

CAADA

Co-ordinated Action Against Domestic Abuse

**DV MARAC
IMPLEMENTATION
GUIDE**

A Guide to Setting up DV MARACs

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We have been very fortunate to have had a great deal of encouragement and input over the past year from Dr Amanda Robinson from Cardiff University. We are grateful to her for the care and time that she has taken in this way. We have also relied heavily on her research in this document for our analysis of the process and outcomes of the Cardiff MARACs. Her clarity of thought and thoroughness of approach have greatly helped the task of preparing this guide.

The approach to running a DV MARAC originated in Cardiff and grew out of the existing public protection arrangements. The application of the process to very high risk victims of domestic violence was developed by Detective Inspector Steve Bartley and his team within South Wales Police and Jan Pickles OBE of the Women's Safety Unit and her colleagues. Their generosity in sharing their experience and expertise is well known throughout the country and we hope that much of this knowledge comes through in the pages that follow. Without their patience and enthusiasm this guide would not exist. We hope that it will contribute to improving the safety of many more survivors and their children all around the country.

CAADA
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Note on the use of language: We would like to clarify the use of language in the guide. We acknowledge that domestic violence occurs in both heterosexual and same-sex relationships while recognising that research confirms the gendered bias of abuse, particularly in relation to high risk victims. We will tend to use gender neutral language to avoid excluding any client group. We will refer to survivors, victims and clients interchangeably, depending on the context. While it is well recognised that children are also victim-survivors of abuse, we have identified them separately from adults. This is in no way to diminish the impact of domestic violence on their lives but rather reflects the different provision of services for children.

Contents

Chapter 1	Why Set Up a MARAC?	4
Chapter 2	What Underpins the MARAC?	8
Chapter 3	The Referral Process	12
Chapter 4	The MARAC Meeting	15
Chapter 5	Developing an Action Plan	18
Chapter 6	Emergency MARACs	26
Chapter 7	Outcome Measurement	27
Appendix 1	Legal Grounds for Sharing Information	29
Appendix 2	The MARAC Administration Pack	32

Why Set Up a MARAC?

In this section we cover what the outcomes are from the MARAC, what the costs are for the cases that typically come to MARAC and what the implications are for the care of your team.

What is new?

There is nothing new in recommending a multi-agency response to domestic violence. So what is new about a MARAC?

In a single meeting, a domestic violence MARAC combines up to date risk information with a comprehensive assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic violence case: victim, children and perpetrator.

What are the aims of the MARAC?

- To share information to increase the safety, health and well being of victims – adults and their children;
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
- To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- To reduce repeat victimisation;
- To improve agency accountability; and
- 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.

What are the outcomes? 42% violence free after one year

There are two independent evaluations of the Cardiff MARACs written by Dr Amanda Robinson.¹ They include an analysis of the number of women who suffered repeat incidents of violence that were reported either to the police or other agencies. There were 102 women included in the one year review. **Of these, 42% were living 'violence free' one year after the MARAC.** This is particularly significant since these women had been assessed as very high risk and had extended histories of domestic violence.

Shifts responsibility for addressing the abuse

One key outcome of the MARAC is that it moves some of the responsibility for addressing the domestic violence from the victim and to a broader group of agencies. We know that as risk escalates, many victims will adopt 'passivity' as a survival tool. In these situations, their ability to access help is impaired and an approach such as MARAC can have an impact on their safety. The interview data with victims from the Cardiff MARAC evaluation showed that **'nearly all victims felt that it was a combination of their own strength and determination (which they tended to discuss as the primary factor) which was necessary for the multi-agency support and assistance to work...Furthermore, victims felt that they needed the support and assistance that they received as a result of the MARACs** before they could successfully move on following an often lengthy history of domestic violence.'

What are the costs?

There are costs associated with the MARAC that need to be considered. For the agencies that attend MARAC regularly such as the IDVA, Social Services, Probation etc the cost is roughly equivalent to 1-1.5 days work per meeting, or 2-3 days per month assuming that the meetings are held fortnightly. This breaks down between half a day at the meeting and a day and a half in gathering information ahead of the meeting and implementing actions after the meeting. In fairness, it is hard to calculate the marginal cost of the MARAC, i.e. the additional cost. It can be argued that by addressing cases more effectively that longer term costs are lowered for those instances where a case can be 'closed' or where the risk is significantly reduced and therefore the input of the agencies is reduced. The workload for the lead agency is estimated to be about 3 days per fortnight, given the time needed to put together the agenda and write up minutes afterwards, with an additional day of an administrator's time.

What are the financial benefits?

There are significant financial benefits to be gained from running an effective MARAC. Much work has been done on the costs of domestic violence, most notably by Professor Sylvia Walby in her study 'The Cost of Domestic Violence' published in September 2004. We have attempted to use some of the data that she has analysed and apply to some of the very high risk cases that might be reviewed at MARAC. As anyone familiar with statistics will be very aware this is an area that is fraught with difficulty and so the figures should be used by way of example only. The table below gives an example of a case where there had already been numerous police

¹ See www.cf.ac.uk/socsi/whoswho/robinson.html or www.caada.org.uk/library/index.htm#evaluation

callouts, several visits to A&E and the GP, involvement from Social Services and an unsuccessful prosecution for GBH. The total expended by just the statutory services included here would be over £14,000. The impact of the MARAC in cutting costs if effective becomes very clear from this.

The costs of an 'average' case

Costs Associated with an 'Average' MARAC Case			
	No of Contacts/cases	Cost per contact (£)	Total Cost (£)
Police callouts ²	6	90	540
GP visits ³	8	48	384
Anti-depressants prescribed ⁴	6	53	318
A&E attendances for minor wounding ⁵	4	65	260
A&E attendances for serious wounding ⁶	2	2,700	5,400
Stay in refuge (no of nights)	12	50	600
Police involvement with S18 prosecution ⁷	1	2,359	2,359
CJS costs of prosecution ⁸	1	4,170	4,170
Total			14,031

It should be noted that the figures shown above relate purely to the **direct costs** borne by agencies that are supporting a very high risk victim and working with the perpetrator. Many agencies are not included in this example that might well be present in another case such as Social Services, CAFCASS, mental health services, the prison service, community perpetrator programmes, more intensive support from Social Services or support from a drug and alcohol service. Nor does our figure include any of the **indirect costs** relating to days lost from employment or the emotional costs related to suffering domestic violence. In short, **not addressing** very high risk cases in an effective manner is a very expensive choice to make.

² The Economic and Social Costs of Crime, HORS 217, Brand and Price

³ Estimate from Walby, 2004

⁴ Estimate from Walby, 2004

⁵ Netten and Curtis, The Unit Costs of Health and Social Care, PSSRU, University of Kent 2000

⁶ Lynch and Greaves, Emergency Medicine Journal, 2000

⁷ Estimate from Thorns, 2003

⁸ The Economic and Social Costs of Crime, HORS 217, Brand and Price. Note this figure excludes the prison service costs.

What is the impact on your team?

