Multi-Agency Risk Assessment Team:
Draft Operating Protocol

To be reviewed and finalised October 2016

Author: Julie Cole, MARAT Project Lead for Southend
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1. Introduction

This document sets out the operating procedures in Southend for safeguarding and protecting the welfare of children and adults affected by high level risk of domestic abuse. This is via a multi-agency risk assessment team approach (MARAT). The document outlines how through our partnerships we assess, collaborate, challenge and provide an enhanced, effective service to reduce the harm and threats posed to children and adults affected by domestic abuse to improve outcomes for children, adults, parents/families and perpetrators/high risk individuals in Southend.

The Project Initiation Document anticipated that developing a MARAT that spans adult and children’s services would be an effective deployment of resources and would increase resilience and build capacity across the system. Resources currently dedicated to JDATT and to wider Essex arrangements will be deployed to the MARAT.

The Southend MARAT process does not change the expectations of all agencies in Southend in relation to safeguarding children and adults. These are set out within the Southend, Essex and Thurrock (SET) procedures for children and the SET procedures for Adults. They apply to the statutory, voluntary, community and faith sectors. The Southend MARAT Operating Protocol is designed to enhance existing arrangements rather than replace them.

When a high risk domestic incident has been identified, using a DASH risk assessment or professional risk assessment, each agency will be expected to continue to follow their safeguarding procedures and take necessary action on cases in advance of a decision from the MARAT, to ensure there is no delay in offering interventions to protect and support the children and adults involved. For example, children’s social care will undertake section 17 or section 47 assessments and planning if required in response to referral information received.

The Southend MARAT practitioners will research and collate relevant information following a referral. The relevant information will be shared and discussed within the multi-agency team and high risk incidents will go to the Southend MARAC where a multi-agency action plan will be agreed and, if required, reviewed until the risk is no longer deemed to be high. The MARAT manager will discuss with agencies if they believe there are gaps in risk identification and management, as part of the information sharing and safety planning process on individual cases. In turn, partner agencies can challenge the MARAT manager if they believe the MARAT action planning process in response to an incident is not robust.

2. Governance (see Governance chart in Appendices)

The objectives of the Southend MARAT are:

- To work collaboratively using a multi-agency risk assessment process to improve risk assessment and safety planning, intervention and review for adults and children at high level risk of significant harm or death as a result of domestic abuse
- To use agency information to inform risk to determine if an adequate safeguarding plan is in place with the victim and children
• To ensure any on-going risk posed by perpetrators is addressed within safety planning for the victim and children
• To ensure high risk domestic abuse incidents are discussed at a Southend MARAC within 14 days of the referral into the MARAT
• To ensure MARAC meetings are focussed and purposeful to improve quality of information and risk management
• To ensure multi-agency action plans are reviewed

Within the first year, the MARAT will be overseen by the Southend MARAT Strategic Project Board (SPB) and the Southend MARAT Operational Project Board (OPB). The SPB will be responsible for the quality and governance framework and ensuring necessary permissions/agreements are secured. The OPB will monitor the overall performance of the MARAT, ensure effective partnerships are maintained, address operational issues and report to the Project SPB. In the future, the two Boards will merge into a Southend MARAT Steering Group.

Membership of the SPB:

- Corporate Director of People Services - chair
- Head of Children’s Services (Southend Borough Council, Department for People) and chair of OPB
- Police
- Head of Adult Services (Southend Borough Council, Department for People)
- CCG
- Public Health
- Health provider
- NPS
- CRC
- JMOG representatives from Health and Southend Borough Council, Department for People

Membership of OPB:

- Lead for information sharing/information governance
- Lead for communications
- HR, buildings and finance reps
- Lead for operating protocols/procedures
- Lead for communications
- Representation from all partners
The Southend MARAT will report into, and be held to account by, the SPB and OPB (Southend MARAT steering group) and will report information to the Southend Domestic Abuse Strategic Group, the Health and Wellbeing Board and the Community Safety Partnership Board.

The Southend MARAT steering group will also report information into the Greater Essex MARAT steering group and the Southend, Essex and Thurrock Domestic Abuse Board (SETDAB).

