

Cheshire West and Chester Domestic Abuse Partnership

Information Sharing Protocol Governing
the Exchange of Information for High Risk
Victims of Domestic Abuse and Multi-agency
Risk Assessment Conferencing(MARAC)
Operational Protocol

Reviewed January 2014

Context

This document is an amalgamation of two interlinked Protocols:

1. An Information Sharing Protocol governing the exchange of information for high risk victims of domestic abuse
2. A Multi-Agency Risk Assessment Conferencing (MARAC) Operating Protocol governing procedures for local MARAC implementation

In signing up to these combined Protocols agencies agree to:

- share necessary, proportionate, relevant, accurate, timely and secure information in high risk situations comply with all relevant legislation
- register with the Information Commissioner's Office
- seek their own legal advice
- use the data disclosed only for the agreed purpose
- follow agreed local procedure for MARAC operations

Abbreviations

CAADA: Co-ordinated Action Against Domestic Abuse

DAFSU: Domestic Abuse Family Safety Unit

DASH: Domestic Abuse, Stalking and Harassment

IDVA: Independent Domestic Violence Advocate

ISP: Information Sharing Protocol

MARAC: Multi-Agency Risk Assessment Conference

MOP: MARAC Operating Protocol

RIC: Risk Identification Checklist

List of Signatories to Protocols agency	Chief Executive or Designated Officer	Data or Information Officer
Cheshire & Wirral Partnership NHS Trust		
Cheshire Constabulary		
Cheshire West & Chester Council		
Cheshire Fire & Rescue Service		
Chester and District Housing Trust Sanctuary Group		
Children and Families Court Advisory and Support Service		
Plus Dane		
Chester Womens Services		
Youth Service		
Countess of Chester NHS Foundation Trust		
West Cheshire CCG		
Vale Royal CCG		
Ellesmere Port Womens Services		
Mid Cheshire Health NHS Foundation Trust		
Muir Housing Association		
NSPCC		
Probation Service		
Rape & Sexual Abuse Support Centre		
Phoenix Domestic Abuse and Support Services		
victim support		
Weaver Vale Housing Trust		
Western Cheshire Primary Care Trust		
Youth Offending Service		
P3		
Quarriers		

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Information Sharing Protocol

Section 1 Introduction

Cheshire West and Chester Domestic Abuse Partnership

The lead body for the development, implementation and review of this Protocol is Cheshire West and Chester Domestic Abuse Partnership (CWaC DAP). CWaC DAP is successor to Cheshire Domestic Abuse Partnership and this Protocol is a revision of the existing agreement which was developed in 2007 under the auspices of Cheshire Domestic Abuse Partnership covering the two local authority areas of Cheshire West and Chester and Cheshire East. This protocol mirrors that which pertains to Cheshire East to facilitate cross-authority working.

Government Guidance

This Protocol has been revised using new guidance from the Home Office and CAADA (Co-ordinated Action on Domestic Abuse). Home Office guidance may be found at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00340/>, including the following seven 'golden rules' for information sharing

1. Remember that the Data Protection Act is not a barrier to sharing information
2. Be open and honest with the person or family
3. Seek advice if you are in any doubt
4. Share with consent where appropriate
5. Consider safety and well-being
6. Necessary, proportionate, relevant, accurate timely, and secure
7. Keep a record of your decision and reasons

Purpose

The purpose of this Protocol is to facilitate the exchange of information in order to increase safety of victims, enable the protection of vulnerable people and reduce crime and disorder, pursuant to the powers contained in:

- Section 115 of the Crime and Disorder Act 1998
- The Children Act 1989 (principles of the 'interests of the child')
- Human Rights Legislation (Articles 2 and 3)

It is designed to enhance existing safeguarding arrangements rather than replace them and in particular complements existing policy and procedures in relation to:

- Safeguarding Children
- Safeguarding Adults
- Multi-Agency Public Protection Arrangements
- Potentially Dangerous People Procedures
- Multi-Agency Risk Assessment Conferencing

It is the purpose of this Protocol to clarify the understanding between Cheshire West and Chester Domestic Abuse Partnership agencies on each party's responsibilities and duties towards each-other. These responsibilities and duties apply to agencies sharing information on a bi-lateral basis or within the multi-agency MARAC arena.

This Protocol will be published and made available to the general public on Cheshire West and Chester Domestic Abuse Partnership website.

This Protocol is due to be next reviewed April 2017 in accordance with the Audit Process outlined below.

Withdrawal from Protocol

Any partner may withdraw from this Protocol upon giving written notice to the other signatories. Data which is no longer relevant should be destroyed or returned. The partner must continue to comply with the terms of this Protocol in respect of any data that the partner has obtained through being a signatory.

Identification of high risk victims

Information can only be shared with regard to high risk victims of domestic abuse, as identified by use of the nationally approved shared risk assessment process – Co-ordinated Action Against Domestic Abuse/Domestic Abuse, Stalking and Harassment Risk Identification Checklist CAADA/DASH RIC (see Appendix 1 Risk Identification Checklist).

The criteria for identification of high risk victims are set out below and are based on national guidance and constitute the threshold for Multi-Agency Risk Assessment Conferencing (MARAC).

1. **Professional judgement:** if a professional has serious concerns about a victim's safety. 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.
2. **'Visible High Risk':** fourteen or more 'ticks' on this checklist.
3. **Potential Escalation:** three or more police callouts to the victim as a result of domestic abuse in the past 12 months.