Many observers quite naturally question what the impact of participating in the MARAC process will be on their workload. The feedback from different agencies involved in the Cardiff MARACs is shown below:

"I think that the agencies involved in the MARAC are underestimating how important the work is. They are not allowing the staff to have the time to devote to MARAC."

"Some agencies may have snippets of info that on their own don't raise any particular concern it's only when the jigsaw of info is pieced together that the risk factors begin to be understood."

"Before I joined I wouldn't have had a clue how to get in touch with probation. We now have points of contact and are on first name terms with people in other agencies to find out pieces of information. You are not afraid to pick up the phone, and also people from other agencies phone us to find things out."

"It is important that we don't hide behind issues of human rights, privacy. When we talk about human rights we should be looking at Articles 2 and 3, the freedom to live without threat of torture, freedom of life... We need to think about the issue of proportionality. In terms of victims, we are looking at the critical few... Agencies need to look a bit deeper at their reasons for not sharing info, and not being prepared to work together."

What did victims think about the MARAC?

As part of the evaluation process of the MARACs in Cardiff, victims were interviewed for their views on the process. Below is a sample of their comments:

"I am aware of the MARAC process and I think it is a very important thing, very beneficial. It is vital that all the agencies have as much information as possible.....MARAC attendance should be enforced. Communication is vital."

"No one agency in particular [has offered me the most support]. To be honest I have been surprised at the amount of support that has been there for me. It is good that all people [in different agencies] know what is happening."

"[The IDVAs]⁹ have been my main point of contact. In the beginning I didn't know what to do for the best [outcome]. They helped me make decisions. [They] liaise with all [the other] agencies as far as I can see."

⁹ In this case, the Women's Safety Unit

What Underpins the MARAC?

In this chapter we look at issues such as having a common understanding of risk, confidence about information sharing and a commitment to safety

Some definitions

In order for a MARAC process to work effectively there needs to be a common understanding of risk among the participants. To avoid any confusion we have sought to clarify some definitions here.

Dangerousness needs to be broken down into:

Risk factors: the variables that will be used to predict violence

Harm: the amount and type of violence being predicted and

Risk: the likelihood that harm will occur. This is an estimate that will change over time and context.

Clinical Assessment: The clinical assessment of dangerousness is based on an individual practitioner's judgement of a situation.

Actuarial Assessment: This involves the use of risk factors to compute the probability of harm occurring. In domestic violence the risk factors identified and used in actuarial risk assessment relate to the likelihood of **homicide** occurring.

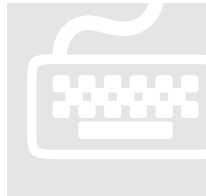
Referral to a MARAC is based principally on an actuarial assessment of risk. The work of the MARAC permits a comprehensive clinical overlay to this.

Risk assessment of victims

The development of specific instruments to assess risk in domestic violence cases is relatively new. The instruments break down into 2 main categories:

- Those for use with perpetrators which seek to establish the risk of re-offending and are principally used in the Criminal Justice System and
- Those for use with victims that assess the risk of homicide and are used by service agencies seeking to support the victim. This is the

risk assessment that informs the MARAC process. The analysis of risk factors associated with domestic homicide has been led by the MPS and South Wales Police based in both cases on the analysis of a combination of data from very serious cases including domestic homicides, Part 8 Reviews, near misses and other callouts to the police. Both forces have developed a checklist of risk factors, the former now known as SPECSS+ and the latter as the FSU9. Unsurprisingly, there is a considerable amount of overlap between the two checklists¹⁰



Examples of a number of risk assessment checklists can be found and downloaded from the 'online resource centre' at www.caada.org.uk.

The risk factors can be divided into 5 main categories:

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

There is little research as to the relative weighting that risk factors should have, although the conclusions that can be drawn from North American researchⁱ suggest that prior domestic violence and handguns (use of weapons in a UK context?) are the strongest predictors of homicide, with separation also very important.ⁱⁱ The prevalence of risk factors in both 'generic case work' and in domestic homicide is summarized in the table below. This uses data from the MPS research and from internal statistics derived from comprehensive risk assessment of MARAC referrals in Cardiff and all client referrals by the ASSIST IDVA service in Glasgow. This is intended to give readers a sense of the differences and similarities between the different situations:

ⁱ Kellerman et al, 1993; Campbell, 1995; Browne et al., 1998

ⁱⁱ Campbell, Sharps and Glass in Risk Assessment for Intimate Partner Homicide, published in Clinical Assessment of Dangerousness, edited by Pinard and Pagani, 2001

¹⁰ And with the Danger Assessment Tool developed by Campbell et al in the US for use in health settings

<i>Comparison of Incidence of Risk Factors between General IDVA cases, MARAC cases and Homicide cases</i>			
Risk Factor	General IDVA Cases¹¹	MARAC Cases¹²	Homicide Cases¹³
Previous Criminal Record	45%	83%	53%
Recorded/reported history of DV	100%	100%	73%
Aggravating problems, drugs, alcohol, mental health of perpetrator	70%	74%	80%
Pregnant	5%	7%	10%
Jealous and controlling behaviour	72%	67%	67%
Separation	74%	80%	76%
Threats of perpetrator to commit suicide	8%	31%	n/a
Threats to kill victim	14%	44%	n/a
Strangle/choke	13%	40%	11%
Escalation	59%	57%	87%
Isolation	23%	n/a	47%
Stalking	n/a	n/a	40%
Number of cases in sample	198	102	30 murders and 400 other cases reviewed

There are a number of points to note from these comparisons.

- Firstly there are some striking similarities between the statistics particularly in relation to the existence of jealous and controlling behaviour and separation. Other research indicates that it is the first 2 months after separation that are the highest risk period for homicide.ⁱⁱⁱ
- Conversely, there are notable differences in the incidence of escalation in the different groups.
- Stalking was a frequent pre-cursor to homicide.
- The greater incidence of threats to commit suicide by the perpetrator in the MARAC cases is important since US research suggests that between 15-26% of intimate partner femicides are homicide-suicides.^{iv}

¹¹ Source: ASSIST internal statistical records

¹² Robinson and Tregidga, May 2005: DV MARACs for Very High Risk Victims

¹³ Laura Richards, Oct 2003, Findings from the Multi-agency Domestic Violence Murder Reviews in London, prepared for the ACPO Homicide Working Group

- Some of the statistics are aggregated. Thus, in the case of aggravating factors, some of the services measure each category individually. We have aggregated them together which may give a somewhat inaccurate picture.
- The high incidence of isolation, which includes cultural isolation, is striking in the homicide reviews.

What do we mean by a common understanding?

There are some key points that participants in a MARAC will need to agree on. They are:



- ✓ The process for screening for DV by 'generic' professionals and consequent referral
- ✓ The full list of questions on a risk assessment checklist
- ✓ The fact that all the questions must be asked and not just selected questions
- ✓ What is the threshold for very high risk at which one must breach client confidentiality
- ✓ How and with whom they share risk information

Making defensible decisions

As practitioners, we owe a duty of care to our clients since they have become our clients precisely because a propensity to harm exists. We need to make defensible rather than defensive decisions.

