

MARAC OPERATING PROTOCOL

December 2012

Greater Manchester MARAC Operating Protocol

1. DEFINITIONS

1.1. In this document the following terms shall have the following meanings:

- 1.1.1. High Risk – A risk that is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible¹.
- 1.1.2. MARAC – Multi Agency Risk Assessment Conference.
- 1.1.3. Partner Agencies – Agencies with MARAC SharePoint membership who participate in the MARAC process.
- 1.1.4. GMP – Greater Manchester Police.
- 1.1.5. ACPO – Association of Chief Police Officers.
- 1.1.6. IDVA – Independent Domestic Violence Adviser.
- 1.1.7. MCT – MARAC Coordinators Team employed by GMP.
- 1.1.8. AGMA – Association of Greater Manchester Authorities.
- 1.1.9. SharePoint – Secure workgroup hosted on the AGMA server
- 1.1.10. MOP – MARAC Operating Protocol.
- 1.1.11. Receiving area – an area where a MARAC referral is forwarded to in those cases where a victim relocates.

2. INTRODUCTION

2.1. General

- 2.1.1. The MARAC is a Multi Agency Risk Assessment Conference for the highest risk victims of domestic abuse.
- 2.1.2. The MARAC has adopted the ACPO definition of domestic abuse as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

¹ Home Office 2002, OASys2006

- 2.1.3. In addition this definition incorporates issues such as forced marriage, female genital mutilation and so called 'honour' based violence, as well as elder abuse when committed within the family or by an intimate partner.
- 2.1.4. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, in-laws and step-family.
- 2.1.5. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

2.2. MARAC objectives:

- 2.2.1. To share information to increase the safety, health and well being of adult victims and their children.
- 2.2.2. To determine whether the perpetrator poses a significant risk to the victim, other individuals or to the general community.
- 2.2.3. 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.
- 2.2.4. To reduce repeat victimisation.
- 2.2.5. Improve support for staff involved in high-risk domestic abuse cases.
- 2.2.6. To ensure issues are dealt with by the most appropriate agencies / groups with relevant knowledge and practical applications.
- 2.2.7. To assist in the statutory obligations to implement interventions for, and clarify their commitment to, the prevention or detection of domestic abuse and sexual offences.
- 2.2.8. To improve agency accountability.

2.3. Purpose of Protocol

- 2.3.1. The purpose of the MOP is to establish accountability, responsibility and reporting structures for MARAC and to outline the process of the MARAC.

2.4. Agency accountability and responsibility

- 2.4.1. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC.
- 2.4.2. 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.

3. **PARTNER AGENCIES**

3.1. General

- 3.1.1. Partner agencies are listed at Appendix 1 of this document.
- 3.1.2. Partner agencies will provide the MARAC Chair with details of their strategic lead for MARAC.
- 3.1.3. Partner agencies will designate a named agency representative who will attend the MARAC.
- 3.1.4. Partner agencies will designate a named deputy agency representative who will attend the MARAC in the event that the named representative is unable to attend.
- 3.1.5. If an agency representative is unable to attend, then it is expected that their designated deputy will attend.
- 3.1.6. Partner agency representatives should have the authority within their agencies to volunteer actions aimed at reducing an identified risk to the victim; to volunteer an

appropriate timescale in which to complete those actions and to make an immediate commitment of resources to ensure completion of those actions.

3.2. Research and Information Sharing

- 3.2.1. Agency representatives are expected to have researched each individual case prior to the MARAC.
- 3.2.2. Agency representatives are required to present relevant and proportionate information to the MARAC in a focussed and succinct manner.
- 3.2.3. Only accurate information that is directly relevant to the safety of the victim should be shared by the attending agencies. This falls into four main categories:
 - 3.2.3.1. Basic demographic information including any pseudonyms used and whether there are any children and their ages.
 - 3.2.3.2. Information on key risk factors including, where appropriate, professional opinion on the risks faced.
 - 3.2.3.3. Any relevant history of domestic abuse or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim.
 - 3.2.3.4. The views of the victim.
- 3.2.4. Under the CPIA (Criminal Procedures and Investigations Act 1996) Police officers are obliged to record and retain any material relevant to an ongoing investigation and/or prosecution. Should any information be disclosed during this meeting that is deemed relevant, Police officers are duty bound to request a written copy of the information and will subsequently place it onto GMP Intelligence systems and/or in the prosecution File.
- 3.2.5. Generic research forms for use by specific agencies are available on SharePoint.

3.3. Action Planning and Flagging Files

- 3.3.1. The information sharing that takes place during the MARAC frequently results in an altered perception of the risks posed by an alleged perpetrator. This enables individual agencies to tailor an appropriate response for the victim.
- 3.3.2. Agencies are required to prioritise timed actions to support the victim, any children and their own staff. The main categories of actions include but are not limited to:
 - 3.3.2.1. Flagging files - A 'flag' or a marker should be placed on individual records to show that an individual is a very high-risk victim of domestic abuse and
 - 3.3.2.2. Ensure that the individual receives a response from whichever practitioner they meet that reflects their experience of domestic abuse.
 - 3.3.2.3. Assists in the identification of repeat referrals (i.e. if there is a further incident of domestic abuse within twelve months of the last referral). The definition for a repeat referral can be found at clause 5.3.4 of this document.
 - 3.3.2.4. The flag should remain in place for twelve months from the date of the most recent MARAC at which the cases is discussed, after which it should be removed.

3.4. Joint and separate meetings

- 3.4.1. In some circumstances it can be very difficult to make arrangements to see a victim on their own. In those cases it may be possible for the IDVA or other support agency to coordinate with another partner agency – e.g. a health or education professional – in order to meet them at a safe place.
- 3.4.2. There might also be opportunities when the alleged perpetrator is known to be elsewhere that a safe time to see the victim could be arranged without any risk that the alleged perpetrator would be present.

3.5. Prioritising cases

3.5.1. In view of the seriousness of the risks involved in MARAC cases, information disclosed at MARAC may give certain agencies grounds to prioritise an individual case.

3.6. Legal options

3.6.1. The MARAC may learn of non-compliance with bail conditions or may consider that civil injunctions may be appropriate in particular cases.

3.6.2. Information shared at MARAC could alert police officers to intelligence about harassment or more serious offences, including sexual offences.

3.7. MARAC letters

3.7.1. In certain cases there may be local agencies that are unable or unwilling to engage with the MARAC process. If this gives cause for the participating agencies to be concerned about the specific safety issues that this creates, then it is appropriate for the MARAC Chair to send a letter from the MARAC as a body explaining the situation.

3.7.2. A MARAC letter can also be used with an agency that is not part of MARAC at all e.g. where apparently the court has agreed unsafe child contact conditions.

3.8. Induction Process

3.8.1. As MARACs work with a wide range of agencies new representatives may join at any time.

3.8.2. The outgoing representative should provide the MARAC Coordinators Team with the name, job title and contact details of the new representative.

3.8.3. The outgoing agency representative should provide their successor with a handover. The handover should cover:

3.8.3.1.1. What the agency process is for identifying and risk assessing domestic abuse and making referrals to MARAC.

3.8.3.1.2. How the agency ensures that, wherever possible, all victims are safely informed of their referral to MARAC.

3.8.3.1.3. Guidance for frontline practitioners on how to check that informing the victim is safe and what to tell them?

3.8.3.1.4. Whether there is a leaflet which can be handed to the victim, when it is safe to do so?

3.8.3.1.5. How research for the MARAC is completed prior to the meeting and what information systems are searched?

3.8.3.1.6. How information from the MARAC shared with colleagues within the agency. Is there any guidance for frontline practitioners about the use of MARAC information?