Services available to high risk victims

High Risk Victims should be referred to the Domestic Abuse Family Safety Unit which houses Independent Domestic Violence Advocates (IDVA) and MARAC co-ordination. A high risk referral to an IDVA will trigger a MARAC referral and vice versa.

The role of an Independent Domestic Violence Advocate is:

to provide short to medium term interventions to improve the safety of high risk adult survivors of domestic violence and their children.

The purpose of a MARAC is:

- To share information to increase the safety, health and well being of victims – adults and their children;
- To share information about the perpetrator so as to reduce the risk they pose to any particular individual or to the general community;
- To jointly construct 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 by ensuring that all agencies have acted individually to reduce the risk and maximise safety before a MARAC and undertake any new actions in accordance with the MARAC plan
- Improve support for staff involved in high-risk domestic abuse cases.

Section 2 Relevant Legislation

Information regarding high risk victims of domestic abuse may be shared under the following legislation:

1. **The Crime & Disorder Act 1998**, the **Children Act 1989**, permitting the sharing of information in pursuant of the principles of the 'interest of the child' and **Articles 2 and 3 of Human Rights Legislation** are the primary legislative tools. These do not override existing legal safeguards on personal information.
2. 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

The following legislation will also be relevant to us:

- a) Common Law Duty of Confidentiality
- b) Freedom of Information Act 2000
- c) Housing Act 1996
- d) Mental Health Act 1983
- e) Health & Social Care Act 2001
- f) Education Act 1996
- g) Children Act 1989
- h) NHS and Community Care Act 1990
- i) Sex Offenders Act 1997
- j) Domestic Violence Disclosure Scheme
- k) Crime and Security Act 2010

Section 3 Personal Data

1. We understand that personal data is information which relates to a living individual who can be identified from the data. This data will be clearly marked as personal data and kept securely within a pass-word protected computer system or otherwise physically secure with appropriate levels of staff access. We undertake to destroy all

personal information when no longer required for the purpose for which it was provided.

2. We will ensure that grounds for disclosure of personal information are in accordance with reducing the risk of serious harm from domestic abuse and referral for IDVA and MARAC intervention. Only information related to these aims will be shared in any individual case.
3. Personal information should only be shared **in a particular case** when we, as the disclosing partner, are satisfied that:
 - a) We are legally empowered to do so. We are complying with at least one condition of schedule 2 of the Data Protection Act 1998, when processing personal data.
 - b) The proposed disclosure of personal information can be done in accordance with the principles of the Data Protection Act 1998;
 - c) We can disclose personal information reflecting the common law of confidentiality and the principles of the Human Rights Act 1998.

In relation to children Schedules 2 and 3 of the Data Protection Act 1998 permit disclosure 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.

4. Section 115 of the Crime and Disorder Act 1998 provides us with lawful power for disclosure where this is for the purpose of implementing the provisions of the Act. However, although the Act creates a situation where the disclosure of information may be lawful, it does not impose an obligation to do so, and the presumption of confidentiality will still apply.
5. When disclosure is required, we agree to ensure that:
 - a) the information is being processed lawfully: the information is being processed fairly
 - b) the public interest is of sufficient weight to over-ride the presumption of confidentiality and to justify any interference with the right to privacy under Article 8 of the European Convention of Human Rights (see 7 below)
 - c) a disclosure is necessary to support action under the Crime and Disorder Act
 - d) any disclosure must have regard to specific statutory restrictions on disclosure.
6. We understand the Public Interest criteria, to include:
 - a) the administration of justice
 - b) maintaining public safety
 - c) the apprehension of offenders
 - d) the prevention of crime and disorder

- e) the detection of crime
- f) the protection of vulnerable members of the community.

7 Human Rights Act 1998: Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for his private and family life, home, and his correspondence and that there shall be no interference by a public authority with this right except as in accordance with the law and is necessary in a democratic society in the interests of:

- a) National Security
- b) Public Safety
- c) Economic well being of the country
- d) The prevention of crime and disorder
- e) The protection of health or morals
- f) The protection of the rights or freedoms of others

8. Proportionality: If the disclosure of information will in some way restrict the rights of the data subject, we will consider the rule of proportionality. This is to ensure a fair balance between the protection of the individual's rights, with the general interests of society.

9. Confidentiality: We undertake that information will only be used for the purpose(s) for which it was requested, and will securely store it and destroy it under confidentiality conditions when no longer required. We understand that outside agencies wishing to be part of the information sharing process, will upon signing this protocol, be bound to comply with its terms.

Sensitive Data

We must always consider whether we are processing sensitive personal data, which is data that falls into the following categories:

- a. racial or ethnic origin
- b. sexual preference
- c. physical or mental health
- d. membership of a trade union
- e. political or religious beliefs
- f. offences and proceedings

We undertake that where we process the above sensitive data, we will need to satisfy at least one condition in schedule 2 and at least one condition in schedule 3 of the **Data Protection Act 1998**.

Section 4 Consent

1. Where appropriate and possible, explicit consent should be obtained from the data subject for the disclosure to take place, in accordance with the Data Protection Act

1998. This consent must be freely given and obtained free from any form of duress, threat or fraud. Consent to share information should be recorded on client records.