'Defensive beliefs and reactive approaches to risk (managing the harm once it has occurred) will increasingly be challenged by developments in risk assessment and risk management. The emphasis is moving to decision making processes and their management'^v.

We would suggest that the MARAC presents many of the advantages of a consistent actuarial assessment complemented by the clinical judgement of multiple practitioners.

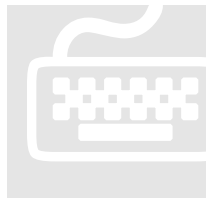
ⁱⁱⁱ Wilson and Daly 1993; Wilson et al., 1995

^{iv} Moracca et al., 1998; Block and Christakos, 1995

^v David Carson, 'Risking Legal Repercussions' from Good Practice in Risk Assessment and Risk Management, edited by Kemshall and Pritchard.

The Referral Process

In this chapter we look at: What risk assessment checklist is used as a basis for referral? Who makes referrals? What if the case is not very high risk?



You can find all this information and more at our online learning and resource centre: www.caada.org.uk in the learning centre under 'Find out more'. If you go to the resource centre you will find examples of the risk assessment checklists to download and a number of different evaluations about their use and impact.

What risk assessment checklist?

When we talk about risk assessment in this document, we are referring to the risk assessment checklist that includes the key risk factors associated with domestic homicide to be carried out with victims. This is discussed in detail above in Chapter 2.

Who does it?

The formal risk assessment is normally carried out by the agency that receives the initial referral of the domestic violence incident or case. In most cases this is the police given that they receive the vast majority of crisis referrals, although many different agencies may identify a client as suffering domestic violence including the A&E department, social services and health visitors for example. In some cases it may be appropriate to review the initial risk assessment. It is clear that in most cases victims are more likely to disclose information about their case to a non-statutory agency such as the IDVA and they may wish to review the risk assessment at regular intervals if they are working with a client both before and after the MARAC.

What is the threshold for referral to MARAC?

The MARAC meeting is only for very high risk victims. Each area needs to agree the threshold for what constitutes very high risk. Experience of using the FSU9 suggests that when there are more than 7 positive responses or more than 3 call outs in a year equates to a very high risk situation. However, this will vary depending in part on the level of reporting in your area. So for example, if reporting is very high then the threshold of 3 call outs may be too low. The converse would be true if reporting is very low, for example in areas where there is a high B&ME population who may be less willing to contact the police.



Please contact CAADA for advice on establishing a benchmark for very high risk in your area.

How do referrals happen?

Any agency that identifies a client as very high risk should make a referral to the lead agency. A copy of the referral form is in appendix 2 to this guide and can be downloaded from www.caada.org.uk.

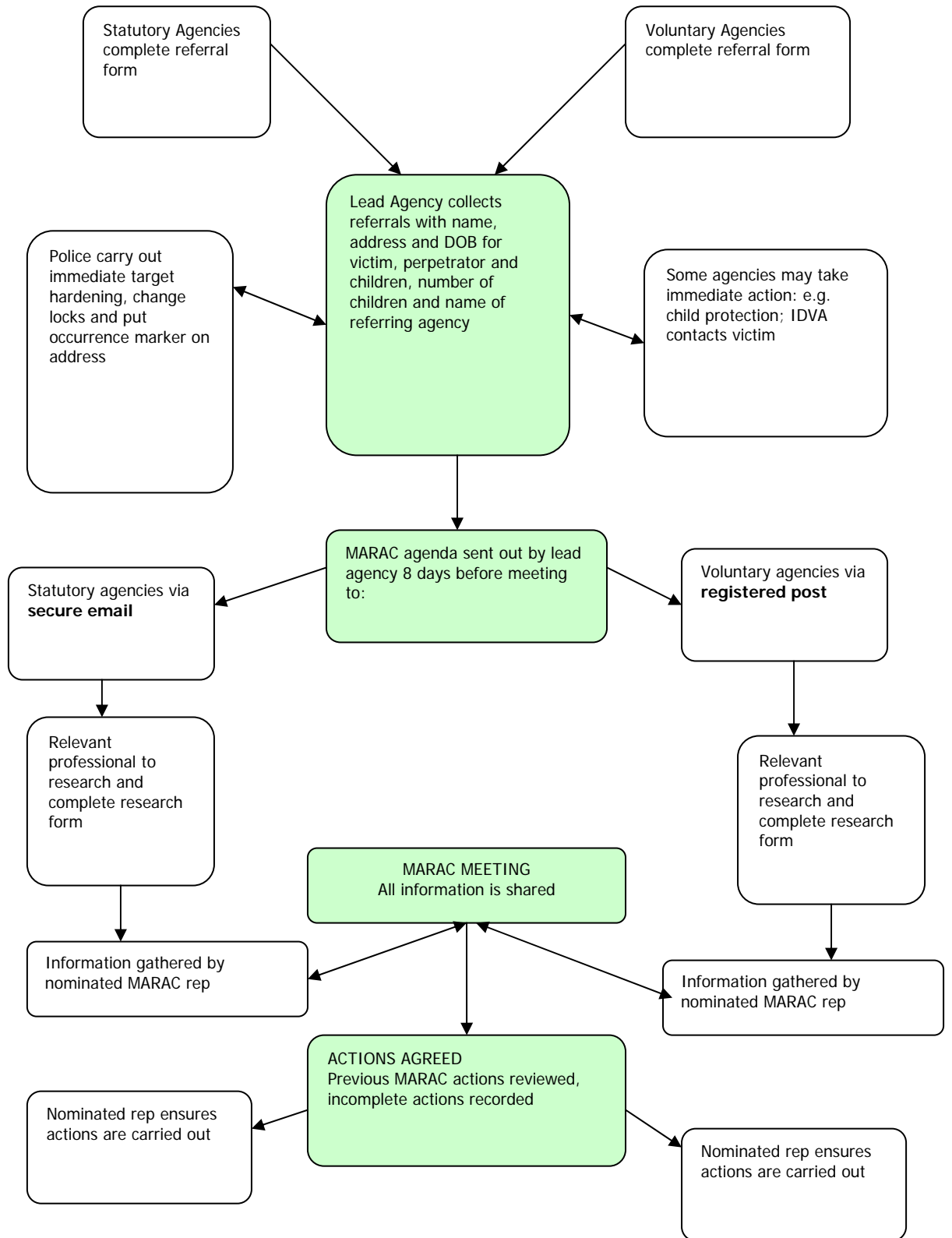
What if different agencies have different information?

That is just the point of the MARAC! It is very helpful to gather risk information from more than one source both for the safety of the victim and the safety of staff that might be supporting them, particularly if their job involves home visiting. All agencies attending the MARAC should review the list of risk factors on the assessment checklist and identify what information their agency holds about any of them. So for example, the probation service may have information about previous convictions but not about threats to kill or threats of suicide, while the IDVA or refuge worker attending the meeting might have this information but not be aware (perhaps because the victim is not aware) of a perpetrator's previous criminal history.

What to do with cases that are not very high risk currently?