3.8.3.1.7. What sort of actions the agency routinely offers at the MARAC?

3.8.3.1.8. How actions from the MARAC are fed back to frontline line practitioners. How these practitioners report on action completion to the representative and how who updates the Action Plan on the MARAC SharePoint site.

3.8.3.1.9. How are MARAC cases flagged, de-flagged and tagged and guidance on the identification of further incidents?

3.8.3.1.10. Ideally a new MARAC representative would shadow the outgoing representative at a MARAC meeting before taking on the role.

3.8.3.1.11. MARAC representatives should have a working knowledge of domestic abuse. MARAC Awareness training is delivered on a regular basis by Greater Manchester Police and every effort should be made to ensure that staff involved with the MARAC process access the training.

- 3.8.3.1.12. Membership of the MARAC SharePoint site will not be granted until representatives have attended the SharePoint training that is delivered on a regular basis by Greater Manchester Police.
- 3.8.3.1.13. Every applicant for training in either MARAC Awareness or SharePoint will be forwarded an induction pack consisting of:
- 3.8.3.1.14. A copy of the CAADA MARAC representative's toolkit (including flowchart).
- 3.8.3.1.15. Where one is available, their agency toolkit.
- 3.8.3.1.16. The local MARAC referral form and CAADA DASH Risk Identification Checklist.
- 3.8.3.1.17. A MARAC research form.
- 3.8.3.1.18. Contact details of the MARAC Co-coordinators Team
- 3.8.3.1.19. A copy of the MARAC Operating Protocol

4. GOVERNANCE AND PERFORMANCE MANAGEMENT

4.1. Partner Agencies will support the objectives of the MARAC:

- 4.1.1. To provide a proportionate response to all high-risk victims of domestic abuse who meet the referral threshold.
- 4.1.2. To promote the safeguarding of the victim/survivor of domestic abuse and any children of the family.

4.2. The MARAC will be governed by the local MARAC Steering Group.

4.3. The local MARAC Steering Group may be part of a larger multi-agency strategic group.

4.4. The core responsibilities of the local MARAC Steering Group are: -

- 4.4.1. To operate in accordance with its Terms of Reference;
- 4.4.2. To monitor and evaluate the data from the MARAC;
- 4.4.3. To ensure appropriate strategic links with the MAPPAs are maintained;
- 4.4.4. To ensure that effective partnerships are maintained with other public protection bodies and other MARAC areas;
- 4.4.5. To monitor and regularly assess in accordance with the CAADA self-assessment quality assurance process the overall performance of the MARAC and ensure it operates in line with the 10 Principles of an effective MARAC²;
- 4.4.6. Address any operational issues
- 4.4.7. Report to the local strategic partnership
- 4.4.8. Oversee efforts to raise awareness with local practitioners about the MARAC
- 4.4.9. Communicate the performance of the MARAC to key stakeholders
- 4.4.10. Ensure that the MARAC is compliant with legal responsibilities and keeps up-to-date with changes to legislation national guidance.
- 4.4.11. Participate in reviews following a homicide where appropriate

4.5. Data Collection

- 4.5.1. The MCT will collate MARAC data in accordance with CAADA Guidelines.
- 4.5.2. Unborn children will not be included in the MARAC data as children.
- 4.5.3. De-personalised data is available on request from the MCT.

² The 10 principles and accompanying guidance are available on the CAADA website at www.caada.org.uk

4.5.4. When requesting data from the MCT Partner Agencies are requested to give seven days' notice where possible.

4.6. Steering Group

4.6.1. The local MARAC Steering Group will meet at least four times a year.

5. PROCESS OF THE MARAC

5.1. Administration

5.1.1. The MARAC is administered via a SharePoint application that is a secure workgroup on the [AGMA website](#). The workgroup is only visible to designated individuals in partner agencies who have been granted access.

5.1.2. The individual workgroup addresses are:

| | |
|-----------------------------------|---|
| North Manchester | https://vwg.agma.gov.uk/sites/MNMARAC |
| South Manchester (Longsight) | https://vwg.agma.gov.uk/sites/MMMARAC |
| South Manchester (Wythenshawe) | https://vwg.agma.gov.uk/sites/MSMARAC |
| Salford | https://vwg.agma.gov.uk/sites/SalMAR |
| Tameside | https://vwg.agma.gov.uk/sites/TM |
| Stockport | https://vwg.agma.gov.uk/sites/SPMARAC |
| Bolton | https://vwg.agma.gov.uk/sites/BOLMARAC |
| Wigan | https://vwg.agma.gov.uk/sites/WM |
| Trafford | https://vwg.agma.gov.uk/sites/TrMAR |
| Bury | https://vwg.agma.gov.uk/sites/BM |
| Rochdale | https://vwg.agma.gov.uk/sites/RM |
| Oldham | https://vwg.agma.gov.uk/sites/OMARAC |

5.1.3. Individuals will only be granted log ons if they have attended SharePoint training delivered by GMP.

5.1.4. There is a requirement for each individual SharePoint member to add their full contact details to the site. Failure to do so will result in membership being suspended.

5.1.5. SharePoint access will be regularly reviewed and any partner agencies not engaging with the MARAC process will have their individual SharePoint memberships suspended.

5.1.6. SharePoint log-ons must not be shared. If a partner agency requires additional log-ons and subject to clause 5.1.3 hereof these should be requested by email to MARAC@gmp.police.uk.

5.1.7. If an individual is leaving his or her workstation whilst logged in to the SharePoint site the computer screen should be locked. SharePoint does not time out automatically.

5.1.8. MARAC referrals should be on the prescribed local form copies of which are available on the relevant SharePoint sites

5.1.9. Partner Agencies will upload their referral forms to SharePoint, referrals cannot be accepted by email or any other means.

5.1.10. The Referral Form will be uploaded within 24 hours of the trigger incident or an agency becoming aware that a victim is at a high and imminent risk to enable partner agencies to commence research and for the IDVA service to make pre-MARAC contact with the victim.

5.2. Quality Assurance of MARAC referrals

- 5.2.1. MARAC referrals should be named as name of victim and referral date [SURNAME Forename 121212]. This enables the building of a uniform database on SharePoint.
- 5.2.2. Referral forms should be fully completed. If any information is not available or not applicable, this should be clearly marked on the form.
- 5.2.3. When a case has been referred on the criterion of Professional Judgement a rationale for that judgement must be given.
- 5.2.4. DASH assessments should contain brief detail in the comments boxes provided.
- 5.2.5. The MCT will check Referral Forms to ensure they are complete. Incomplete referrals will be removed from SharePoint and Agencies will be notified and asked to complete the form with the missing information and reload it to the site. It should be noted that failure to submit a properly completed referral could compromise the safety of a victim and her or his children.
- 5.2.6. If amendments are required to a referral form once it has been uploaded, the MCT should be notified and will arrange for any necessary the necessary amendments by striking through the original text, adding the new text in red and placing an announcement on the relevant part of the SharePoint site stating amendments have been made.

5.3. General

- 5.3.1. Partner agencies should not wait for the MARAC meeting to commence any work with the victim.
- 5.3.2. Partner Agencies will be responsible for updating the Action Plan on SharePoint within twenty four hours of the action being completed.
- 5.3.3. If a Partner Agency is unable to complete an action, that should be noted on the Action Plan on SharePoint by changing the colour of the box from red to amber.
- 5.3.4. MARAC documentation will not be exchanged by any method other than by being made available on the SharePoint site.
- 5.3.5. All MARAC documentation will be available from SharePoint including but not limited to:
 - 5.3.5.1. Combined Referral Form and Risk Identification Checklist for Agency use.
 - 5.3.5.2. Information Sharing Without Consent Form (a copy of which forms Appendix 6 hereof.
 - 5.3.5.3. Research Form.
 - 5.3.5.4. Confidentiality Statement template – for use by the MCT.
 - 5.3.5.5. Action Plan Template - for use by the MCT.
 - 5.3.5.6. A series of documents designed to assist users with the use of the SharePoint website.
- 5.3.6. Completed MARAC documentation should not be printed unless strictly necessary due to the sensitivity of the information contained in the documents.