2. If we cannot gain consent, then we must consider the grounds on which we can over-ride the consent issue. We may be able to disclose sensitive information if this is in the defined category of **public interest**. **Public interest**: We must decide after consent has been refused or withheld or is unknown (i.e. where it has not been possible to contact a victim), if there is an over-riding public interest to justify the disclosure. We agree to consider the following:

- a) Is the intended disclosure proportionate to the intended aim?
- b) What is the vulnerability of those who are at risk?
- c) What is the impact of disclosure likely to be on the offender?
- d) Is there another equally effective means of achieving the same aim?
- e) Is the disclosure necessary to prevent or detect crime and uphold the rights and freedoms of the public? f) Is it necessary to disclose the information, to protect other vulnerable people?

Any disclosure of sensitive information will be restricted to the minimum necessary to achieve the purpose. Documentation of the decision making process will be stored together with a copy of the information shared.

3. Deciding not to seek consent or inform a person that information is being shared.

It is best practice to gain consent for information sharing where it is safe and appropriate to do so and to involve service users in the safety planning for which purpose information is shared.

However there may be conditions under which consent is not sought as outlined in Section 3.36 of Information Sharing Guidance for Practitioners and Managers, DCSF-00807-2008:

For example where the seeking of consent would:

- place a person (the individual, family member, the worker or a third party) at increased risk of significant harm if a child, or serious harm if an adult; or
- prejudice the prevention, detection or prosecution of a serious crime; or
- lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult

4. Recording of a decision to share information where consent has been refused or not sought

Agencies must demonstrate defensible decision making by recording any decision to share information where consent has been explicitly refused or not sought, on a case by case basis. A model form is available (see Appendix 2).

Service users must be informed at the start of service provision of the boundaries of confidentiality.

Section 5 MARAC Information Sharing Process

The process for sharing information within the MARAC arena is documented in detail in the MARAC Operating Protocol.

This involves:

- appropriate identification of MARAC clients/high risk victims
- referral to the Domestic Abuse Family Safety Unit for MARAC and IDVA services
- secure distribution of the MARAC listing to signatories

researching of cases according to agencies' internal processes and consideration of relevant and proportionate information sharing

- sharing of information at the MARAC according to principles of necessity, relevance, accuracy and proportionality and in line with the purpose of increasing victim safety at all times. A clear distinction between fact and opinion must always be made.
- Safe storage of MARAC minutes
- Safe transfer of relevant MARAC information to practitioners

MARAC to MARAC Referrals

Where a client is open to the MARAC/DAFSU as a current high risk case and the client moves to a different MARAC area the following process should be followed; The lead worker (e.g. IDVA/ Social Worker/ Refuge Support Worker) in the case should make a referral to the MARAC Co-ordinator within the Client's new area using the MARAC referral form. This onward referral should be discussed with line management and recorded as part of any support plan/case notes for that Client. Where possible a referral should be made to local IDVA/ specialist support services. Where safe to do so this should be discussed with the Client.

Section 6 Security and Data Management

1) It is our responsibility as signatories to this Protocol, to ensure that we have adequate security arrangements in place, in order to protect the integrity and confidentiality of the information we hold.

2) We agree that personal information disclosed must;

Not be emailed over general internet links unless via secure government approved and encrypted networks e.g. @gsi.gov.uk, .cjsm.net, @nhs.net, Paloma Modus MARAC management database.

Be protected by back-up rules

When stored on a computer system, it must be password protected and we agree this password will be revised regularly. Appropriate levels of staff access will also be revised regularly and each agency's computer security policy is followed

When manual, be stored in a secure filing cabinet when not in use

Be located in a geographically secure environment

3) All data held by us is subject to a specified retention period according to each agency procedures.

Health agencies will retain children and young people data until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment, or eight years after death.

Adult data will be retained eight years from date of last attendance or eight years after the patient's death if patient died while in the care of the organisation.

All centrally held MARAC related personal data will be held for eight years.

4) We understand that all these measures need to be taken to ensure the security of our partners and to protect the general public.

5) We are aware that only the minimum amount of information should be disclosed, in order to get the job done and for the purpose for which it was intended. We agree that all information retained by us and our partners should be kept securely and for no longer than is strictly necessary.

Data Subject Access Requests

Section 7 of the Data Protection Act 1998 (the Act) gives individuals the statutory right, subject to some exemptions, to see information which organisations hold about them. Individual agencies are expected to have and to comply with their own data subject access procedures regarding information on high risk clients and on all those related to their case through involvement in MARAC procedures.

Data subject access requests pertaining directly to MARAC should be made in writing to the MARAC Chair who is the Detective Inspector of the Police Public Protection Unit. In either case, the Office of the Data Commissioner identifies the following factors which govern decision making:

- verification of identity of data subject
- prompt response (within 40 days)
- attention to the issue of relevant professional or other individual, whereby disclosure of information may result in harm either to a professional or a third party
- particular consideration to health or medical information
- particular consideration to distressing information
- the necessity of record keeping about the request and decision making

Section 7 Complaints and Breaches

Complaints in relation to Multi Agency Risk Assessment Conferencing:

- 1) Complaints may be made in writing by a MARAC client or by a participating agency.
- 2) Initial complaints must be referred to the MARAC Chair and the procedure to be followed in the event of a complaint being received is as follows:
 - a letter will be sent to the complainant informing them that investigation of their complaint will be undertaken, normally within two working weeks
 - all current MARAC signatories will be informed
 - the MARAC Chair will investigate the complaint and inform MARAC partners of his/her considered response
 - if necessary the MARAC Chair shall take advice from the Data Protection Officer of their or partners' organisations and from the Information Commissioner
 - the results of the investigation shall be communicated in writing to the complainant and any redress made
 - MARAC partners will review partnership and procedures in light of the complaint and make any changes necessary
 -
- 3) We undertake to do all that we can within the guidelines of the Data Protection Act 1998, to assist with any complaint.
- 4) Individuals do retain the right to raise a complaint with such bodies as the Information Commissioner or the statutory Ombudsman.