If a case is not currently assessed as very high risk the victim should still be offered the services of the IDVA. They are trained to focus their support on high and very high risk referrals but should also have strong links with a range of other local services that may be able to support the victim. Anecdotal evidence suggests that the personal links that are built up between the IDVA and the other local agencies at the MARAC mean that a better response can be achieved for all victims where the intervention of a specific agency is required rather than a broad multi agency one.

FLOWCHART OF THE MARAC



The MARAC Meeting

In this chapter we review the practical details of running the MARAC including what information is circulated, by whom, the role of the Chair, what information is shared and what typical actions result

Actions ahead of the MARAC

Who collects information for the meeting and what information?

The lead agency (normally police or probation) will collect the information for the meeting. Each referring agency will complete the referral form with the 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 lead agency also compiles the minutes from the last meeting and the agenda. This is circulated 8 days before the meeting.

How is it circulated?

The agenda with the relevant information is circulated by secure email where possible (typically to statutory sector agencies) or by registered post and marked 'Private and Confidential-to be opened by addressee only' and addressed to the nominated representative where there is no secure email system (such as for many voluntary sector agencies).

Next steps

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 basic 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.

Actions before the MARAC

In every case there should be certain police actions carried out before the MARAC. These include initial target hardening and risk management. An occurrence marker should be placed on the address, if appropriate locks changed and a police watch instituted. In cases where there are children or vulnerable adults involved, Social Services may also take some immediate precautionary measures ahead of the meeting.

The Meeting

What is the role of the Chair?

The role of the Chair¹⁴ is to structure the meeting and prioritize cases in such a way that all those attending are able to use the time available as efficiently as possible. Thus for example, cases including children are normally held first so that representatives from children's services can leave once these are completed. The Chair will normally review actions agreed at the last meeting and make a record of any actions outstanding. Finally it is their responsibility to ensure that all agencies understand precisely what is meant by any of the new actions agreed that relate to their agency either directly or indirectly.

Which agencies should attend?

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

The following agencies might attend MARACs. The agencies invited should be any that have a role to play in the victim's safety, so it is crucial to have non-criminal justice system groups there. It is also helpful if there is a consistency in the nominated representatives from the different agencies.

Permanent attendees:

- Police (officer to report on cases and other public protection officers as necessary);
- Social Services;
- Independent Domestic Violence Advisors;
- Victim support services including local Women's Aid or other refuge provider;
- Health representatives (midwifery, health visitors, child protection nurse and hospital staff as appropriate);
- Housing;
- Probation;
- Education;

Additional attendees (as individual cases dictate):

- Community based and voluntary perpetrator programmes;
- Mental health;
- Homelessness team;
- Local drug and alcohol services;
- Children and Family Court Advisory and Support Service (CAFCASS)
- Court based user groups (Chair or representative. Not necessarily judicial);
- National Association of Child Contact centres (NACCC) local centre representative;

¹⁴ The Chair is normally from the Police or Probation Services and is of Detective Inspector rank or equivalent

➤ Children's support organisations.

The victim does not attend the meeting, nor does the perpetrator, or the Crown Prosecution Service.

Introductions

In the early stages of developing a MARAC process we would suggest that each representative from every agency provides the meeting with a brief overview of their organization. This should cover briefly the services they provide, procedures, remits and their limits. It will assist the Chair to give the agencies responsibility for actions that are relevant and specific to them. All professionals should have a better understanding of who can best assist very high risk victims in their daily role as a result.

Minute taking

There needs to be a dedicated minute taker, normally provided by the lead agency, who prepares the minutes based on MAPPA guidelines. The minutes should normally be prepared the same day as the meeting and include a list of all the agreed actions plus any amendments to the basic information that might have become clear as a result of the meeting such as the address at which the perpetrator is residing for example. A template for minute taking is included in the Administration Pack in Appendix 2 of this document and can be downloaded from our online resource centre.

The action list

As noted above, it is very important that the action list is summarized after each case by the Chair of the meeting and that all attendees are clear what they are committing to do on behalf of their agency.

Keeping information secure

All agencies should be aware of the confidential nature of information discussed at the MARAC and ensure that all written information is stored securely in accordance with the relevant legislation.

Developing an Action Plan

In this chapter we review what information to share at the MARAC and what actions might typically ensue as a result

What information to share?

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 (see appendix 2 for detail of risk assessment checklist) including 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.

Information sharing at MARAC conferences is strictly limited to the aims of the meeting and attendees should sign a declaration to the effect at the start of each conference. Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.

Examples of the kind of information that different agencies might bring to the meeting and the actions that might arise are shown in the tables at the end of this chapter. These are merely some examples and in no way represent a comprehensive list of either information or actions.

Guidance on the legal ground for information sharing can be found in Appendix 2.

What actions to take?

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 prioritize actions, to support the victim and to support their staff. Some examples of possible actions are summarized in the tables below:

Examples by agency

The tables below show **examples** of the kinds of information and actions that might be taken by a range of agencies that are regularly involved in the MARAC. Other agencies such as a range of community projects might attend the MARAC occasionally. In many parts of the country specialist DV services for B&ME or LGBT victims may not exist. In such cases, it may be helpful to have some input from more generalist support agencies. They may have important information about the victim, children or perpetrator and may also be a non-threatening way to establish contact with any of them for any of the other agencies.

Agency	Type of Information	Impact/Action
Police	Number of previous DV Incidents/Offences	Provide intelligence package to sector inspector
	Relevant previous convictions from PNC	All agencies aware of risks
	Details of incidents, use of weapons, threats to kill, threats to harm children	Arrest offender Referral to Social Services
	Previous call outs to the address	Put occurrence marker on the address
	Breaches of bail	Arrest offender Intelligence marker for OIC Heightened awareness by agencies and likelihood that bail might not be granted in future
		Target hardening of address Put police watch on the address
	Any warning signals such as threats of suicide, drugs, weapons, assault on police	Locate perpetrator and do spot checks on behaviour
		Install CCTV system
		Organise special measures at court if appropriate- DV co-ordinator to check
		Inform agencies who visit home (midwives, health visitors) if perpetrator released
		Supply housing support letters

Agency	Type of Information	Impact/Action
Probation	Previous history of convictions	Relevant to other agencies working with perpetrator
	Update on attendance at IDAP/supervision	Make supervision/case officer aware of DV
	Breaches of orders	Pursue action on breaches
	Re-call to prison	Prioritize

Agency	Type of Information	Impact/Action
Social Services	Feedback on assessment	
	Update on whether or not appointments are attended	
	Update on specific needs of victim if a vulnerable adult	Make referral to Vulnerable Adults team and/or voluntary sector support e.g. Age Concern
	Update on specific needs of children in need, children at risk and children with disabilities	Make referral to CAMHS Give additional support to family Make joint visits with health for example

Agency	Type of Information	Impact/Action
IDVA	Update on whether or not victim has engaged with IDVA	Crucial for safety
	Update on whether victim has engaged with other agencies who might not be part of the MARAC	Gives broader picture of extent of support accessed
	Information about victim's fears	Relevant to intervention by other agencies
	Information about jealous and controlling behaviour	Possible relevance to harassment charge?
	Details of sexual abuse/assault if relevant	Might suggest option of supporting a criminal prosecution Referral to specialist support
	Details of impact on children	Cross reference to information from CAMHS, Social Services, Health Visitor and Education and have an impact on the approach taken by these agencies