5.4. Screening and Risk Assessment

- 5.4.1. All agencies will routinely screen for domestic abuse.
- 5.4.2. Where domestic abuse is present agency staff will use their best endeavours to assess the risk by use of the CAADA DASH Risk Indicator Checklist that forms Appendix 2 of this document where possible within two working days of an initial disclosure of domestic abuse.
- 5.4.3. GMP will assess the risk using the Domestic Abuse Incident Details and DASH 2009 Risk Assessment (ACPO DASH)

5.5. Referral Criteria

- 5.5.1. All partner agencies must be aware of the threshold for proportionate and legal information sharing.
- 5.5.2. In cases where domestic abuse has been disclosed and there has been a recent incident or there is an immediate risk of serious harm to the victim, the threshold for referral will be: -
 - 5.5.2.1. Visible High risk – 14 or more ‘yes’ responses on the CAADA DASH Risk Indicator Checklist.
 - 5.5.2.2. Potential Escalation – The number of police callouts to the victim as a result of domestic abuse. This can be used to identify cases where there is not a positive indicator of a majority of risk factors on the list, but where the abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at the MARAC.
 - 5.5.2.3. Professional judgement – If a professional has serious concerns about a victim’s situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers, particularly in the case of honour-based violence. This professional judgement would be based on the professional’s experience
 - 5.5.2.4. Repeat victimisation as defined in clause 5.3.3 of this document.

5.5.3. Repeat referrals

- 5.5.3.1. A repeat MARAC case is one which has been previously referred to a MARAC within the same local authority area and at some point in the twelve months from the date of the last referral a further incident is identified.
- 5.5.3.2. Any agency may identify this further incident (regardless of whether it has been reported to the police).
- 5.5.3.3. A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:
 - 5.5.3.3.1. Violence or threats of violence to the victim (including threats against property), or
 - 5.5.3.3.2. A pattern of stalking or harassment, or
 - 5.5.3.3.3. Rape or sexual abuse.
- 5.5.3.4. Where a repeat victim is identified by any MARAC agency, that agency should refer the case back to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement.
- 5.5.3.5. To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to ‘flag and tag’ their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.
- 5.5.3.6. Incidents that occur more than 12 months after the date of the last MARAC referral within the same local authority area do not constitute a repeat incident.
- 5.5.3.7. Repeat incidents as defined above should be noted on both the referral form and SharePoint.
- 5.5.3.8. The MCT will record repeat incidents using the CAADA MARAC Data Form.
- 5.5.3.9. The definition of repeat incidents above does not include cases that are being referred for a second time for any other reason than where there has been a repeat incident. There are specific instances where a second referral might be made but no repeat incident has occurred, such as, for example, where a perpetrator is about to be released from jail, where potential risks are identified but no specific threats have been made and the case is discussed in order to

make sure that every agency is aware and able to put in place any appropriate safety measures.

- 5.5.4. Cases are referred to the Greater Manchester MARACs by uploading the relevant MARAC Referral Form onto SharePoint. Copies of the form are available on SharePoint.
- 5.5.5. All required details should be given on the Referral Form. If information is not available or a victim is unwilling to disclose certain information, this should be noted on the referral form rather than leaving the information box blank.
- 5.5.6. All member agencies can refer cases to MARAC.
- 5.5.7. The deadline for referrals is eight working days prior to the MARAC and this is noted on SharePoint.
- 5.5.8. The date of the next available MARAC appears on SharePoint during the upload process.

5.6. MARAC to MARAC referral process

- 5.6.1. This has been developed to ensure there is clear guidance on the transfer of cases between MARACs when high risk victims move from one area to another, after a need for a safe and consistent approach was identified. The aim is to promote the safety of high-risk victims, regardless of where they live, and to ensure that all agencies at MARAC are clear about their roles and responsibilities at each stage of the transfer process. The procedure had a number of key assumptions:
 - 5.6.1.1. That where a victim moves between areas, the MARAC agencies in the new area should notified;
 - 5.6.1.2. That the procedure should promote a consistent, victim focused response to the transfer of cases across MARAC areas;
 - 5.6.1.3. That a referral to a new MARAC should not be contingent on that victim meeting the local MARAC threshold in the area to which they are referred; and
 - 5.6.1.4. That the originating and receiving MARAC should have clear responsibilities at both the point of referral and in the 12 months since last referral (i.e. 'flagging and tagging' for further incidents')
 - 5.6.1.5. In the case of a current referral (i.e. where a referral has been made but the victim moves to another area on either a temporary or permanent basis):
 - 5.6.1.5.1. Change of address form to be completed and forwarded to the MCT by email on marac@gmp.police.uk. Incomplete forms will be rejected.
 - 5.6.1.5.2. If both the old and new areas are within the boundaries of Manchester City Council the case will remain on and be heard on the originating MARAC. The Action Plan will cover the transfer to alternative local agencies if necessary.
 - 5.6.1.5.3. If both the old and the new areas are within Greater Manchester then the MCT will remove the referral from the originating area and upload to the new area. The MCT will also contact the IDVA team on the new area with a request that they present the case at MARAC.
 - 5.6.1.6. If a MARAC victim is identified by an Agency but the victim does not reside in the area where the Agency is based:
 - 5.6.1.6.1. If the victim lives within Greater Manchester then the referral should be uploaded to the Transfers folder of the home MARAC and the MCT should be notified advising both the name of the Victim and the identity of the home MARAC SharePoint site it has been uploaded to. The MCT will transfer the referral to the correct MARAC.

- 5.6.1.6.2. If the victim does not live within Greater Manchester then the referring agency should contact the local Police force for the area in which the victim lives for details of where to send the referral to and then send the referral on.
 - 5.6.1.6.3. If any MARAC agency becomes aware that a victim who has been referred to MARAC within the last twelve months has moved to another area, a change of address form should be completed and sent to the MCT by email to marac@gmp.police.uk. Incomplete forms will be rejected.
 - 5.6.1.6.4. If the Victim has moved to another area within Greater Manchester then the MCT will put an announcement on SharePoint for the new area that the victim has moved to with a request that Agencies note their files accordingly.
 - 5.6.1.6.5. If the victim has moved to an area outside of Greater Manchester the MCT will email a copy of the original referral and Actions to the new area with a copy of the change of address form and put an announcement on SharePoint stating that the victim has moved out of the area.
 - 5.6.1.7. In the case of a current referral (i.e. where a referral has been made but the victim moves to another area on either a temporary or permanent basis):
 - 5.6.1.7.1. Change of address form to be completed and forwarded to the MCT by email on marac@gmp.police.uk. Incomplete forms will be rejected.
 - 5.6.1.7.2. If both the old and new areas are within the boundaries of Manchester City Council the case will remain on and be heard on the originating MARAC. The Action Plan will cover the transfer to alternative local agencies if necessary.
 - 5.6.1.7.3. If both the old and the new areas are within Greater Manchester then the MCT will mark the referral on the originating area as withdrawn and put an announcement on SharePoint for the originating area and then upload to the new area.
 - 5.6.1.8. If a MARAC victim is identified by an Agency but the victim does not reside in the area where the Agency is based:
 - 5.6.1.8.1. If the victim lives within Greater Manchester then the referral should be uploaded to the Transfers folder of the home MARAC and the MCT should be notified advising both the name of the Victim and the identity of the home MARAC SharePoint site it has been uploaded to. The MCT will transfer the referral to the correct MARAC.
 - 5.6.1.8.2. If the victim does not live within Greater Manchester then the referring agency should contact the local Police force for the area in which the victim lives for details of where to send the referral to and then send the referral on.
 - 5.6.1.9. If any MARAC agency becomes aware that a victim who has been referred to MARAC within the last twelve months has moved to another area, a change of address form should be completed and sent to the MCT by email to marac@gmp.police.uk. Incomplete forms will be rejected.
 - 5.6.1.9.1. If the Victim has moved to another area within Greater Manchester then the MCT will put an announcement on SharePoint for the new area that the victim has moved to with a request that Agencies note their files accordingly.
 - 5.6.1.9.2. If the victim has moved to an area outside of Greater Manchester the MCT will email a copy of the original referral and Actions to the new area with a copy of the change of address form and put an announcement on SharePoint stating that the victim has moved out of the area.
- 5.6.2. The transfer process is set out in the flowchart forming Appendix 3 hereof.

