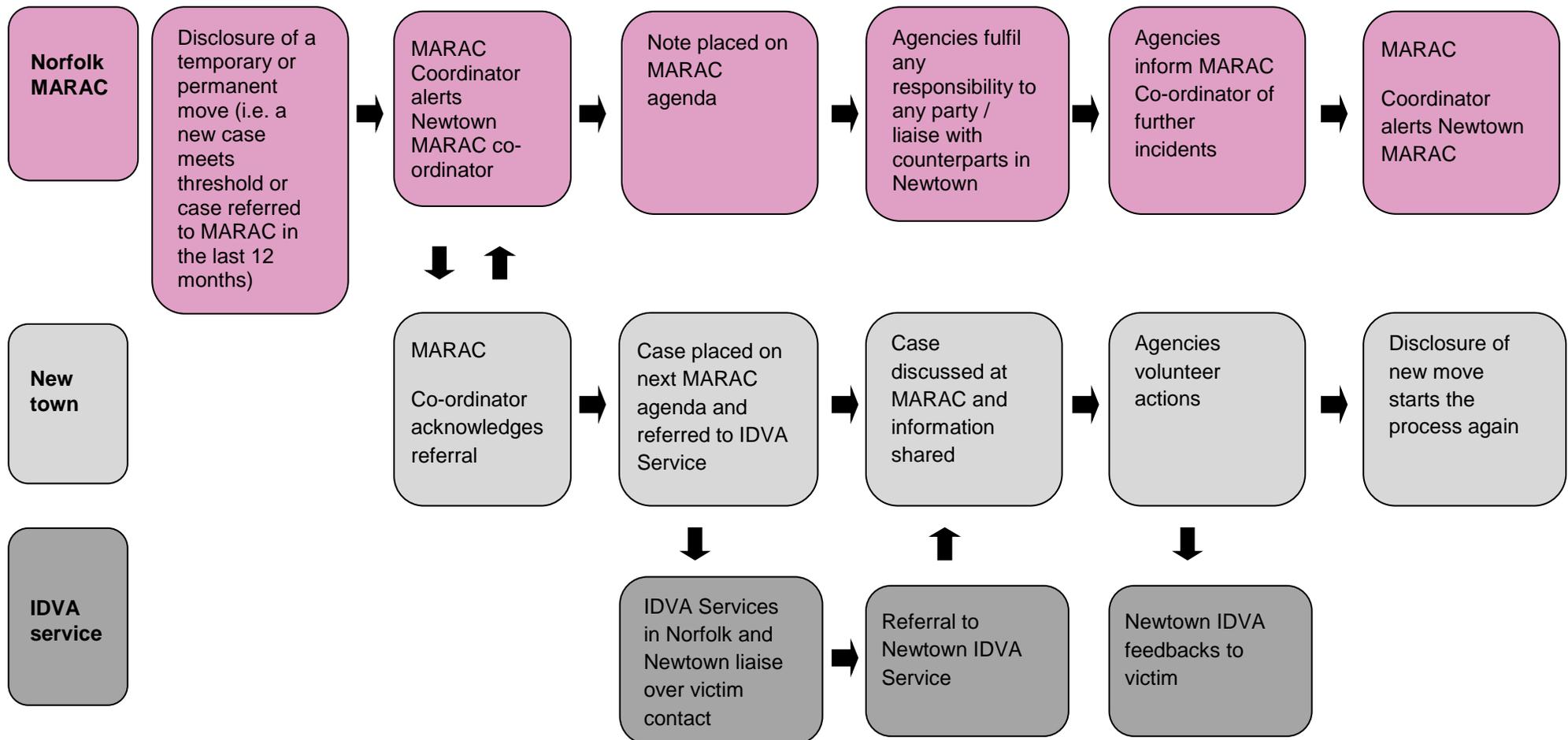
These are always very difficult decisions and where you may be concerned about the impact that they will have on the trust that a survivor has placed in you. Remember, you need to take defensible not defensive decisions, but neither must you put yourself in a situation where you are effectively joining with the survivor to prevent critical information being disclosed