Actions taken by victim to protect themselves e.g. change phone number/ request for personal alarm	Application made to Community Safety
Information about harassment	Discuss victim making a statement
Information about incidents not reported to the police	Police to investigate alleged incidents
Update on other legal protection	Whether injunctions are in existence
Information about contact disputes	Information to CAFCASS, risks to children and non-abusing parent
	Track outcomes of court process and inform victim
Victim needs to be re-housed	Supply housing support letters

Agency	Type of Information	Impact/Action
Health Visitor/ Midwife	Update on whether or not appointments are attended	Relevant for safety of children
	Developmental update including progress of pregnancy, routine enquiry	Important for other agencies
	Anything unusual about client e.g. attendance by partner at all appointments	Potential risk factor of controlling behaviour Difficult for client to disclose abuse if partner is there
	Any damage noted to the home address on previous visits i.e. observes damage that might not have been reported to police	General information from MARAC of relevance for staff going to victim's home

Agency	Type of Information	Impact/Action
CAMHS	Reasons for referral	Information for all agencies
	Update on whether or not appointments are attended	Implications for safety
	Extent of mental health issues and need for additional support	

Agency	Type of Information	Impact/ Action
Community Perpetrator Programme	Professional judgement on attitude of perpetrator	Relevant to other agencies working with perpetrator
	Update on attendance at perpetrator programme	Relevant for those supporting victim
	May bring information on drug, alcohol or mental health issues	Relevant for all other agencies involved particularly those conducting home visits
		Support efforts of other agencies to prioritize a case

Agency	Type of Information	Impact/ Action
Education	School attendance	
	School performance/ behavioural issues	
	Incidents at the school e.g. attempted abduction of child	Police to put occurrence marker on the school and inform staff on need to know basis
	Provide information on who takes and collects children from school	Gives other agencies information on perpetrator's movements If the perpetrator does not go to the school, then it may be possible to contact the victim through the school
		Inform school of wider concerns

Agency	Type of Information	Impact/ Action
CAFCASS	Update on court proceedings and court orders	Safety of victim and children affected Establish inconsistencies between bail conditions and contact orders
	Feedback from supervised contact sessions	Clarifying any risks to victim and children
	Views of children if appropriate and Gillick competent	Relevant to social services and other children's services; may prioritize additional support
	Professional opinion	Relevant to all agencies
	Feedback from expert witnesses	Could be relevant to other agencies

CAFCASS officer gets broader picture of risks in the case

Agency	Type of Information	Impact/Action
Drug and Alcohol Team	Perpetrator substance misuse issues	Prioritize support Safety of victim and children affected
	Victim substance misuse issues	Prioritize support Child protection issues? Increased information from other agencies about 'history' of individuals

Agency	Type of Information	Impact/Action
Adult Mental Health Services	History of perpetrator mental health issues	Create complete picture with other agencies Make referrals
	History of victim mental health issues	Create complete picture with other agencies Make referrals

Agency	Type of Information	Impact/Action
Refuge Provider	Previous stays in refuge etc	Informs risk assessment
	Details of severity of abuse	
	Attempts by perpetrator to contact/find victim	Get support from police to protect whereabouts of victim Update information on particular needs of victim and children

Agency	Type of Information	Impact/Action
Housing	Confirm information about incidents affecting property	If this constitutes Criminal Damage then Police can take action
	Information about where victim and perpetrator are living	
	If victim has made an application alone	Get Tenant Support team to assess victim Co-ordinate with refuge provider about re-housing needs

Agency	Type of Information	Impact/Action
Specialist B&ME DV service	Information about specific clients	
	Detail of abuse and needs of victim	Victim may not wish to access generic services
	Detail of role of extended family if any	May be relevant to criminal investigation, bail conditions, conditions of injunction
	Detail on immigration status of victim and/or perpetrator	Relevant to financial security and accessibility of generic services
	Provide information about victim's movements	Other agencies could make a joint visit

Agency	Type of Information	Impact/Action
LGBT Support	Information about specific clients including whether they are 'out' or not	Allows agencies to access them appropriately
	Detail of abuse and needs of victim	Victim may not wish to access 'straight' services
	Details of any support network, e.g. Broken Rainbow, local LGBT group	Clarifies gaps in support and may offer a point of contact
	'On' scene or 'non' scene, does victim identify themselves as LGBT?	Has potential impact on degree of isolation
	Information regarding counter allegations	Very important to establish true perpetrator

When should actions be taken?

If victims and their children are at high risk of being severely hurt or killed, agencies must agree to prioritise the actions assigned and deliver them on the day of the MARAC or as soon as possible thereafter. To ensure MARACs have the most up to date information possible and have time to implement agreed actions, it is recommended that meetings be held insofar as it is possible, mid-week to enable prompt action to be taken before the weekend.

What is the role of the IDVA at the MARAC?

The IDVA is crucial to the MARAC process. In Cardiff, 80% of the actions agreed at MARACs are progressed by 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 her 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.

Emergency MARACs

What is an emergency MARAC?

An emergency MARAC is an **exceptional** event. It is only called when a victim is assessed as VHR 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. Referrals are agreed between the referring agency and the lead agency, normally the police.

The process for calling an emergency MARAC is as follows:

1. Initial phone call referral by any agency to the lead agency
2. This call should be recorded by both agencies
3. The lead agency should contact all the other relevant statutory agencies at once and make them aware of the situation.
4. 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 specific actions that they can take to address risk.
5. The MARAC should be held as soon as practicable
6. The initial referring agency must attend so that the details presented at the meeting are accurate
7. As in every case basic target hardening, an occurrence marker etc should be carried out as soon as practicable. Clearly in a case where a MARAC takes place within a matter of hours, this will occur after the MARAC in combination with the other actions agreed.
8. Urgent actions must be executed immediately and the emergency MARAC case should be prioritised on the next MARAC agenda so that the chair can review the action list and present the case to all the attending agencies.

Outcome Measurement

In this chapter we review what are the key parameters for measuring the outcomes of the MARAC

What to measure?

The key aims of the MARAC were set out at the beginning of this document. They are:

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

Within these, we believe that **the key outcome indicator must be improved victim safety**. This can be analysed in relation to two elements.

- Firstly the level of repeat victimisation of victims whose cases have been reviewed at MARAC can be measured. By repeat victimisation we mean any call to the police or other emergency services for domestic violence within a 12 month period following the MARAC. If possible repeat visits as a result of domestic violence to the A&E services should be monitored.
- Secondly, we recommend that some comparison is made for those victims who do suffer a repeat incident about the degree of abuse that they suffer before reporting it. While no repeat incidents is clearly a goal, if it can be demonstrated that confidence in the response of the range of agencies represented at MARAC is increased and victims seek help at an earlier stage than had previously been the case that is also a positive outcome.