5.7. MARAC Agenda

- 5.7.1. The MARAC Agenda will be posted to SharePoint seven working days prior to the date of the MARAC and no other notification will be issued.
- 5.7.2. The MARAC allocates ten or fifteen minutes to each case depending on the volume of cases being heard at the MARAC and the timings will be shown on the Agenda.
- 5.7.3. MARAC cases where there are children in the family will be usually be dealt with first.
- 5.7.4. MARAC cases where the victim is pregnant will be dealt with as cases where there are children in the family.

5.8. Actions before the MARAC

- 5.8.1. Agencies are required to research each case prior to the MARAC.
- 5.8.2. Research forms are available for partner agencies on SharePoint should they choose to use them.
- 5.8.3. Where children, unborn children or vulnerable adults are identified within a MARAC case then a safeguarding referral should be made in line with the policy of each individual agency.
- 5.8.4. All agencies are required to flag and tag files that are scheduled to present at MARAC in accordance with clause 2.5.1.
- 5.8.5. Any help or advice offered by an Agency in connection with a particular referral should be started or continued before the MARAC.

5.9. Victim contact before the meeting

- 5.9.1. The IDVA service checks SharePoint daily for new referrals and in cases where consent for information sharing has been given, the IDVA service will endeavour to contact the victim prior to the MARAC in order to obtain the views of the victim for presentation to the MARAC and to offer immediate support with safety planning.
- 5.9.2. In cases where consent for information sharing has been given then in most cases the IDVA service will notify the victim of the MARAC and feed back to the victim following the MARAC unless alternative arrangements are agreed and captured as a separate action at the meeting.
- 5.9.3. If consent for the referral to the MARAC has not been given it will be at the discretion of the relevant IDVA service whether or not to contact the victim prior to the meeting.

5.10. MARAC meetings

- 5.10.1. The dates and times of the MARAC meetings are published to SharePoint.
- 5.10.2. The venue for the MARAC meeting is as noted on SharePoint.
- 5.10.3. The MARAC will usually be chaired by the Detective Inspector of the Public Protection Investigation Unit or in the absence of the Detective Inspector by the Detective Sergeant from the Domestic Violence Unit.
- 5.10.4. The role of the Chair is:
 - 5.10.4.1. To read out the confidentiality statement at the commencement of each meeting and to ensure that all persons present sign the statement.

- 5.10.4.2. To review any actions that may be outstanding from the previous meeting and to ensure that a record is made in the minutes of those actions.
- 5.10.4.3. To structure the meetings and prioritise cases in such a way that all those attending are able to use the time available as efficiently as possible.
- 5.10.4.4. To ensure the meeting runs in accordance with the timings shown on the Agenda.
- 5.10.4.5. To ensure that actions volunteered by agencies are SMART (specific, measurable, achievable, realistic and timely).
- 5.10.4.6. To ensure that agency representatives understand actions and timescales they have volunteered.
- 5.10.4.7. To identify the specific risk that each action relates to.
- 5.10.4.8. To ensure that equality and diversity issues are considered in each case.
- 5.10.4.9. To state whether or not the case has the victim's consent for the MARAC referral.

5.11. Public Protection

- 5.11.1. Multi Agency Public Protection Arrangements (MAPPA) support the identification, assessment and management of relevant sexual, violent and other dangerous offenders.
- 5.11.2. The aim of MAPPA is to ensure that a robust risk management plan is developed by the lead agency by working with other agencies involved with MAPPA through information sharing, focusing resources and putting measures in place which are coordinated through MAPPA to enable the agencies involved in MAPPA to protect the public.
- 5.11.3. MAPPA were introduced in 2001 and bring together the Police, Probation Service and Prison Service into what is known as the MAPPA Responsible Authority.
- 5.11.4. Other agencies are under a duty to co-operate with the MAPPA Responsible Authority including social care services, health, housing and education services.
- 5.11.5. Level 1 MAPPA
 - 5.11.5.1. Where a Partner agency is managing an offender under MAPPA Level 1 and becomes aware of an increased risk to the victim, that agency should make a referral to MARAC in the usual way.
 - 5.11.5.2. The fact that the offender is under MAPPA should be disclosed to the MARAC as part of the information shared by the introducing agency.
 - 5.11.5.3. If the referring agency is not the Probation Service, the Probation Service representative at the MARAC meeting should take an action to feed back to the Offender Manager involved in the case under MAPPA that the offender has been the subject of a MARAC.
 - 5.11.5.4. Where the police or the Probation Service is actively managing the offender, but not at MAPPA level 2 or 3, they will use the information provided by the MARAC to reassess the level of risk the offender presents to assist them in the effective management of the case. This could lead to the offender being referred to a level 2 or 3 MAPP meeting.
 - 5.11.5.5. Where such a referral is made in accordance with clause 5.10.5.4 above, the IDVA service will be invited to the MAPP meeting (as well as any other professional who has relevant information) to ensure that information about the victim and their views are discussed and to ensure that the safety of the victim is central to the process. This will support the effective management of the offender and reduce the potential risk of harm to the victim.
- 5.11.6. Level 2 & 3 MAPPA

- 5.11.6.1. Many MARAC cases do not result in a court appearance. Where criminal proceedings are pending, a MARAC is likely to take place before the case reaches a conclusion, which means that there is no conviction for the most recent offence. The perpetrator may have previous convictions and may be under current management because of their offending by the police and/or the Probation Service and this can include MAPPA management at level 2 or 3.
- 5.11.6.2. Where an offender is already being managed at MAPPA level 2 or 3, to avoid duplication of effort and resources, the MAPP meeting should take the lead over the MARAC. The reason for this is that MAPPA is a statutory set of arrangements and therefore it takes precedence over the MARAC.
- 5.11.6.3. Where the victim is subject to a MARAC and the offender is managed at a level 2 or 3 MAPP meeting, it is best practice to hold one meeting and this should be the MAPP meeting. If, due to geographical or personnel constraints, this is not feasible, the two Chairs should liaise regarding planned actions to avoid conflicting Risk Management Plans being put in place.