The required data will be provided to SafeLives Group (a National requirement) on a quarterly basis.

The Southend MARAT will provide quarterly reports to the Children’s and Adults Safeguarding Boards and be held to account by them in relation to safeguarding practice within the MARAT process.

The Southend MARAT process will be reviewed by the SPB 3 months post implementation. This will provide an opportunity for partners to consider how the model is working in practice. The governance structure for the Southend MARAT will be reviewed 6 months post implementation.

Each agency is responsible for establishing an accountability structure for MARAT within their agency to ensure the Southend MARAT Operating Protocol is followed.

3. Definitions

Domestic Abuse

The UK government’s definition of domestic violence is “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional.”

This definition, which is not a legal definition, includes:

- **Female genital mutilation (FGM)** - procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.

- **So called ‘honour’ based violence** - collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour.

- **Forced marriage** - is a marriage conducted without the valid consent of one or both parties and where duress is a factor.
High risk domestic abuse

The MARAT is focussed on victims and their children who are identified as at high risk of serious harm or death due to domestic abuse. Southend have adopted the high risk threshold that is supported by the use of the standardised risk identification checklist ‘Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model. The risk categorisation (below) is based on the Offender Assessment System developed by the Prison and Probation Services definitions of what constitutes standard, medium and high risk. This provides a referral framework for all agencies, which is consistent with a clear evidence base but requires the use of professional judgement to categorise the risk level.

The risk levels are as follows:

- **Standard Risk:** Current evidence does not indicate likelihood of causing serious harm
- **Medium Risk:** There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, and drug or alcohol misuse
- **High Risk:** There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

Risk of serious harm (Home Office 2002 and OASYs 2006): ‘A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible’.

4. Referral criteria to Southend MARAT

The criteria for referral to MARAT are as follows:

- ‘Visible High Risk’: this is based on the completion of a DASH risk identification checklist or another professional risk assessment tool and identification of a high risk incident.
- Professional judgement: if a professional considers that a victim is at high risk of serious harm or death despite this not being identified through the DASH risk assessment they should refer the case to MARAT, following a discussion with the domestic abuse specialist within the referring organisation. 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 1 above.
Repeat cases of domestic abuse following a previous high risk domestic abuse incident reported in the last 12 months
- People identified on the acute victim cohort.

5. The Southend MARAT Model

Implementation Dates

Phase 1: April 2016 – establish team, move into offices, write procedures and sign off protocol for QA and IG

Phase 2: 25th May 2016 – Southend super MARACs to clear backlog of cases

Phase 3: 6th June 2016 – Southend MARAT process own referrals (go live)

The Team

The composition of the MARAT includes:

- 1 fte Team Manager (HCPC registered social worker or equivalent professional grade). Jointly funded by SBC, Police and CCG
- 2 fte Administrators
- 1 fte Children’s social worker
- 1 fte Adult’s social worker
- 2 fte Police Officers
- 1 fte Domestic Abuse Health Practitioner
- 1 fte Early Help Officer
- 0.5 fte IDVA
- 0.5 fte Community Rehabilitation Company (CRC) officer (will be co-located on a part time basis and otherwise contactable by phone and email)

Members of the MARAT will be line managed and supervised by their employer.

Operational management of MARAT will sit within Southend Borough Council Children’s Services who will also employ and manage the administrators.

The team will be based in Southend Police Station once it has been refurbished. Prior to the move to Southend Police Station it will be based in Civic 2.

MARAT /MARAC Representation
Each agency is responsible for ensuring that their representation within the MARAT and/or MARACs in Southend is fit for purpose. However, this does not have to be through the provision of one representative who can undertake all aspects of the role. Originally multi agency MARAC representatives were expected to be middle managers or equivalent, so that they are able to gather and present information from colleagues and also commit to specific actions, with the appropriate resources, without having to seek further authorisation. Southend MARAT are not specifying the level the representatives are required to be at, as each partner agency will be held accountable for ensuring their arrangements for representation are adequate. The expectation is that each agency considers the tasks required of the representatives, and the competency framework (see appendices), when identifying their MARAT/MARAC representative arrangements.