Both these conclusions need to be compared to the overall level of reporting in the area to be sure that a lack of reports does not reflect a greater loss of confidence in the system overall. However, in areas where MARACs are being implemented, we would be surprised if this were to be

the case since there is a clear commitment on the part of local partners to improve the response.

In terms of **outputs** rather than **outcomes**, it is important to measure:

- the number of cases reviewed at MARAC over a 12 month period,
- the range of agencies making referrals
- data relating to diversity issues including ethnicity, sexuality and disability
- the total number of children involved
- the number of cases where the victim supports a prosecution

Who keeps the data?

We would suggest that each agency involved should keep output data in relation to its own work including the number of referrals made to the MARAC. However, the lead agency and the IDVA should keep the broader data including all of the output data. CAADA can provide a simple spreadsheet to help record this data. Please contact us to discuss how to use this and to get a copy.

Why measure outcomes?

We believe that there are 4 key reasons why it is important to measure outcomes of the MARAC.

- Firstly, it encourages accountability and consistency between agencies. It permits participants to measure the impact of their work and builds commitment to the process.
- Secondly, it allows one to measure the cost-benefit analysis of running a MARAC. This should permit those agencies involved to be more accountable to their funders and be able to justify committing sufficient resources to the work. For those in the voluntary sector it should underpin the effectiveness of their efforts to fund raise if clear outcomes can be shown.
- Thirdly, it allows one to establish to what extent the MARAC contributes to other performance targets such as improving confidence in the CJS for example.
- Finally, and most importantly, it encourages accountability to the victims, both adult and children, whom all partner agencies are trying to help. It keeps safety at the fore front of all the agencies' minds.

The Legal Grounds for Sharing Information

A Road Map for Sharing Information

The following notes come from the guidance that CAADA gives IDVAs on our training course. They can be used as a guide to thinking about situations where it may be necessary or desirable to share information with other agencies. This decision-making should be done in consultation with others or with the Information Commissioner Helpline: 020 7273 4015.

1. Safety

Consider risk factors – how great is the risk?

- Children – careful consideration should be given to disclosure even about low risks to children
- For an adult, a relatively high risk is necessary before considering over-riding the duty of confidentiality

2. Consent

With consent, can disclose.

Without consent, must make a professional judgement balancing the following considerations.

3. Balancing considerations

Do you have the legal authority to disclose?

See sheet of authorities

Balancing against

- **Duty of confidentiality**
- **Respective risks to those affected**
- **Pressing need**
- **Need of other agencies to know**

- **Proportionate response**

4. Make decision

If decide not to disclose:

- Record decision, going through checklist
- Consider ways to reduce risk to survivor and/or any children
- Consider ways to help client access help from other agencies herself

If decide to disclose:

- Record decision, going through checklist
- Make decisions/enquiries about the amount of information to disclose, how and to whom
- Discuss with survivor, if appropriate
- Note when/whether the survivor was informed and reasons why if not informed (for example, that it would increase risk)
- Disclose

4. Finally

- Note a time to review this situation again
- Review the advocate's safety and the repercussions for the project

Legal Grounds When Considering Sharing Information Without Consent

Protection against Disclosure

Legal issues	Source
Protection of personal data	Data Protection Act 1998
Duty of confidentiality	Common law
Right to private and family life	Human Rights Act, Article 8

Main Lawful Grounds For Sharing Without Consent

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

Balancing Principles

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

Checklist for Use When Sharing Information without Consent

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 ones 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.

1. You must record that a decision has been made to share/disclose information without consent
2. What are the protocols/guidance that you referred to and which agencies or colleagues have been consulted about this decision? Set these out clearly in your records. (e.g. Home Office guidance, OIC helpline, own protocols?)
3. What is the legal basis for sharing without consent in this case? Record it clearly. It will usually be for the Crime and Disorder Act (prevention or detection of crime) or under the DPA, or the Children Act.
4. Are you clear exactly what details of the information is to be shared and with whom? Set this out in your records.
5. 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; that 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.
6. 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.
7. 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 being disclosed? If the survivor/person affected has not been informed set out reasons why.
8. If in doubt, ALWAYS seek specialist advice and ALWAYS consult with your supervisor.

The MARAC Administration Pack

Contents:

1. Agenda
2. Sample Form for Case Summaries
3. Risk Assessment Checklist
4. Referral Form
5. Research Form
6. Confidentiality
7. Sample Minutes
8. Draft Information Sharing Protocol
9. Flowchart of Referral and Information Sharing Process
10. Letter Informing Victim of MARAC

1. SAMPLE MARAC AGENDA

Date:

Attendees:

Apologies:

1. Introduction of all attendees
2. Chair reads out MARAC confidentiality statement
3. Confidentiality statement signed by all attendees
4. Review of minutes from last meeting
5. Incomplete actions from last meeting recorded
6. Chair invites review of new cases to MARAC
7. All agencies with information about a case share this at the meeting
8. Chair summarizes action points after each case
(After cases with children involved are completed, the agencies providing services to children will leave)
9. Continue with cases involving adults only
10. Chair to summarize action points as above
11. Chair to close meeting

2. SAMPLE FORM FOR CASE SUMMARIES- MARAC LIST FOR VERY HIGH RISK VICTIMS

2006

NO	PERPETRATOR & DOB	VICTIM & ADDRESS	DOB	CHILDREN	DOB	No of RA ¹⁵ s IN 12 MTHS	COMMENTS
1	<i>e.g. Tom Smith, 12.12.70</i>	<i>e.g. Jane Jones, 123 Broad Drive, Anytown</i>	<i>1.1.73</i>	<i>John Jane Mary</i>	<i>01.01.91 02.02.94 03.03.03</i>	<i>4</i>	<i>Include brief comments to highlight why referral is being made, e.g. Referred by probation, victim pregnant, very isolated</i>
2							
3							
4							
5							
6							
7							
8							
9							
10							

¹⁵ Number of risk assessment checklists completed in 12 months. Normally more than 3 completions by the police in a 12 month period would constitute a victim facing very high risk

NO							
11							
12							
13							
14							
15							
16							
18							
19							
20							

3. RECOMMENDED RISK INDICATOR CHECKLIST¹⁶ (developed for use by the police but also used by other agencies including IDVAs)