- You must record that a decision has been made to share/disclose information without consent.
- What are the protocols/guidance that you referred to and which agencies or colleagues have been consulted about this decision? Set these clearly in your records.
- What is the legal basis for sharing without consent in this case? Record it clearly (the form that follows will help you)
 - It will usually be the Crime and Disorder Act (prevention or detection of crime)
 - Data Protection Act
 - Children Act
 - Human's right Act – The right to life(Article 2) protection from torture and inhuman and degrading treatment (Article 3) the right to security of the person
 - Are you clear exactly what details of the information is to be shared and with whom? Set this out in your records
- Think through the balancing exercise that you have undertaken, that you have considered the interest of the other agency/person in receiving the information and the degree of risk posed to any person by disclosure/nondisclosure; threat you have considered the duty of confidentiality, human rights and the public interest. Record this. Record whether the sharing is proportionate and there is a pressing need and summarise why in one or two sentences.
- What is the amount of information to be disclosed and the number of people'/agencies disclosed to? Is this no more than strictly necessary to meet the need for disclosure? Record why this is the case.
- Set out whether and when the survivor/person affected has been informed that the information will be disclosed and to whom, whether reasons have been given and whether details of next steps explained. Has this been done in advance of the information been disclosed? If the survivor/person affected has not been informed set out reasons why
- If in doubt, **always** seek specialist advice and **always** consult with your senior officer/supervisor.

Appendix M4 Flowchart for sharing information between different geographical MARACs

The aim is to promote the safety of high-risk victims, regardless of where they live, and to ensure that all agencies at MARAC are clear about their roles and responsibilities at each stage of the transfer process

- That where a victim moves between areas, a MARAC to MARAC referral should always be made;
- The procedure should promote a consistent, victim focused response to the transfer of cases across MARAC areas;
- A referral to a new MARAC should not be contingent on that victim meeting the local MARAC threshold in the area to which they are referred; and
- The originating and receiving MARAC should have clear responsibilities at both the point of referral and in the 12 months since last referral (i.e. 'flagging and tagging' for further incidents').



Appendix M5

Norfolk MARAC Confidentiality Declaration – example **A full copy of this is sent out with each case list**

MULTI-AGENCY RISK ASSESSMENT CONFERENCE DATE:
THE CHAIR OF THE MEETING REMINDS ALL CONCERNED OF THE PROTOCOLS
WITHIN THE AGREED INFORMATION SHARING DOCUMENT.

Information discussed by the agency representative, within the scope of this meeting is strictly confidential and must not be disclosed to third parties who have not signed up to the 'Information Sharing Protocol', without the agreement of the partners of the meeting. It should focus on domestic violence and child protection concerns and a clear distinction should be made between fact and opinion.

All agencies should ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.

THE PURPOSE OF THE MEETING IS AS FOLLOWS:

1. To share information to increase the safety, health and well-being of victims – adults and their children;
2. To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
3. To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
4. To reduce repeat victimisation;
5. To improve agency accountability; and
6. Improve support for staff involved in high risk DV cases.

The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

Appendix M6 MARAC –Aide Memoire for Chair –

Key - ✓ already in place - ? Potential action - x Offered but client declined

Activity	Check	Activity -	Check
Police- Victim Focus		IDVA (other support agencies) – Victim Focus	
Reassurance visit (SNT)		Ascertain new address	
CAD marker - Update warning markers		Contact solicitor	
		Liaise with housing officer	
Phones for safety		Maintain close contact	
Check latest incident		Attempt to re-engage with client	
Police Alarm to be fitted		Update victim of court result	
Sanctuary - Target hardening at address		Update victim of bail conditions	
High risk Strategy		ascertain if victim will provide evidence	
Referral to Analytical services(TCG)		Contact GP/Health worker	
Victim Focus - Probation		feedback to victim MARAC recommendations	
Woman Safety Officer		Refer to Victim support group	
Refer to drug/alcohol team		Refer Drug and alcohol 'affected others' groups	
Refer to Adult Mental health		Joint visit	
Liaise with investigating officer		Attend Remand Hearing	
Liaise with IDVA		Non-molestation order/order civil orders	
Health/Adult and social services - Victim Focus		Apply for Restraining order	
Make vulnerable adults referral		Refuge	
Referral to adult social care		Sanctuary	
Update adult social care		Other	
Flag and Tag files		Arrange strategy meeting	
GP aware		Offer additional support to family	
Housing		Arrange joint visit	
Review Tenancy		Consider MARAC letter to external agency(ies)	
Establish tenancy details		Safety of practitioner(s)	
Resolve tenancy issues		Diversity	
Send housing support letter		Specialist worker advised	
Update new address		Police Offender Focus	
Refer to refuge		Consider referral to MAPPP	
Refer to Housing options		Arrest offender	
Sanctuary		PIN (harassment)	
Flagging/Tagging Files		Inform local Safer Neighbourhood Team - Intelligence	

Children – Victim Focus			
Referral children services		Check bail conditions	
Gather information at school		Arrest for Breach of bail	
Carried out Child risk assessment		Update warning markers	
		Investigate offence	
Inform School		Offender Focus - Probation	
Update Children’s teams		Probation review licence conditions	
Liaise with CAFCASS		Prioritise recall to Prison	
HBV – refer to HBV policy		Check bail conditions	
Confidentiality		Pursue action on breaches	
Forced marriage order		Supervision/Case officer Aware	

Notes - Other issues that may need addressing/agencies need to be aware of

Appendix M7

Resource: Severity of Abuse Grid⁴

This Severity of Abuse Grid (SOAG) has been developed to be used with the Risk Identification Checklist. It gives you a framework within which you can identify specific features of the abuse suffered by your client and help you to address their safety in an informed and coherent way. It will also typically provide information that will be relevant for those cases going to MARAC.