Complaints in relation to bi-lateral information sharing

Agencies must follow their agency complaints process in respect of concerns regarding information sharing which is not within the MARAC arena. It is the duty of each agency to make their confidentiality and complaints policies and procedures known to their clients at the start of service delivery.

Breaches:

- 1) We agree that any breach of confidentiality will seriously undermine and affect the credibility of crime audit work, our partnership objectives, and render us liable for breach of the law.
- 2) We undertake at all times, to comply with data protection and other legal requirements relating to confidentiality.

Section 8 Audit

1) Audit of Data: We undertake to ensure that we will collect, process, store and disclose all data held by us, within the terms of this Protocol and the relevant legislation. We agree to ensure that all information held by us, is accurate, relevant and fit for the purpose(s) for which it is intended.

2) Audit of Security: We agree to store all held data securely as per the terms of the Security and Data Management section. We will dispose securely of all data held. We also pledge to conduct six-monthly audits of our security arrangements, to ensure they are effective.

3) Audit of Protocol: We undertake to conduct regular audits of this Protocol on an annual basis.

Multi-agency Risk Assessment Conferencing (MARAC) Operating Protocol

I. Introduction

The purpose of this MARAC Operating Protocol (MOP) is to establish accountability, responsibility and reporting structures for the Cheshire West and Chester MARAC and to outline the processes which make for an efficient and effective MARAC.

The MOP is designed to enhance existing arrangements rather than replace them. This includes the safeguarding processes already in place through the Local Safeguarding Children Board, Local Safeguarding Adults Board, Multi-Agency Public Protection Arrangements and Potentially Dangerous People agreements.

2. Partner Agencies

The table at the beginning of this document lists all agencies who participate in Cheshire West & Chester MARAC and who are signatories to the Information Sharing Protocol governing MARAC and this Operating Protocol. Appendix 5 lists current MARAC representatives. This Appendix is not published on public sites and is for MARAC signatory agency use only.

3. Governance and Performance Management

The aims of the MARAC are:

- To share information to increase the safety, health and well being of victims – adults and their children;
- To share information about the perpetrator so as to reduce the risk they pose to any particular individual or to the general community;
- To jointly construct 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 by ensuring that all agencies have acted individually to reduce the risk and maximise safety before a MARAC and undertake any new actions in accordance with the MARAC plan
- Improve support for staff involved in high-risk DA cases.

MARAC is a key component of a Co-ordinated Community Response (CCR) which is the strategy model adopted by Cheshire Domestic Abuse Partnership and its successors, Cheshire West and Chester and Cheshire East Domestic Abuse Partnerships.

The Co-ordinated Community Response involves a comprehensive cross cutting approach to addressing domestic abuse including all agencies and sectors which contribute to prevention, provision and protection for individuals, families and communities.

Responsibility for strategy implementation rests with the Strategic Management Group of Cheshire West and Chester Domestic Abuse Partnership.

The Partnership has established a MARAC Steering Group to oversee MARAC implementation and the MARAC Steering Group is accountable to it. The Steering Group is chaired by the MARAC Chair and supported by the MARAC Co-ordinator.

The core responsibilities of the MARAC Steering Group are to:

- Monitor and regularly assess the overall performance of the MARAC and ensure it operates in line with the 10 Principles of an effective MARAC
- Address operational issues
- Ensure that effective partnerships are maintained with other public protection bodies and other MARAC areas including the elaboration of any local protocols governing operational response eg. MARAC/MAPPA Protocol
- Report to CWaC DAP Strategic Management Group and Safer Stronger Cheshire West and Chester Group and through them to the Local Strategic Partnership, including Local Area Agreement National Indicator 32 and Local Area Agreement Local Indicator 37 on increasing the diversity of referrals to MARAC
- Oversee efforts to raise awareness with local practitioners about the MARAC and to train them in risk identification, referral pathways, safety planning and MARAC processes
- Communicate to the public, to stakeholders and to government about the successes of the MARAC
- Engage in reviews following a homicide in line with Local Safeguarding Children and Local Safeguarding Adults Boards and government guidance

The MARAC Steering Group comprises senior managers from each of the key sectors represented at the MARAC:

- Local Authority Children and Young People Services,
- Adult Social Care
- Police
- Probation
- Health
- IDVA service

The MARAC Steering Group meets quarterly with meetings convened in between to address more urgent issues. The Chair and Co-ordinator of the MARAC meet more regularly to discuss concerns and development.

4. Process of the MARAC

The MARAC Process follows the sequence laid out in CAADA guidance, 'From Principles to Practice'. This is implemented locally as follows:

Identification of MARAC cases

MARAC cases are identified by use of the CAADA/DASH Risk Identification Checklist as outlined in CE DAP High Risk Information Sharing Protocol linked to this MARAC Operating Protocol. All key statutory and voluntary sector agencies in Cheshire West and Chester are signed up to these and a programme of training is ongoing to ensure that staff are aware of the RIC and its appropriate use and onward referral.