1. Does assailant have a criminal record for violence or drugs? If 'Yes' is record domestic abuse related?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has the current incident resulted in injuries? <i>(state in summary)</i> If 'Yes' do injuries cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has the incident involved the use of weapons? If 'Yes' does this cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is the assailant experiencing/recently experiencing financial problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the assailant have/had any aggravating problems? If 'Yes' which of the following? <i>(tick all that apply)</i> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/> Drugs <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Is the victim pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Has the assailant expressed/behaved in jealous or controlling ways? <i>(describe in summary)</i> If 'Yes' does this cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Has there been/going to be a relationship separation between victim and assailant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is there any conflict with the assailant over child contact? <i>(state in summary)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Has the assailant ever threatened to kill anybody? If 'Yes' which of the following? <i>(tick all that apply)</i> Victim <input type="checkbox"/> Children <input type="checkbox"/> Other Intimate Partner <input type="checkbox"/> Others <input type="checkbox"/> If 'Yes' does this cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Has the assailant ever attempted to strangle/choke/smother past or current partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Is the abuse becoming worse and/or happening more often?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Has victim or assailant ever threatened/attempted suicide? If 'Yes' which of the following? <i>(indicate all that apply)</i> Victim <input type="checkbox"/> Assailant <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Has the assailant said or done things of a sexual nature that makes the victim feel bad or that physically hurts the victim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Is the victim very frightened? <i>(describe in summary)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Is the victim afraid of further injury or violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Is the victim afraid the assailant will kill her/him?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Is the victim afraid the assailant will harm her/his children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Does the victim suspect she/he is being stalked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Does the victim feel isolated from family or friends? <i>(give details, including if victim resides in isolated area)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Officer's Observations	
Do you feel this victim is at high risk of experiencing further domestic abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	

¹⁶ This checklist is taken from the FSU9 form used by South Wales Police

4. MARAC REFERRAL FORM

To Lead Agency:

Tel:

Fax:

Date:

<p>Victim: Name and Date of Birth</p> <p>Address of Victim:</p> <p>Perpetrator: Name and Date of Birth</p> <p>Address of Perpetrator:</p> <p>Children: Names and Dates of Birth</p> <p>Address of Children:</p>
<p>No of 'ticks' on checklist (possible total 20):</p> <p>Reasons for Referral:</p> <p>Background and Risk Issues:</p> <p>Why does this case require a multi-agency approach?</p> <p>Is the person referred aware of the MARAC referral? Yes/No</p> <p>(Attach Risk Assessment where Completed)</p>
<p>Referring Officer and Agency:</p> <p>Contact Details: Telephone</p> <p>Mobile:</p> <p>Email:</p> <p>Address:</p>

5. RESEARCH FORM FOR CASE SUBJECT TO MARAC REVIEW-STRICTLY PRIVATE AND CONFIDENTIAL

<p>Name of Agency: Contact: Tel: Mobile: Email:</p>
<p>Research all information, files and databases using NAME, DOB OR/AND ADDRESSES of ALL individuals concerned. Confirm basic contact information, ages of all concerned and number of children.</p>
<p>Contact relevant officer or support/key worker in your team and request current, accurate information and their professional opinion about the individuals concerned. Record this here.</p>
<p>Note records of last sightings, meetings or phone calls</p> <p>Note recent attitude, behaviour and demeanour, including changes</p>
<p>Highlight any relevant information that relates to any of the risk indicators on the checklist</p>

Identify any other concerns your agency may have about the victim. Clarify any areas of potential misunderstanding for the partner agencies at the MARAC or inaccuracies on the agenda.(e.g. information missing, more than one individual/alias names, conflicting information, more/less children than on agenda)

6. M.A.R.A.C. Confidentiality Declaration

MULTI-AGENCY RISK ASSESSMENT CONFERENCE

DATE: _____

THE CHAIR OF THE MEETING REMINDS ALL CONCERNED OF THE PROTOCOLS WITHIN THE AGREED DOMESTIC ABUSE SHARING OF INFORMATION DOCUMENT.

INFORMATION DISCUSSED BY THE AGENCY REPRESENTATIVE, WITHIN THE AMBIT OF THIS MEETING IS STRICTLY CONFIDENTIAL AND MUST NOT BE DISCLOSED TO THIRD PARTIES WHO HAVE NOT SIGNED UP TO THE 'DOMESTIC ABUSE INFORMATION SHARING PROTOCOL', WITHOUT THE AGREEMENT OF THE PARTNERS OF THE MEETING.

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.

BY SIGNING THIS DOCUMENT WE AGREE TO ABIDE TO THESE PRINCIPLES.

7. SAMPLE MINUTES for MULTI-AGENCY RISK ASSESSMENT
CONFERENCE

DOMESTIC VIOLENCE

HELD AT XYZ VENUE

Wednesday 1st March 2006

PRESENT:

Names and Agencies

OBSERVERS:

APOLOGIES:

Those persons present were reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. Similarly, copies of the minutes should not be photocopied or shared without the agreement of the Agencies concerned. All agencies should ensure that they develop procedures to 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.

=====

1. Confidentiality statement read out by Chair
2. Minutes and actions of previous meeting reviewed and agreed.
3. Review of actions from previous MARAC
4. Record of actions outstanding
5. Matters arising: Cases for consideration by the MARAC

- [Victim – assailant]
[Children and dates of birth]

Brief summary of recent incident and history

Actions: (these are listed with name of agency responsible and date by when they must be completed)

- ...
- ...

- [Victim – assailant]
[Children and dates of birth]

Brief summary of recent incident and history

Actions: (these are listed with name of agency responsible and date by when they must be completed)

- ...
- ...

- [Victim – assailant]
[Children and dates of birth]

Brief summary of recent incident and history

Actions: (these are listed with name of agency responsible and date by when they must be completed)

- ...
- ...

DATES OF NEXT MEETINGS:

...2006

...2006

8. Draft Information Sharing Protocol for Domestic Abuse MARAC

(Multi-Agency Risk Assessment Conference)

Section 1

INTRODUCTION

Purpose

1. The purpose of this agreement is to explain the procedure whereby [INSERT NAME OF AGENCY HERE] provides information in pursuant of the principles of the 'interests of the child' as contained within the Children Act 1989 and the power contained in Section 115 of the Crime and Disorder Act 1998. Where certain conditions are satisfied, Section 115 enables any person to disclose information for the purposes of any provision of the Crime and Disorder Act 1998 to a relevant authority, or to a person acting on behalf of such an authority.
2. The primary legislation is the Children Act 1989 and the Crime and Disorder Act 1998. However this legislation does not override existing legal safeguards on personal information.
3. By signing this agreement, we declare our commitment to the procedures it sets out. The manner in which information can be exchanged takes into account the following legislation.
 - (a) The Data Protection Act 1998, for the processing of personal information.
 - (b) The Human Rights Act 1998, for the rights of the individual's privacy.
4. The following legislation will also be relevant to us:
 - (a) The Freedom of Information Act 2000.
 - (b) Section 37 and Section 39 Crime and Disorder Act 1998.
5. The scope of this agreement is to clarify as far as possible, under which circumstance information will be provided by the [AGENCY NAME] and later, exchanged in accordance with the MARAC process. The intention is that a single, joint approach to exchange information is a highly efficient mechanism for reducing crime and disorder, including the protection of vulnerable persons.
6. Any partner may withdraw from this agreement upon giving written notice to the other signatories. Information, which is no longer relevant, should be destroyed in accordance with agency guidelines. This relates to any information that the partner has obtained through being a signatory.

7. We undertake to ensure that the designated person will collect, process, store, any relevant information provided during the MARAC process.

8. We agree to store all information held securely. We will dispose securely of all information held. We also pledge to conduct 6 monthly audits of our security arrangements, to ensure they are effective.