To complete the SOAG, take the answers from the relevant questions on the checklist and then explore in more detail the severity of each category of abuse **currently suffered** and the escalation if it exists. Whether you are using it at the initial assessment or when reviewing risk, we recommend that the timeframe that should be applied for 'current' abuse is an incident within the last three months. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your client. **The context in which these and similar behaviours occur is all important in identifying a level of severity.**

If you answer 'yes' to any of the questions 'is the abuse occurring?' you must circle one answer for each of the boxes in the other three columns to identify the level of severity, the escalation in severity and in frequency.

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
Physical	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Sexual	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Stalking and harassment	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Jealous and controlling behaviour / emotional abuse	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced

⁴ Grid and guidance reproduced with kind permission of the Hestia Fund.

Guidance on completing the Severity of Abuse Grid

Note: This guidance is designed to help you complete the SOAG above. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your client.

The context in which these and similar behaviours occur is all important in identifying a level of severity. For example, the misuse of substances including alcohol may increase the level of risk faced by an individual. Similarly, the cultural context in which abuse takes place should inform your judgement as to the level of risk posed.

Physical abuse			
No	Standard	Moderate	High
Never, or not currently	Slapping, pushing; no injuries.	Slapping, pushing; lasting pain or mild, light bruising or shallow cuts.	Noticeable bruising, lacerations, pain, severe contusions, burns, broken bones, threats and attempts to kill partner, children, relatives or pets. Strangulation, holding under water or threat to use or use of weapons, loss of consciousness, head injury, internal injury, permanent injury, miscarriage.
Sexual abuse			
No	Standard	Moderate	High
Never, or not currently	Use of sexual insults.	Uses pressure to obtain sex; unwanted touching, non-violent acts that make 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, intentional transmission of STIs/HIV/AIDS.
Harassment or stalking			
No	Standard	Moderate	High
Never or not currently	Occasional phone calls, texts and emails.	Frequent phone calls, texts, emails.	Constant/obsessive phone calls, texts or emails, uninvited visits to home, workplace etc. or loitering. Destroys or vandalises property, pursues victim after separation, stalking, threats of suicide/homicide to victim and other family members, threats of sexual violence, involvement of others in the stalking behaviour.
Jealous or controlling behaviour/emotional abuse			
No	Standard	Moderate	High
Never or not currently	Made to account for victim's time, some isolation from family/friends or support network, put down in public.	Increased control over victim's time, significant isolation from family and friends, 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 (especially relevant for survivors with disabilities); extreme dominance, e.g. believes absolutely entitled to partner, partner's services, obedience, loyalty no matter what. Extreme jealousy, e.g. 'If I can't have you, no-one can', with belief that abuser will act on this. Locks person up or severely restricts their movements, threats to take the children. Suicide/homicide threats, involvement of wider family members, crimes in the name of 'honour'. Threats to expose sexual activity to family members, religious or local community via photos, online (e.g. Facebook) or in public places.

Glossary

Athena	Crime Recording system used by Constabulary
BBR	Building Better Relationships, programme for perpetrators delivered by Probation, through court order
BME	Black Minority Ethnic
CPI	Child Protection Incident (formerly known as C39d)
DASH	Domestic Abuse, Stalking/Sexual violence Honour /Harassment – Risk Indicator checklist
DAST	Domestic Abuse Safeguarding Team
DASVB	Domestic Abuse and Sexual Violence Board
DAIU	Domestic Abuse Investigation Unit
DLO	Diversity Liaison Officer
DPA	Data Protection Act
IDVA	Independent Domestic Violence Advisor
ISA	Information Sharing Agreement
ISVA	Independent Sexual violence Advisor
ISP	Information Sharing Protocol
LGBT	Lesbian, Gay, Bi-sexual, Transgender
MAPPP	Multi Agency Public Protection Panel
MAPPA	Multi-Agency Public Protection Agreement
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
OPCCN	Office of the Police & Crime Commissioner Norfolk
NSCB	Norfolk Safeguarding Children's Board
RARD	Risk Assessment Referral Desk
SafeLives	A national charity dedicated to ending domestic abuse. (Formerly known as CAADA)
SARC	Sexual violence Referral Centre (Harbour Centre)
SDVC	Specialist Domestic Violence Court
SPOC	Single Point of Contact