Criteria for MARAC

The criteria for initial MARAC referral are currently those advised on the Co-ordinated Action Against Domestic Abuse/Domestic Abuse, Stalking and Harassment Risk Identification Checklist (CAADA/DASH RIC):

- 14 or more ticks
- escalation (3 or more domestic abuse incidents in a 12 month period)
- professional concern, whereby a practitioner, with managerial agreement, believes a victim to be potentially at high risk despite a lower actuarial score. This may be due to particular factors in their background or nature of risk or the victim's apparent minimisation of risk or non-engagement with protective agencies

The criteria for referral are regularly reviewed and may be altered through the recommendation of the MARAC Steering Group and ratification of the Strategic Management Group.

Criterion for MARAC re-referral

It is recognised that re-referral is vital to ensure victim safety and MARAC effectiveness. Any case where an incident has occurred, which, if brought to the attention of the police would constitute a crime, must be re-referred.

It is expected that each agency takes responsibility for internal managerial processes regarding MARAC referral. This includes supervision of practitioners regarding the completion of the Risk Identification Checklists (RIC) and onward MARAC referral. Particular attention should be paid to appropriate documentation of decision making regarding information sharing where consent has not been obtained.

The RIC also prompts practitioners to inform their MARAC representative that a referral from their sector is being made so that the representative is forewarned of their role in presenting the case.

Referral Process

Referral to the MARAC is made by use of a MARAC referral form linked to the RIC (see Appendix 1) which requires agencies to complete essential fields. Correct completion of this form enables all agencies to research MARAC information effectively and to instigate any immediate safety actions with vulnerable victims – adults and children. This

includes names, dates of birth, address, schools and GP information as well as an outline of the key risks and background factors. It also includes information on victims' awareness of and consent to the MARAC process as well as safe contact mechanisms.

Referrals are sent on an ongoing basis via safe communication (secure email, fax or post) to the MARAC Co-ordinator who is also the manager of the IDVA service, thereby ensuring that victims are contacted in a timely fashion.

The RIC emphasises the need to follow agency and Local Safeguarding Children and Adults Boards' procedures concerning vulnerable children and adults and stresses that MARAC complements and is not a substitute for the proper investigation of safeguarding concerns which already exist.

MARAC List/Agenda

MARACs in Cheshire West and Chester currently take place monthly on a Tuesday, Wednesday and Thursday in locality areas and consider 30-40 cases in total

The MARAC listing takes place in two stages. The main listing is distributed 2 weeks before the MARAC with a possible additional list up to one week before the MARAC when the list is closed. Any referrals in the final week before the MARAC are listed for the following month.

The final agenda is geographically split and cases with children are listed first.

The CAADA research form is available to all agencies but many have developed their own sector specific research document which eases internal processes.

Actions before the MARAC

All agencies are expected to complete any immediate safety actions prior to the MARAC including:

- critical markers on properties
- target hardening and Fire Home Safety referrals
- IDVA safety planning with a victim which addresses their immediate and longer term safety (changes to mobile phones, signposting to civil
- 'flagging' or 'tagging' files to ensure anyone working with the case is aware of the MARAC referral. Agencies capable of flagging are police, health, children's social care and probation.

Please note in relation to flagging:

"No repeat" cases within the last 12 months

Where a case has not been referred back to the MARAC within a 12 month period, it will be flagged in the MARAC minutes at the end of that 12 months i.e. if a case was heard in January 2013 and there have been no repeat incidents within the following 12 months notification will be given within the minutes of the January 2014 meeting. This is to enable partner agencies to "deflag" those cases where appropriate within their own recording systems.

It is expected that agencies will also address their safeguarding duties towards vulnerable children and adults as highlighted on the RIC. Where vulnerable people are not already known to services this will involve enquiries as to the protective factors in the case and a decision as to the necessity of more formal assessment e.g A MARAC Safeguarding Children and MARAC Safeguarding Adults Protocol.

Victim contact before the meeting

As all MARAC referrals come into the Independent Domestic Violence Advocacy (IDVA) service (Domestic Abuse Family Safety Unit) an attempt is made to contact all victims at the earliest opportunity and before the meeting in order to review the RIC, address immediate safety issues, identify the victim's key concerns and views on what would make them safer and answer any questions victims may have about the MARAC process. The IDVA acts in a co-ordinating capacity throughout the process, represents the victim at the MARAC and ensures that the victim is informed of the outcome of the MARAC meeting.

The target for contact is two working days from receipt of referral and a Memorandum of Understanding is in place with the Police in particular which sets out agreements regarding Police-IDVA referrals.

If the IDVA is unable to make contact with the victim this fact is relayed to the referrer in order that they can take any protective or investigative measures necessary.

MARAC meeting

MARACs take place monthly and are chaired by the Detective Inspector of the Public Protection Unit. The role of the chair is to:

- conduct the meetings in a structured and equitable manner to include all representatives and maximise use of their time
- ensure that agency representatives have the opportunity to make their contribution to information sharing and action planning
- ensure that agencies are clear about their commitment to actions and hold agencies to account for their contribution. This includes highlighting any incomplete actions from the previous meeting and addressing persistent failures to meet commitments outside of the meeting at senior level within the organisation

In order that the meeting runs as smoothly as possible it is expected that the designated representative will make every effort to attend every meeting. **On rare occasions when this is not possible the agency will send a deputy who has the authority to act in the same manner as the person they represent to understand MARAC aims and functions and to authorise actions.**

Minutes and Administration

The MARAC Assistant is the administrator of the Domestic Abuse Family Safety Unit (IDVA service). The Administrator tasks are:

- to compile the draft MARAC listing which is authorised by the MARAC co-ordinator before circulation
 - circulate the agenda (and any amendments) to all MARAC representatives
 - take the MARAC minutes
 - Circulate MARAC action spreadsheet
 - circulate the minutes within one week of the MARAC meeting
 - Embed minutes on individual client case notes on DAFSU Modus case management system
- (A hard copy of all MARAC minutes are stored securely in DAFSU for reference)

Information Shared at MARAC

All agencies who are part of the MARAC have signed up to the CWaC DAP High Risk Information Sharing Protocol which sets out their responsibilities in relation to the sharing, storing and review of the sensitive, personal data which a MARAC requires to be effective.