Section 2

GOVERNING PRINCIPLES

1. Where a domestic abuse victim's level of risk has been identified as being 'very high' consideration will be given to hold a Domestic Abuse 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 'very high' level of risk and thereafter jointly constructing a management plan to provide professional support to all those at risk. Such meetings will be held on a monthly basis (or sooner if a case requires urgent attention).
3. The following agencies will always be invited to a MARAC meeting: Police, Social Services, Probation, Health, Education (where relevant) and IDVA. Representatives of other statutory or voluntary agencies may also be invited the meeting depending on whether those agencies have (or may have) any specific involvement with any of the subjects, for example: Youth Offending Teams, Community Psychiatric Nurse, Housing Associations, NSPCC, and Women's Aid etc.
4. The local police Domestic Abuse Co-ordinator will send invitations for agencies to attend a MARAC. The invitation will be endorsed 'Confidential' and 'Protected in accordance with the Government Protected Marking Scheme' (GPMS). All invitations will be sent via Registered Post or secure email.
5. All action plans from the MARAC meetings will be endorsed 'Confidential' and 'Protected in accordance with the Government Protected Marking Scheme'. A copy of the action plan will be sent via secure email or Registered Post to the identified person attending the MARAC meeting.
6. Each agency will be responsible for the security of all invitations to MARAC meetings and copies of any action plans.

Section 3

SIGNATORIES TO THE AGREEMENT

Signed.....Date.....

e.g. Social Service (Manager)

Signed.....Date.....

e.g. NHS Trust (Manager)

Signed.....Date.....

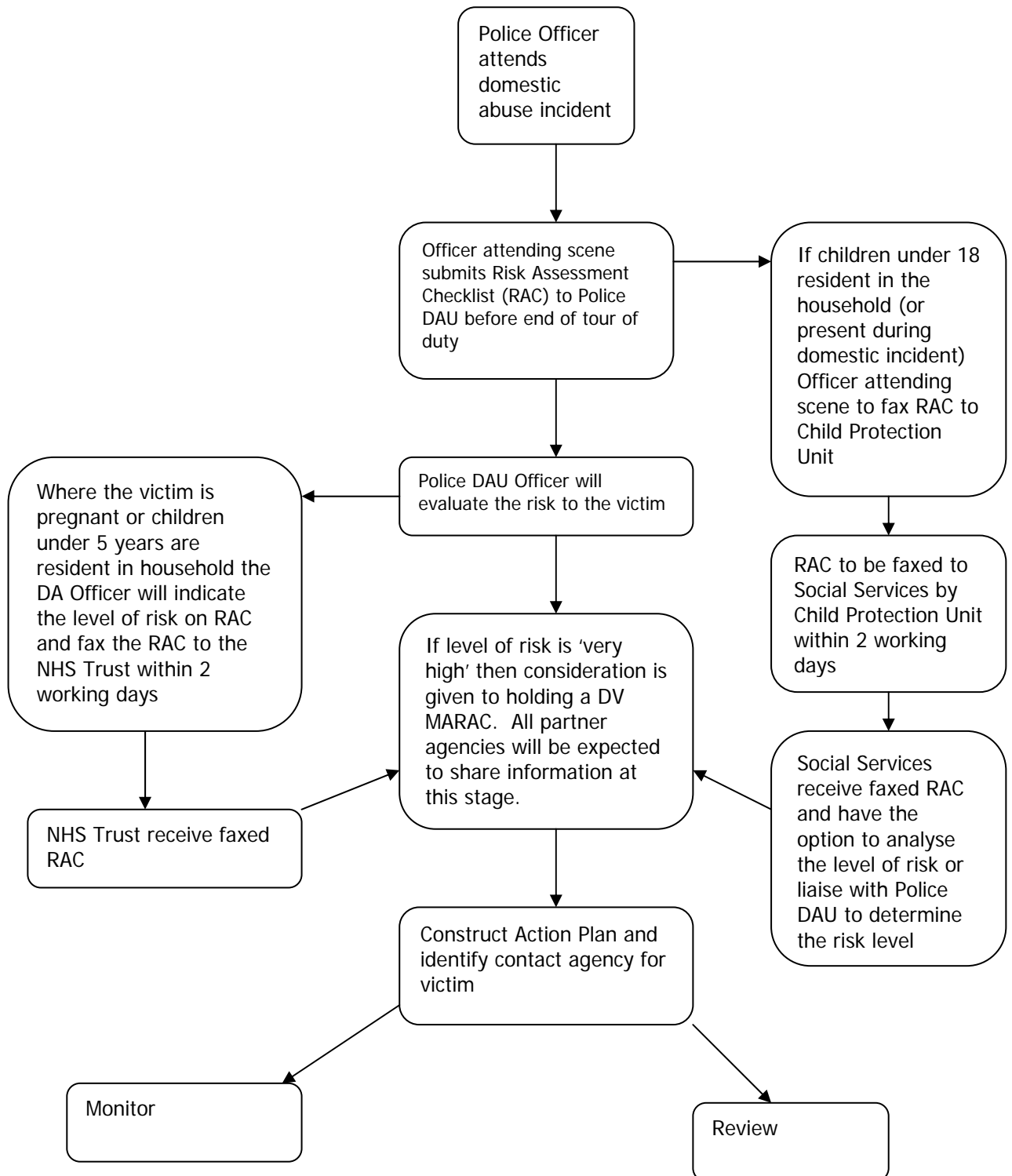
e.g. Housing (Manager)

Signed.....Date.....

e.g. IDVA (Manager)

Signed.....Date.....

9. Information Exchange Flow Chart following Police Callout



10. Letter Informing Victim of MARAC

Date

To: Name of Victim

Address

Dear Ms/Mr ABC

Domestic abuse is a crime that can include assault, sexual assault, harassment, injury and damage to property. It is a crime that the police treat seriously. It is our policy to arrest the offender whenever possible.

We have identified you as at 'very high risk' of becoming a victim again and our concerns are such for your safety that your name will be put forward as part of a Multi-Agency Risk Assessment Conference. The purpose of this conference is for professionals to meet to address any issues in relation to your safety and that of any children or vulnerable persons in your household.

Present at these meetings will be other selected agencies that can assist in your safety and well being. This sharing of information between agencies will be in confidence. This is done so that we can provide full support. Some services that may be beneficial to you include the installation of a panic alarm, housing issues and welfare support from various organisations. This meeting will be held on 3 March 2006.

If there are any issues or concerns that could be brought up on your behalf then please contact the Domestic Abuse Co-Ordinator on 0123 45678. We will do all that we can to protect you and to prevent any further incidents.

In your case, if you are required to attend court you may be deemed a vulnerable and intimidated witness and can be afforded Special Measures. The

investigating Police Officer on your behalf can apply to the court for Special Measures i.e. video live link and screens. These measures mean that you do not have to face your assailant in court.

We work with many local organisations that may also be able to provide you with help and advice. I am enclosing a list of useful telephone numbers with details of some of these groups. If you are thinking of taking legal action, your solicitor may find a copy of this letter helpful for your case.

DETECTIVE INSPECTOR XYZ

PUBLIC PROTECTION UNIT