

April 2018



5 minute guide to:

MARAC

Multi Agency Risk Assessment Conference

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Introduction

This 5 minute guide aims to provide a brief overview of the purpose of MARAC and its importance in developing safeguarding action plans for the highest risk cases of domestic abuse.

What is MARAC?

MARAC (Multi Agency Risk Assessment Conference) is a victim focused meeting, where agencies legally share necessary information in order to develop a safeguarding action plan to help protect the victim and their children. North East Lincolnshire MARAC is held regularly every fourth Wednesday, whilst emergency meetings can be called by an agency if it is believed a victim is at immediate risk of serious harm or death. The aim of MARAC is:

- To share information to increase the safety, health and wellbeing 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 Domestic Abuse cases.
- To identify those situations that indicate a need for the Local Safeguarding Children Board's Child Protection Procedures to be initiated.

MARAC is not a statutory arrangement, though there are now over 280 MARAC's across areas of the UK. SafeLives (see glossary) provide a huge amount of resources, advice and guidance for MARAC's. North East Lincolnshire MARAC is guided by a local Steering Group, there is also a regional Steering Group aiming to provide consistency in the way each MARAC across Humberside is governed.

Who is involved with MARAC?

Core agencies who currently attend MARAC in North East Lincolnshire are Police, National Probation Service, Community Rehabilitation Company, The Blue Door, Women's Aid, Children and Young People Services, Family Services, Humberside Fire and Rescue Service, Substance Misuse Services, Adult Mental Health Services, Health Services, Adult Safeguarding Services, Youth Offending Services and Housing Advice. Additionally Lincolnshire Housing Partnership, PAUSE, Education and CAMHS will attend for cases where they have information to share. Each agency has signed up to the MARAC Operating Protocol and Information Sharing Protocol. Each of these agencies has a designated representative who attends the meeting, generally someone in a managerial role within the agency. That person must have

the authority of the agency they represent allowing them to commit to any actions that are assigned to the agency as a safeguarding measure. On occasion the designated representative may not be available to attend the meeting, and there may not be a suitable person to replace them from their agency. In this instance it is acceptable for a report to be submitted with information for cases.

Risk Assessment

MARAC cases are those where the victim and their children are considered to be at high risk of serious harm or death from domestic violence. Home Office literature defines Serious Harm as 'Harm which is life threatening or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.' (OASys/Home Office). In order for the MARAC process to work effectively there needs to be a common understanding of risk amongst agencies, accepted risk assessments are SafeLives, DASH and SARA. The risk assessment will identify the case as Standard, Medium or High risk; if Standard or Medium then own agency intervention is appropriate and a referral to Women's Aid domestic abuse support service should be discussed; if High then the MARAC representative for that agency should be notified or the practitioner involved should refer directly to MARAC. The current DASH threshold for North East Lincolnshire MARAC is 14 'yes' answers, although professional judgement should always be applied. Cases can also be referred on the criteria of escalation.

Referral to MARAC

Any agency can refer a case to MARAC if they have assessed a client as high risk, the referral should take place as soon as possible. Referrals to MARAC should be made on the MARAC 2 referral form and sent to the MARAC Co-ordinator, preferably by secure email but they can be sent hard copy, marked confidential, if necessary. There should also be a copy of either the MARAC 1 Service User Consent Form, or, Information Sharing Without Consent Form and whichever risk assessment was completed. There is an intention for all agencies in North East Lincolnshire to move towards using the DASH RIC to create consistency of assessment (see glossary). It is possible for cases to be referred to MARAC based on the professional judgement of the practitioner involved, this particularly happens in cases where there has been an escalation in the abusive behaviour or it has not been possible to complete a risk assessment. Once a referral is received by the MARAC Coordinator it will be passed to The Blue Door domestic abuse support service, the referring agency does not need to do this. The Blue Door will allocate an IDVA to the case and contact with the victim will be sought within the next 48 hours. The allocated IDVA will also contact the referring agency to discuss the case. Each referral will be reviewed by the MARAC Chair to decide whether it meets the criteria for MARAC. Where there is concern over immediate risk to the victim, the case will be discussed with the MARAC Chair and an emergency meeting may be called. MARAC is held

every fourth Wednesday and there is a deadline for referrals at 12pm on the Tuesday of the week prior, any referral received after this time will not be added to the agenda for the following week but held for the next scheduled meeting. When agencies make a referral into MARAC they must also consider any children involved with the case (victim, perpetrator or dependent children), and share information with the Single Access Point at Children's Services (01472 326292, Option 2) or make an immediate referral in.