This ISP identifies a data controller within each agency to whom all concerns regarding information sharing may be addressed.

Role of MARAC Agency Representative

The MARAC representative is responsible for:

- regular MARAC attendance
- presenting cases referred from their sector at the MARAC
- ensuring that their agency has the necessary procedures in place to research all MARAC listed cases
- bringing relevant and proportion information to the MARAC
- committing their agency to action which will further safeguard MARAC clients
- **feeding back relevant and appropriate information and actions to practitioners who have supplied information within their agency**
- **informing the MARAC administrator of progress on agreed actions**
- raising agency concerns with the MARAC Steering Group

Action Planning

Action planning is at the heart of the MARAC. Following the sharing of relevant and appropriate information around the MARAC table agencies are invited to volunteer actions which will increase the safety of any vulnerable parties including people involved in the case and staff.

These actions are likely to include:

- individual agency actions to increase safety eg. increased health visitor visits or referral to an enhanced services within the agency
- multi-agency actions which maximise the resources of agencies eg. joint visits, or agreements to engage a perpetrator to allow safety work to be carried out with a victim

Agency actions are to be completed within the week in which the MARAC takes place unless otherwise stated on the agenda. This means that agencies should take responsibility at the meeting for noting their actions prior to the circulation of minutes and for enacting them

Agencies are required to email the MARAC administrator to confirm in detail the completion of all actions.

Emergency MARACs

Emergency MARACs do not take place under this name but any vital strategy meetings between relevant parties are held according to need. The IDVA as the voice of the victim, and co-ordinator in the case should always be party to these meetings.

5. Equality

Equality of access to appropriate services is a priority within CWaC DAP's business.

This is actioned in a range of ways:

- publicity targeting men, survivors from LGBT communities, BME communities
- promotion of the RIC and MARAC process to a wide variety of community and statutory organisations including disability services, LGBT, organisations representing Cheshire's small but significant BME communities
- attention to monitoring information regarding service take-up across minority groups
- application of an Equalities Impact Assessment to the MARAC

6. Evaluation

Data from the MARAC is logged on the CAADA MARAC spreadsheet and returned both to CAADA, the MARAC Steering Group, the Strategic Management Group and the Community Safety Partnership (Safer Stronger Group) monitoring National Indicator 32.

This includes information on the number of cases, proportion of repeats, range of referring agencies and diversity of victims.

The MARAC Steering Group analyses the data in detail and recommends actions to address gaps and concerns as well as publicising successes.

7. Complaints

Complaints may be made by any stakeholder in the MARAC process – a MARAC partner or a MARAC client.

In relation to agencies' engagement the MARAC safety net is only as strong as its weakest link and it is therefore vital that any apparent failures are addressed at the earliest opportunity. This may include:

- persistent failure to complete or record completion of actions in the agreed manner
- persistent failure to attend MARAC
- persistent failure to supply relevant and appropriate information
- judgemental, dismissive or disrespectful language regarding persons involved in cases

Complaints regarding the engagement of partners should be undertaken through a staged process unless the complainant believes that their concern is so serious that it merits immediate attention at the highest level. The MARAC chair and co-ordinator should be made aware of every stage of this process.

- a. individual agency addresses concern verbally with agency against whom the complaint is made
- b. if the person making the complaint does not receive a satisfactory response then a written complaint, copying in the MARAC chair should be made to the most senior person within that agency who has domestic abuse responsibility. This may be a member of the Strategic Management Group
- c. if satisfaction is still not gained the MARAC Chair will convene a meeting of the parties concerned in order to attempt to resolve the issue

All complaints will be brought to the attention of the MARAC Steering Group in order that remedial action may be taken.

Complaints may also be made by MARAC clients and should be made in writing to the MARAC Chair who is the Detective Inspector of the Public Protection Unit. The procedure for dealing with such complaints is similar to that set out in relation to the Information Sharing Protocol and is as follows:

- a letter will be sent to the complainant informing them that investigation of their complaint will be undertaken, normally within 2 working weeks
- all current MARAC signatories will be informed
- the MARAC Chair will investigate the complaint and inform MARAC partners of his/her considered response
- if necessary the MARAC Chair shall take advice from the Data Protection Officer of their or partners' organisations and from the Information Commissioner
- the results of the investigation shall be communicated in writing to the complainant and any redress made
- MARAC partners will review partnership and procedures in light of the complaint and make any changes necessary.
- Client complaints will be accounted for on the clients Modus Electronic Case management file in DAFSU

8. Breaches

Breaches of this protocol or the ISP are taken extremely seriously as they may increase the risk to a high risk victim, thus jeopardising the safety of the victim and confidence in the MARAC which may increase risk to many more high risk victims.

9. Withdrawal

Any partner may withdraw from this Protocol upon giving written notice to the other signatories. Data which is no longer relevant should be destroyed or returned. The partner must continue to comply with the terms of this Protocol in respect of any data that the partner has obtained through being a signatory

10. Review

The MARAC Steering Group reviews compliance with the Protocol at each meeting and addresses any issues relating to its use. The Protocol is formally reviewed annually and any major change requires renewed sign-up by all participating agencies. An example of a major change is the alteration of the MARAC threshold. Renewed sign-up will otherwise take place every three years.