5.12. Presentation of information

- 5.12.1. The MARAC allocates ten or fifteen minutes for each case to be discussed at MARAC. This includes presentation of the case, sharing of the information, identification of the risks, action planning and consideration of equality and diversity issues.
- 5.12.2. The Agency that has referred the case will usually present it at the MARAC.
- 5.12.3. If a case has been referred in by a different Greater Manchester Police division then the Police will be asked to present the case. If the case has been referred in by any other non-local agency then the IDVA service will be asked to present the case as they will normally have had contact with the victim prior to the MARAC.
- 5.12.4. Agency representatives should state their name and agency each time they speak so that the origins of information are clearly identified on the audio recording.
- 5.12.5. The presentation should include brief details of the incident or immediate risk that has prompted the referral together with any other information in accordance with clause 3.9 of this MOP.
- 5.12.6. Following the presentation of information by the referring Agency representative, the Chair will then invite each Agency representative in turn to share any additional relevant information they hold and identify any further risks of which they are aware.
- 5.12.7. Agency representatives are required to clarify what is fact and what is opinion.
- 5.12.8. If an Agency representative is unable to attend it is required that a deputy representative attend instead.
- 5.12.9. If any Agency is holding information that has already been shared at the meeting then there is no necessity to repeat the information.

5.13. Action Planning

- 5.13.1. A tailored action plan will be developed at each MARAC to increase the safety of the victim, children, perpetrator, other vulnerable parties and any staff.
- 5.13.2. Agencies will consider whether any actions can be taken in relation to managing the behaviour of the perpetrator.
- 5.13.3. The action plan details any actions volunteered at the MARAC by individual agencies in line with clause 5.11.1 and identifies the specific risk the action is related to.

- 5.13.4. Process of forming the Action Plan:
- 5.13.4.1. When all the information has been shared the Chair will summarise the risks.
 - 5.13.4.2. The Chair will then invite each agency representative in turn to volunteer any actions they believe may contribute to reducing an identified risk.
 - 5.13.4.3. Agencies should ensure that their actions are SMART (Specific, Measurable, Achievable, Realistic and Timely).
 - 5.13.4.4. Agency representatives must identify the specific risk the action is aimed at reducing.
 - 5.13.4.5. Agency representatives must set their own timescales in relation to individual actions having due regard for the identified risk.
- 5.13.5. Agencies are expected to complete actions within the timescale agreed at the MARAC.
- 5.13.6. When agencies have completed their actions, they will update the Action Plan on SharePoint within twenty four hours by inserting the date the action was and changing the status from red to green.
- 5.13.7. In the event that there are difficulties in completing an action, agencies are required to update the Action Plan on SharePoint and change the Status from red to amber.
- 5.13.8. Updates to the Action Plan must be dated.
- 5.13.9. The Chair reviews the incomplete actions from the Action Plan at the beginning of each MARAC and the Minutes are noted accordingly.

5.14. Administration

- 5.14.1. The MCT provides some administrative support for the MARAC.
- 5.14.2. An Action Plan will be developed at every MARAC detailing:
 - 5.14.2.1. The volunteered action
 - 5.14.2.2. The identified risk the action relates to
 - 5.14.2.3. The timescale volunteered for completion of the action
- 5.14.3. The MCT will prepare the Action Plan document that forms Appendix 4 of this document and publish the Action Plan on SharePoint usually within one working day of the MARAC.
- 5.14.4. The MCT will make an audio recording of the meeting

5.15. Information shared at MARAC

- 5.15.1. Information will be shared at the MARAC in accordance with the Greater Manchester MARAC Information Sharing Protocol.
- 5.15.2. In addition a Confidentiality Statement will be read out by the Chair at the commencement of each MARAC and all agency representatives will sign a copy of the Confidentiality Statement in the form specified at Appendix 5 of this document.
- 5.15.3. Information shared at MARAC is strictly limited to the aims of the meeting.

- 5.15.4. Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.
- 5.16. All documentation for the MARAC will be uploaded to SharePoint. Documents will not be distributed by email or any other means.
- 5.17. A blank Information Sharing Without Consent Form is available on SharePoint and also forms Appendix 6 of this document. The form is supplied for agency use and there is no requirement that it be uploaded to SharePoint.
- 5.17.1. Agencies are reminded that under the CPIA (Criminal Procedures and Investigations Act 1996) Police officers are obliged to record and retain any material relevant to an ongoing investigation and/or prosecution. Should any information be disclosed during this meeting that is deemed relevant, Police officers are duty bound to request a written copy of the information and will subsequently place it onto GMP Intelligence systems and/or in the prosecution File.
- 5.17.2. Having due regard to both clause 5.13.7 of this document and best practice Agencies should only share information at the meeting that is relevant, proportionate, succinct and focussed.
- 5.17.3. At the discretion of the Chair certain agencies not normally part of the MARAC process can be invited to share information and volunteer actions in respect of specific cases if this is felt necessary to improve the safety of the victim and any children.
- 5.18. Emergency MARACs
- 5.18.1. Requests for emergency MARACs should be made to the MCT contact details for which are on SharePoint.
- 5.18.2. The MCT will then liaise with the MARAC Chair who will either convene an Emergency MARAC or a strategy meeting with all due haste.
- 5.19. Equality and Diversity Issues at the meeting
- 5.19.1. Due and proper consideration should be given at MARAC meetings to all diversity issues in every case.
- 5.19.2. Equality and diversity issues will be a specific agenda item in order for the partner agencies to discuss and explore issues within this context that may affect the parties involved in any cases featuring equality and diversity issues.
- 5.20. Victim contact after the meeting
- 5.20.1. The IDVA will notify the victim of the outcome of the MARAC unless otherwise agreed at the meeting.

6. EQUALITY

- 6.1. The MARAC will collect information on the ethnicity, age, sexual orientation, disability and gender of victims referred to MARAC and partner agencies are required to obtain this information and note it on the referral form.
- 6.2. If a victim is unwilling to co-operate or volunteer information, this should be noted on the referral form rather than simply leaving it blank.
- 6.3. All agencies will endeavour to ensure that MARAC referral is available to all victims of domestic abuse who meet the MARAC threshold.

7. EVALUATION

- 7.1. The MCT collects the data from the MARAC referral forms on SharePoint and submits quarterly returns to CAADA based on that data.
- 7.2. Depersonalised information is shared with central government when required.
- 7.3. Depersonalised standard data as referred to in clause 7.1 hereof is available to MARAC agencies on request from marac@gmp.police.uk.

8. COMPLAINTS

- 8.1. Complaints may be made in writing by a MARAC subject or by a participating agency.
- 8.2. Initial complaints must be referred to the MARAC Chair and the procedure in the event of such a complaint being received is as follows;
 - 8.2.1. A letter will be sent to the complainant informing them that investigation of their complaint will be undertaken, normally within two working weeks.
 - 8.2.2. The MARAC Chair will investigate the complaint and inform MARAC partners of his/her considered response.
 - 8.2.3. If necessary the MARAC Chair will take advice from the Data Registrar of their or their partners' organisations and from the Information Commissioner.
 - 8.2.4. The result of the investigation will be communicated in writing to the complainant.
 - 8.2.5. MARAC complaints should be reported to the MARAC Steering Group.
- 8.3. The MARAC Steering Group will review procedures in light of the complaint and share their findings with the GMP MARAC and Public Protection Training Coordinator.
- 8.4. Any formal complaint by a data subject regarding any stage of the process will be notified in writing to all partners.
- 8.5. MARAC agencies will do everything possible within the guidelines of the Data Protection Act 1998 to assist with any complaint.
- 8.6. Individuals do retain the right to raise a complaint with such bodies as the Information Commissioner or the statutory Ombudsman.

9. BREACHES

- 9.1. All agencies should be aware that any breaches of this MOP may increase the risk to a high-risk victim.
- 9.2. Breaches of this MOP should be reported to the MARAC Steering Group by the person identifying the breach.
- 9.3. Reported breaches will be dealt with by the MARAC Steering Group.

10. WITHDRAWAL

- 10.1. Any partner may withdraw from this Protocol upon giving written notice to the other signatories.
- 10.2. Data that is no longer relevant should be destroyed or returned.
- 10.3. 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.