Attending MARAC

It is important the referrer attends the meeting to present the case, as they have the most knowledge about why the referral was made. MARAC should have been discussed with the victim prior to the meeting, where safe to do so, so the victim's thoughts and views can be shared along with the factual information regarding the abuse. Representatives who regularly present cases at MARAC will prepare a report for each case so that important details are at hand and it is advised that anyone attending for a single case does the same.

Action Plans

During the MARAC agencies will share information and, based on the considered risks to the victim and/or their children, actions will be agreed by individual agencies for them to take away and implement. The Chair will make a decision, after discussion, as to whether the case will be archived, reviewed or, if the victim has fled, transferred to another area. Within 24 hours of the meeting the MARAC Co-ordinator will upload actions for all cases discussed to the MODUS system (see glossary). MARAC itself is not a case management tool, responsibility for the case remains with whichever agencies are working with the victim and/or their children.

What happens next?

Once a case has been heard at MARAC the outcomes will be discussed with the victim by the agency worker or IDVA involved. Cases that have been archived by the Chair will be recorded, and, if there is a further incident in the following 12 months the case will return to MARAC as a repeat (see glossary for repeat definition). Cases where feedback from actions is required will be heard as a review the following month. If it is then considered there is an appropriate safeguarding plan in place the case will be archived, if not, the case will continue to be reviewed each meeting until the Chair is satisfied that all questions have been answered and all safety measures are in place. Data from each meeting is recorded by the MARAC Coordinator and quarterly reports are created for the North East Lincolnshire Steering Group. This information is used to ensure the MARAC is operating effectively and identify any areas that may require change in the future.

Glossary

CAADA	Coordinated Action Against Domestic Abuse
SafeLives	Agency previously known as CAADA (name change 25/02/15) – safelives.org.uk
DASH	Domestic Abuse, Stalking, Harassment and Honour Based Violence
SPECSS	Separation and Stalking, Potential barriers, Escalation, Children, Suicidal, Sexual
SARA	Spousal Abuse Risk Assessment
MODUS	System for managing MARAC administration

Definition of an Archive Repeat case at MARAC

SafeLives defines a 'repeat' as ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC.

The individual act of abuse does not need to be 'criminal', violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour.

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

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

These events could be disclosed to any agency or professional.

DASH risk assessment

There are two DASH risk assessments available for use; one is provided by SafeLives and the other is provided by ACPO (Association of Chief Police Officers), there is a guide available to read before completing DASH with a victim of domestic abuse. Training on using the DASH is available in North Lincolnshire through The Blue Door.

Detailed information that MARAC partner agencies can provide:

Humberside Police - police callouts, current and previous domestic violence incidents, escalation of incidents or callouts, crimes resulting from domestic violence incidents, information on the perpetrator e.g. relevant previous convictions, use of or access to weapons, threats to kill, breaches of bail, warning signals such as suicide threats, use of weapons or assaults on police, breach of civil injunction

North Lincolnshire Council – information on adult safeguarding cases/vulnerable adults (perpetrator and victim), child protection conferences and safeguarding plans, children's needs and disabilities, mental health, children's centres, localities, early years, school attendance and performance, truancy and exclusion, incidents at school, collection of children from school

Probation Service (CRC/NPS) – perpetrator IDAP attendance, completion and non-completion, women's safety worker feedback (professional judgement on perpetrator), previous convictions, breaches of orders, prison information

Health Trusts – presentations to A&E (victim, perpetrator and children) with dates and pattern of injuries, GPs data, and maternity information e.g. missed ante natal appointments or perpetrator attendance, victim and perpetrator mental health, health visitor information on child's development or damage to home, attendance by partner at appointments

Local Authorities, Housing Associations & Registered Social Landlords – information on vandalism, neighbour complaints and antisocial behaviour if related to domestic violence (with dates), rent arrears, victim and perpetrator tenancy and addresses

Domestic violence service providers – information on admissions to refuges (historic and current), contacts with outreach services, direct information provided by the victim, views and fears of the victim

Drug and alcohol services – information on perpetrator and victims' drug and alcohol use, attendance record

IDVA/ISVA service – views and fears of the victim (for themselves and their children), willingness to engage with IDVA, information about incidents not reported to the police, information from agencies not attending the MARAC, information about related abuse e.g. sexual, civil injunctions in place, contact disputes, actions taken by the victim to protect themselves, harassment, housing needs, diverse needs, history of sexual abuse, current sexual abuse, barriers to accessing support