Please note that more information and guidance on MARAC is given on CAADA website

www.caada.org.uk

Cheshire West and Chester

Information Sharing Protocol governing the exchange of information for high risk victims of domestic abuse and multi-agency risk assessment conferencing operational protocol

Signatory Section

Designated Officer

Each partner will appoint a Designated Officer to authorise this protocol who will be a Manager of sufficient standing, and have a co-ordinating and authorising role for their organisation.

In relation to MARAC this officer will identify the MARAC representative for their organisation and any MARAC representatives of different sections of an organisation who are tasked with information research.

Data/Information Officer

Each partner will also supply the name of their agency data or information officer who is responsible for the development and implementation of data procedures within their organisation

Agreement

In signing up to this information sharing protocol I commit

(Organisation) _____

to abiding by its terms and conditions.

Signed _____

Name _____

Post _____

Date _____

Name and contact details of information officer

Name:

Contact details:

CAADA/DASH Risk Identification Checklist (RIC)

Appendix 1

DASH = Domestic Abuse, Stalking and Harassment

Guidance on undertaking the RIC can be downloaded from the (CAADA) website @ http://www.caada.org.uk/practitioner_resources/RIC%20with%20Quick%20Start%20Guidance%20%20Disclaimer%201052009.pdf

Please complete all three pages below and use the 4th page to make a MARAC referral if the completed RIC shows that your client is at high risk.

NB All referrals must contain safe contact details where possible

Victim name or code _____

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.	Yes	No	Don't know	State source of info if not the victim eg. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)				
2. Are you very frightened? Comment:				
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:				
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:				
5. Are you feeling depressed or having suicidal thoughts?				
6. Have you separated or tried to separate from (name of abuser(s)...) within the past year?				
7. Is there conflict over child contact?				
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)				
9. Are you pregnant or have you recently had a baby (within the last 18 months)?				
10. Is the abuse happening more often?				
11. Is the abuse getting worse?				
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed' at home, telling you what to wear for				

example. Consider 'honour-based violence' and specify behaviour.)				
13. Has (.....) ever used weapons or objects to hurt you?				
CAADA/DASH Risk Identification Checklist (RIC)	Yes	No	Don't Know	State source of info if not the victim eg. police officer
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?				
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)				
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)				
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
19. Has (.....) ever mistreated an animal or the family pet?				
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?				
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>				
22. Has (.....) ever threatened or attempted suicide?				
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>				

Total yes responses				
----------------------------	--	--	--	--

Please now complete page 3 of the RIC

PAGE 3 OF CAADA/DASH Risk Indicator Checklist

For consideration by professional:

Is there any other relevant information (from victim or professional) which may increase risk levels? (Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour- based systems' and minimisation.)

Are they willing to engage with your service?

Consider abuser's occupation/interests - could this give them unique access to weapons?

Has the abuser used or threatened arson? Yes/No
If yes, please give more detail:

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

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

Signed:

Date:

What are the victim's greatest priorities to address their safety?

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

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

Date referral made

If the adult survivor is 'vulnerable' (eligible for community care services) please ensure that you have considered Safeguarding Vulnerable Adult procedures.

Signed

Name

Date

Practitioner's notes

What next? If your client is at high risk (**14+ ticks, three or more domestic abuse incidents in the last 12 months, professional concern**) discuss the case with a manager and make a MARAC referral using the form on the next page. If you are unsure ring the number below to discuss.

If your client is at lower risk please undertake essential safety planning and signposting

Please send your MARAC referral and Risk Indicator Checklist to the MARAC Co-ordinator:

Fax: 01606 363271 Ring 01606 364234 to arrange fax, email or post

MARAC referral form based on CAADA/DASH 2009

Referring Agency Information

Name of practitioner		
Agency		
Contact details	Phone	Email
Date of referral		

MARAC clients information

Name of adult victim/including alias	
DoB adult victim	
Address adult victim	
Ethnicity Adult victim	
GP adult victim	
Victim housing status	
Victim immigration status	
Is it safe to contact them? –	Yes/No
If yes, give phone number	
Name of alleged perpetrator (AP)/alias	
DoB AP	
Address AP	
Ethnicity AP	
Child one (name, DoB,	

address, school)	
Child two (name, DoB, address, school)	
Child three (name, DoB, address, school)	

Risk information

Reasons for referral:			
Background and risk issues			
Have you discussed this referral with your line manager & MARAC Representative who will present the case at MARAC? Yes/no			
Is the victim aware of the MARAC referral?			Yes/no
Has the victim given consent?			Yes/no
Please add anything you know about: - who the victim is afraid of (other than alleged perpetrator) - who does the victim believe it's safe to talk to? - Who does the victim believe it's NOT safe to talk to?			
Has a RIC been completed?	Yes/no	Is the RIC attached?	Yes/no

Please send your MARAC referral and Risk Indicator Checklist to the MARAC Co-ordinator:

Fax: 01606 363271

Ring 01606 364234 to arrange fax, email or post

Information Sharing without Consent Form

Appendix 2

(For use by agencies which do not already have appropriate documentation)

Client Information:

Date:

Name/address of Client:
Names and D.O.B. of children:

Concern

Risk identified through risk assessment
Immediate risk/crisis
Child(ren) at risk/Danger to child(ren)
Danger to client
Client poses a risk to self or others

Check that consent form does not cover this situation and/or you do not have consent.