11. REVIEW

- 11.1. This Protocol will be reviewed annually in December by the GMP MARAC and Public Protection Training Coordinator in conjunction with the Detective Superintendent of the GMP Public Protection Division.

APPENDIX 1
**List of Greater Manchester MARAC Partner Agencies
as at 18 December 2012**

5 Boroughs Partnership NHS Foundation Trust
Action for Children
Adactus Housing
Addiction Dependency Solutions
Adullam Homes Housing Association Limited
Arena Housing
Ashton Leigh & Wigan Primary Care Trust
Barnardos
Bolton at Home
Bolton Metropolitan Borough Council
Bolton NHS Foundation Trust
Bolton Primary Care Trust
Bridgewater Community Healthcare NHS Trust
Bury Metropolitan Borough Council
Central Manchester University Hospitals NHS Foundation Trust
(CMFT)
Cheshire and Wirral Partnership NHS Foundation Trust
Children's Safeguarding National Health Service
City South Manchester Housing Trust
City West Housing Trust
Connexions Manchester (Better Choices Ltd)
DISC
Eastlands Homes
First Choice Homes
Fortalice
Great Places
Greater Manchester Fire & Rescue Service
Greater Manchester Police
Greater Manchester Probation Trust
Greater Manchester West Mental Health NHS Foundation Trust
Guinness Northern Counties
Lifeline Project
Manchester City Council
Manchester Mental Health and Social Care Trust
Manchester Womens Aid
Mosscare Housing Group
New Charter Housing Trust Group
NHS Oldham
NHS Trafford Primary Care Trust
Northwards Housing
NSPCC
Oldham Borough Council
Parkway Green Housing Trust
Paws for Kids
Pennine Acute Hospitals NHS Trust
Phoenix Futures
Positive Steps Oldham
Relate Greater Manchester South
Royal Bolton Hospital NHS Foundation Trust
Saheli
Salford City Council

Salford Foundation Trust (Together Women Project)
Salford Primary Care Trust
Salford Royal NHS Foundation Trust
Salford Womens Aid
Salix Homes
Sixtown Housing
Southway Housing Trust
Stockport Health
Stockport Homes
Stockport Metropolitan Borough Council
Stockport Primary Care Trust
Stockport Without Abuse
Symphony Housing Group
Tameside & Glossop Community Health Care
Tameside Drug & Alcohol Services
Tameside Metropolitan Borough Council
Tameside NHS Foundation Trust
Tameside Women's Project Limited
Threshold
Threshold Housing Project
Trafford Borough Council
Trafford Domestic Abuse Services
Trafford Housing Trust
Trafford NHS
Turning Point
University Hospital of South Manchester NHS Foundation Trust
Victim Support
WAVE Domestic Abuse Centre
Wigan & Leigh Housing
Wigan Metropolitan Borough Council
Willow Park Housing Trust
WISH Tameside
Womens Safety Service
Wrightington, Wigan and Leigh NHS Foundation Trust
Your Housing Group

APPENDIX 2

CAADA-DASH Risk Identification Checklist (RIC)

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed.

IMPORTANT INFORMATION

Aim of the form:

- To help front line practitioners identify high-risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC³ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers⁴. These can be downloaded from www.caada.org.uk/marac.html
Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

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

The responsibility for identifying your local referral threshold rests with your local MARAC.

What this form is not:

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

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.

Put a cross [x] in the box if the factor is present.

Please add comments where indicated. It is assumed that your main source of information is the victim. If this is not the case please add this to your comment.

The boxes will expand as you type text into them.

There is space at the end of the form for additional information where appropriate.

³ For further information about MARAC please refer to the CAADA MARAC Implementation Guide www.caada.org.uk.

⁴ For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

APPENDIX 2 (continued)

| | | YES | NO | REFUSED |
|--------------------------|---|-----|----|---------|
| CURRENT SITUATION | | | | |
| 1. | <p>Has the current incident resulted in injury? (Please state what and whether this is the first injury) Comment:</p> | | | |
| 2. | <p>Are you very frightened? Comment:</p> | | | |
| 3. | <p>What are you afraid of? Is it further injury or violence? (Please give an indication of what you think the abuser might do and to whom, including children). KILL (specify self, children or other) FURTHER INJURY AND VIOLENCE (specify self, children or other) Comment:</p> | | | |
| 4. | <p>Do you feel isolated from family/friends i.e. does the abuser try to stop you from seeing friends/family/doctor or others? Comment:</p> | | | |
| 5. | <p>Are you feeling depressed or having suicidal thoughts? Comment:</p> | | | |
| 6. | <p>Have you separated or tried to separate from the abuser within the past year? Comment:</p> | | | |
| 7. | <p>Is there conflict over child contact? (Please state the nature of the conflict) Comment:</p> | | | |
| 8. | <p>Does the abuser 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. This question is relevant even if the parties are living together) Comment:</p> | | | |

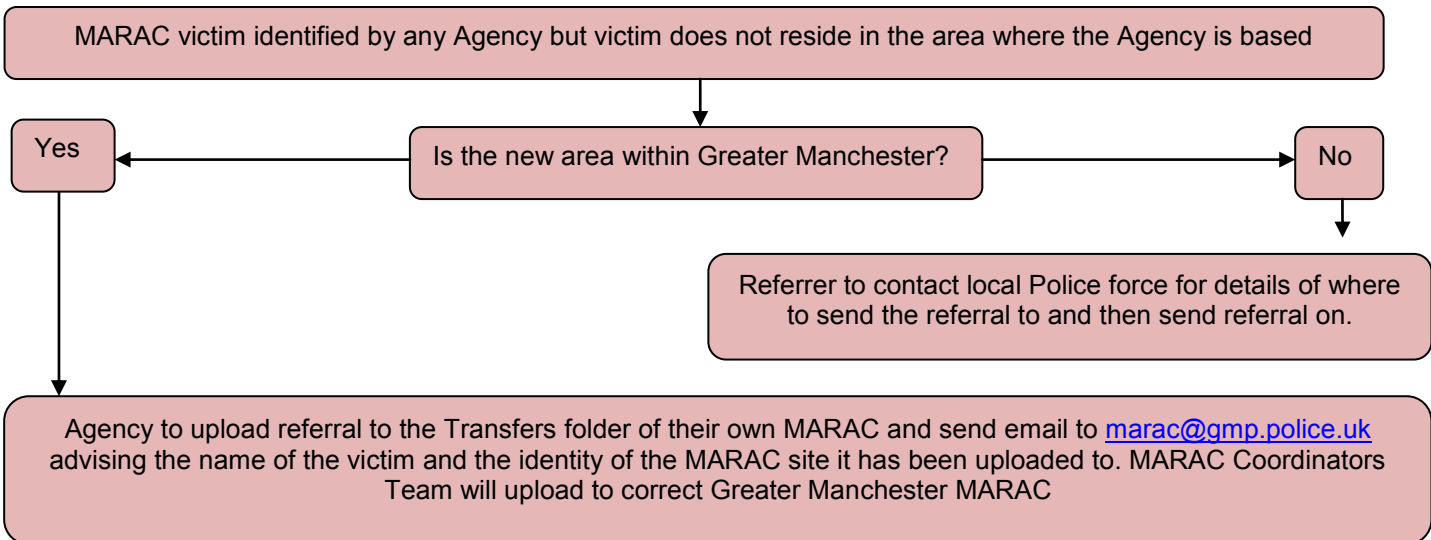
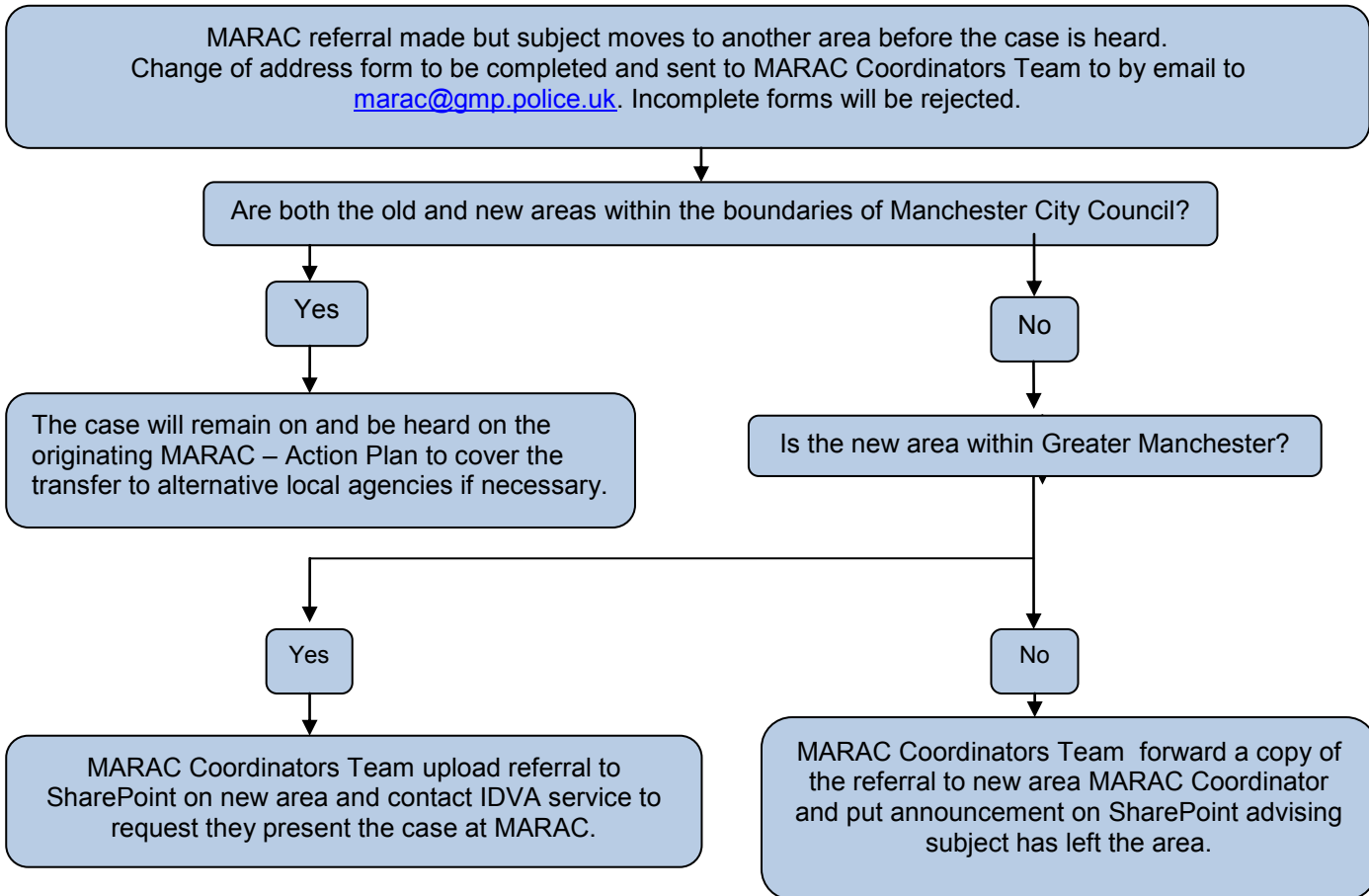
| | | YES | NO | REFUSED |
|----------------------------------|--|-----|----|---------|
| CHILDREN/DEPENDANTS | | | | |
| 9. | Are you pregnant or have you recently had a baby (within the last 18 months)? | | | |
| DOMESTIC VIOLENCE HISTORY | | | | |
| 10. | Is the abuse happening more often? Comment: | | | |
| 11. | Is the abuse getting worse? Comment: | | | |
| 12. | Does the abuser try to control everything you do and/or is he/she excessively jealous? Comment: | | | |
| 13. | Has the abuser ever used weapons or objects to hurt you? Comment: | | | |
| 14. | Has the abuser ever threatened to kill you or someone else and you believed them? Comment: | | | |
| 15. | Has the abuser ever attempted to strangle/choke/suffocate/drown you? Comment: | | | |
| 16. | Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (Please specify who and what) Comment: | | | |

| | | YES | NO | REFUSED |
|---------------|--|-----|----|---------|
| 17. | <p>Is there any other person who has threatened you or of whom you are afraid?</p> <p>(Consider extended family if honour based violence and please specify who)</p> <p>Comment:</p> | | | |
| 18. | <p>Do you know if the abuser has hurt anybody else?</p> <p>(Children, siblings, elderly relative, stranger, other partners – consider honour based violence and please specify who)</p> <p>Comment:</p> | | | |
| 19. | <p>Has the abuser ever mistreated an animal or the family pet?</p> <p>Comment:</p> | | | |
| ABUSER | | | | |
| 20. | <p>Are there any financial issues? For example, are you dependent on the abuser for money? Has the abuser recently lost his/her job? Are there any other financial issues?</p> <p>(Please specify what)</p> <p>Comment:</p> | | | |
| 21. | <p>Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health issues that has created problems in leading a normal life?</p> <p>Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/></p> <p>Comment:</p> | | | |
| 22. | <p>Has the abuser ever threatened or attempted suicide?</p> <p>Comment:</p> | | | |

| | YES | NO | REFUSED |
|--|-----|----|---------|
| 23. Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) Bail Conditions <input type="checkbox"/> Non molestation/civil order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/> Comment: | | | |
| 24. Do you know if the abuser has ever been in trouble with the police or has a criminal history? (If yes, please specify) Comment: | | | |
| PLEASE CALCULATE THE NUMBER OF “YES” RESPONSES and enter in the box to the right | | | |