Risk Assessment _____ (No. of ticks out of 24)
(You may not have the opportunity to complete a formal RA in an emergency. If you have, please attach it.)

Details of incident/information causing concern: (include source of information)

Legal Authority to Share

Client notification

Protocol relevant _____

OR

- **Legal grounds** (please tick 1 or more grounds below)
- Prevention and detection of crime (Crime and Disorder Act 1998)
- Prevention/detection or crime and/or apprehension or prosecution of offenders (DPA, s. 29)
- To protect vital interests of the data subject; serious harm or matter of life or death (DPA, Sch. 2 and 3)
- For the administration of justice (usually bringing perpetrators to justice (DPA, Sch. 2 and 3)
- For the exercise of functions conferred on any person by or under any enactment (police/social services) (DPA, Sch. 2 and 3)
- In accordance with a court order
- Overriding public interest (Common law)
- Child protection – disclosure to social services or police for the exercise of functions under the Children Act 1989, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, Sch. 2 and 3)
- Right to life (Human Rights Act 1989, Art. 2 and 3)
- Right to be free from torture or inhuman or degrading treatment (Human Rights Act, Art. 2 and 3)
- Respective risks to those affected
- Risk of not disclosing
- Interest of other agency/person in receiving it
- Public interest in disclosure
- Human rights
- Duty of confidentiality

Comments:

Internal consultations: (Names, dates and advice/decisions)

External consultations: (Home Office guidance, Information-sharing Helpline)

Client notification

Client notified of disclosure(s)? If not, why not?	Yes/No Date:
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Review

Date for review of this situation: _____ (Review to include feedback from the agencies informed as to their response) _____ is responsible for ensuring the situation is reviewed by this date.

Record following details of information sharing in case file:

- Date information shared**
- Agency and named person informed**
- Method of contact (by email, letter, phone call)**
- Legal authority for each agency**

Signed and dated by caseworker

Authorised and dated by manager

The unit provides:

Manager (also Multi Agency Risk Assessment Co-ordinator)
Independent Domestic Violence Advocates (IDVA) and
onward referral to support services
Administrative support
Links to the Independent Sexual Violence Adviser (ISVA)

Referrals

1. **Referrals to the IDVAs: (Please see referral pathway).**

Clients need to be risk assessed as high risk. To enable the risk assessment, please refer to the shared 24 question CAADA/DASH Risk Identification Checklist. If, however, the risk assessment is not possible and you have serious concerns for the safety of the client, please put a referral through. Although consent from the client is desirable, referrals without consent are authorised through High Risk Information Sharing Protocol.

2. **Referrals for other support : (Please see referral pathway):**

Consent must be obtained from the client. Where possible a risk assessment should be undertaken. If not possible but consent obtained, please contact the Domestic Abuse Family Safety Unit to discuss

3. **Referrals to Multi Agency Risk Assessment Conferences (MARAC) for high risk cases: (Please see referral pathway).**

Use the shared 24 question risk assessment to gauge the risk level. If you have any doubts or queries, please discuss with Domestic Abuse Family Safety Unit manager via agency numbers below. Referrals can be faxed to the unit or emailed using secure, encrypted email or intranet. Referrals may not be emailed across the internet without secure email.

4. **Referrals to the Independent Sexual Violence Adviser (ISVA)**

The ISVA can be contacted directly on 01925 221546

Contacting the units (office hours)

Contact for Clients (self referrals etc) - Public number 01606 351 375

Contacts for agencies: (please do not give the numbers below to clients):

West DAFSU

Manager – Sian Finlay

01606 364234

DAFSU and MARAC Administrator- Helen Clarke

helen.k.clarke@cheshirewestandchester.gov.uk Fax– 01606 363271

PO Box 337, Northwich, Cheshire. CW9 8ZU

Appendix 4

Shared risk assessment and multi-agency
risk assessment conferencing
MARAC context

National

The government's National Programme to address domestic abuse includes the SIM programme:

- Specialist Domestic Violence Courts
- Independent Domestic Violence Advocates
- Multi-Agency Risk Assessment Conferencing

Local

MARAC co-ordination is part of the remit of **Domestic Abuse Family Safety Unit Managers**. These units sit within police stations in each Police Basic Command Units comprising:

- A manager
- Independent Domestic Violence Advocates (high risk, crisis intervention)
- Referral to ongoing support
- administrative support
- they also provide a link to the Independent Sexual Violence Adviser for Cheshire

MARAC aims:

- To share information to increase the safety, health and well being of victims – adults and their children;
- To share information about the perpetrator so as to reduce the risk they pose to any particular individual or to the general community;
- To jointly construct 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 by ensuring that all agencies have acted individually to reduce the risk and maximise safety before a MARAC and undertake any new actions in accordance with the MARAC plan
- Improve support for staff involved in high-risk DA cases

Risk assessment checklist

- based on intimate partner homicide reviews
- part of Police Incident Reporting transferred to Children And Vulnerable Adults database
- supported by CWaC DAP High Risk Information Sharing Protocols
- current MARAC threshold is 14 ticks on all boxes or professional concern or 3 police incidents in 12 months

Referrals and repeats

- referral forms can be emailed or faxed, according to the Protocol, to the MARAC Co-ordinators below
- if a victim experiences a significant repeat incident, post MARAC, they should be automatically re-referred
- all agencies should already have done everything they can to safeguard a family pre MARAC