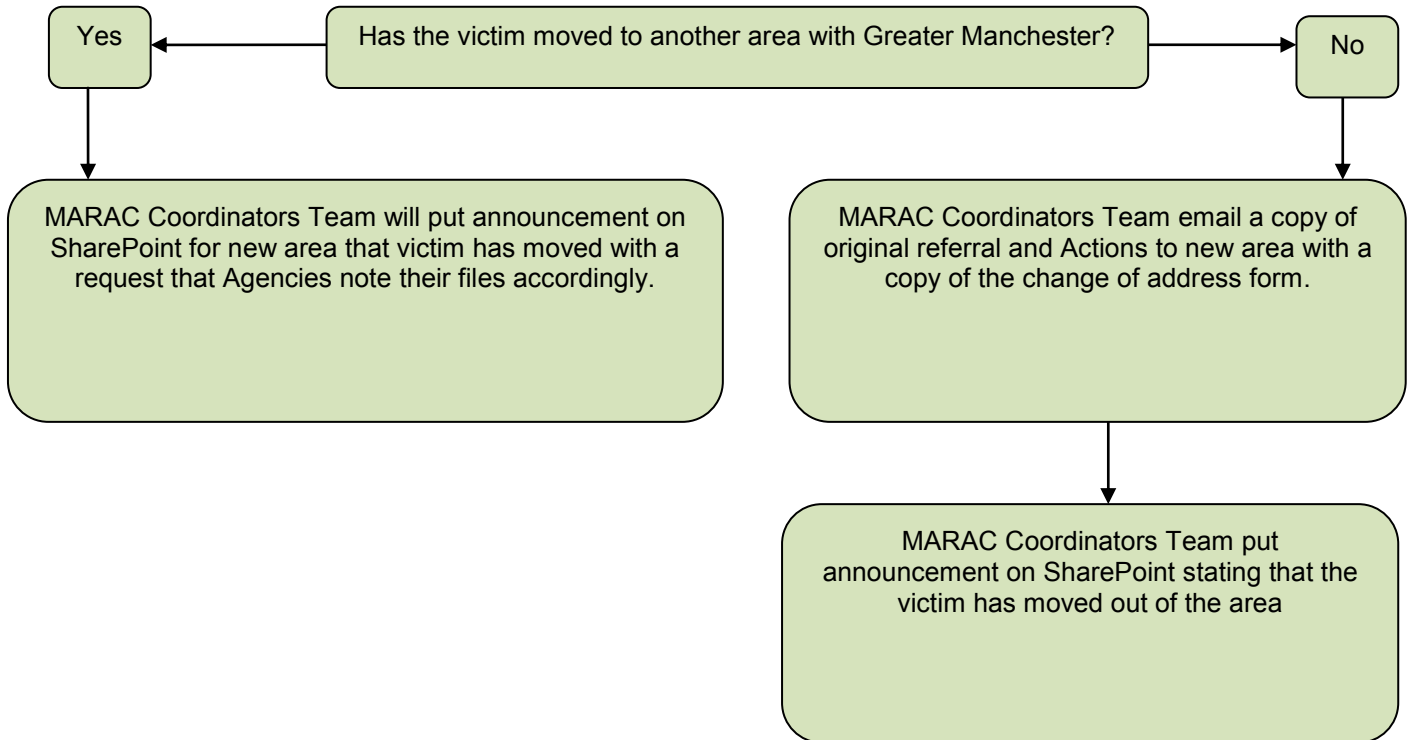
| | |
|---|-------|
| For consideration by professional: Is there any other relevant information (from a victim or professional), which may increase risk levels? Consider victim’s situation in relation to vulnerability, disability, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems and minimisation. Are they willing to engage with your service? Describe: Consider abuser’s occupation/interests – could this give them unique access to weapons? E.g. ex-military, police, pest control etc. Describe: | |
| Is there anything else you would like to add to this? E.g. if the victim has refused to answer any questions. Comment: | |
| Your name: | Date: |

APPENDIX 3



APPENDIX 3 (continued)

Any participating agency becomes aware that a victim who has been referred to MARAC within the last twelve months has moved to another area. Change of address form to be completed and sent to MARAC Coordinators Team to by email to marac@gmp.police.uk. Incomplete forms will be rejected.



APPENDIX 4

Action Plan from meeting held on [insert date]

| Status Key | |
|------------|---|
| | Action Incomplete |
| | Action Incomplete – in progress or unable to complete |
| | Action Complete - Discharged |

NOTES

1. All MARAC cases must be flagged on individual agency systems for a period of 12 months from the date of the MARAC to assist in identification of MARAC repeats.
2. All actions to be completed in accordance with the timescale agreed at the MARAC.
3. If an Agency is unable to complete an action, please give full details in the comment section.

| Case No. | Victim Name | Identified Risk | Agreed Action | Agency | Due Date | Status | Date Completed |
|----------|-------------|-----------------|---------------|--------|----------|--------|----------------|
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APPENDIX 5

MARAC Confidentiality Statement

| | | | |
|------------|--|---------------|--|
| MARAC name | | Date of MARAC | |
|------------|--|---------------|--|

Date:

The chair of the meeting reminds all concerned of the principles within the MARAC Information Sharing Agreement (ISA)

Information discussed by the agency representatives, within the ambit of this meeting, is strictly confidential and must not be disclosed to third parties who have not signed up to the MARAC ISP, without the agreement of the partners of the meeting. It should focus on domestic abuse and child protection concerns and a clear distinction should be made between fact and professional opinion.

Today's meeting will be recorded and uploaded and stored in a secure folder on Police systems. All agencies should ensure that all minutes, related documentation or recordings are retained in a confidential and appropriately restricted manner. Any written minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination.

Please note under the CPIA (Criminal Procedures and Investigations Act 1996) Police officers are obliged to record and retain any material relevant to an ongoing investigation and/or prosecution. Should any information be disclosed during this meeting that is deemed relevant, Police officers are duty bound to request a written copy of the information and will subsequently place it onto GMP Intelligence systems and/or in the prosecution File.

All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The purpose of the meeting is: -

- i. To share information to increase the safety, health and well being of adult victims and their children.
- ii. To determine whether the perpetrator poses a significant risk to the victim, other individuals or to the general community.
- iii. 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.
- iv. To reduce repeat victimisation.
- v. To improve support for staff involved in high-risk domestic abuse cases.
- vi. To ensure issues are dealt with by the most appropriate agencies / groups with relevant knowledge and practical applications.
- vii. To assist in the statutory obligations to implement interventions for, and clarify their commitment to, the prevention or detection of Domestic Abuse and Sexual Offences.
- viii. To improve agency accountability.

The responsibility to take appropriate actions rests with the 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 by these principles.

ATTENDEES

| Name | Signature | Agency | Address |
|------|-----------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

APPENDIX 6

Information Sharing without Consent Form

| | | | |
|---------------------|-----|---------|-------------------|
| Victim name and DOB | | | |
| Victim address | | | |
| Children | DOB | Address | School (if known) |
| | | | |
| | | | |
| | | | |

| Who is at Risk? <i>(e.g. Children, client, family, others)</i> | Who are they at risk from? <i>(e.g. partner, ex-partner, family, self)</i> | What are the concerns around this risk? | What are the immediate risks to this victim? | Risk Identified through Risk Assessment |
|---|---|---|--|---|
| | | | | |
| | | | | |
| | | | | |
| Risk Identification Checklist <i>(if it has been possible to complete a CAADA-DASH RIC, attach it here)</i> | | | / number of ticks out of 24 | |
| Details of incident / information causing concern <i>(include source of information)</i> | | | | |

Legal Authority to Share

| | | | |
|-------------------|-------|------------------------------|--|
| Protocol relevant | Y / N | If yes, <i>please detail</i> | |
|-------------------|-------|------------------------------|--|

Or

| Legal grounds (If yes, please tick one or more grounds below) | Y / N |
|---|-------|
| Prevention and detection of crime | |
| Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29) | |
| To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3) | |
| For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3) | |
| For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 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, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, sch 2 & 3) | |
| Right to life (Human Rights Act, art. 2 & 3) | |
| Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 & 3) | |

Balancing Considerations (please tick)

| | | | |
|--|--|--|--|
| Pressing need | | Risk of not disclosing | |
| Respective risks to those affected | | Interest of other agency / person in receiving it. | |
| Public interest of disclosure | | Human rights | |
| Duty of confidentiality | | Other | |
| Comments | | | |
| Internal consultations <i>(Names / Dates / Advice / Decisions)</i> | | | |
| External consultations <i>(Home Office, Information Sharing Helpline)</i> | | | |

Client Notification

| | | | |
|------------------|-------|---------------|--|
| Client notified | Y / N | Date notified | |
| If not, why not? | | | |

Review

| | |
|--|--|
| Date for review of situation <i>(review to include feedback from the agencies informed as to their response)</i> | |
| Name of person responsible for ensuring the situation is reviewed by this date | |

Record the following information-sharing in Case File:

| | |
|---------------------------------|--|
| Date information shared | |
| Agency & named person informed | |
| Method of contact | |
| Legal authority for each agency | |
| Signature of caseworker | |

| | |
|--------------------------------|--|
| Date (as signed by caseworker) | |
| Signature of manager | |
| Date (as signed by manager) | |