Where a representative cannot carry out all aspects of the role, as they are not at the required level within their agency to undertake this and be held accountable, the agency must specify the arrangements in place to address any gaps. This could be via different representatives undertaking different aspects of the role or a more senior member of staff being identified who will hold accountability for decision making and information sharing for their agency and consult regularly with their member of staff to ensure they have the information required for all aspects of the MARAT process.

There are 2 key tasks to be undertaken within MARAT and/or MARAC representation. These are:

1. Information research and information sharing
2. Presenting information at a MARAC and participating in risk identification and action planning

**MARAT representation** requires:

- Business continuity arrangements for each agency
- Research of information held on the agency’s system in relation to each person identified in the high risk incident
- Decision making as to what information is relevant and proportionate to share in the daily multi-agency team case discussions
- Contribution to decision making within team discussions
- Record keeping tasks on behalf of the agency
- Information research and gathering with other agencies that are not part of the MARAT but have had contact with the family. This would be via written or verbal contact with the agency, asking appropriate questions to gather the required information, sharing the information within the MARAT case discussions and summarising the information they gathered in a format that can be recorded on the MARAT system. Where an agency deems that their representation arrangements do not cover this aspect of the role it can be agreed with the MARAT Manager that they will not be asked to complete such tasks

**MARAC representation** requires:
- Business continuity arrangements for each agency
- Weekly representation at MARAC meetings for standing members and attendance by invite for other partner agencies
- Presentation of relevant and proportionate case information
- Ability to discuss levels of risk, risk management and risk reduction strategies within a live and dynamic case discussion, in relation to cases known to the agency and also cases not known
- Volunteering of actions/accepting actions on behalf of the agency, including agreeing the timeframe for completion of actions
- Ensuring actions agreed for the agency are completed or making the MARAT aware if actions have not been delivered, including the reasons behind this
- Record keeping tasks on behalf of the agency

All partner agencies are required to provide their MARAT/MARAC representatives with appropriate support, given they will be continuously working with high risk incidents that require risk management and clear decision making. This includes the provision of regular supervision (minimum frequency of 6 weekly) that includes reflection on the impact of the work.

Any concerns about the performance of an individual will be raised with their line manager via the MARAT manager.

Any concerns about the performance of the MARAT manager will be raised with their line manager.

Any concerns about the performance of an agency will be raised via the MARAT Governance Boards.

**The Southend MARAT Process** (see flow chart in appendices)

Agencies will continue to receive high risk domestic abuse referrals and notifications, as they do currently. The need for any initial or emergency response will be provided by each agency in line with the SET procedures and each agency’s policies and procedures. The MARAT process does not change the individual agency’s responsibility to respond appropriately to risk.

Standard and medium risk assessed domestic abuse incidents will not be referred to the Southend MARAT. The established referral procedures and responses within Southend, for standard and medium risk cases, will continue to operate.

There are two routes into the MARAT:

1. The Police will refer all high risk domestic abuse incidents, identified via the use of the ACPO DASH, into the Southend MARAT. The MARAT will check to see if individuals are known on Care First and send alerts to key partner agencies to ensure they are aware of the incident (see practice procedures in the appendices). MARAT practitioners will ensure their agency are aware of the referral and begin the information research process.
All agencies will provide an initial response to the child/adult, if they meet the agency’s thresholds or criteria for a service, in line with local policies and procedures.

2. Other agencies can refer into the MARAT directly once they have completed a DASH risk assessment or other professional risk assessment and identified high risk domestic abuse. The referring agency should contact the MARAT directly to make a referral and within 1 working day of the high risk being identified.

The IDVA service will open all high risk domestic abuse referrals from the Police that they identify via the Police Athena feed. Where an external agency makes a referral, the referral form and risk assessment information will be provided to the IDVA service via the MARAT on the day it is received. The IDVA will make contact with the victim within 48 hours of receipt of the information, if they engage with the service and, if not, they will make three attempts to engage over a 5 day period. The IDVA will represent the views of the victim within the MARAT process if the victim engages with the service.

Following referral, the MARAT process (prior to the introduction of the new CMS system in 2017) will be as follows:

- Southend MARAT admin note the police Athena number (this will be the case ID)
- Southend MARAT admin search and input details for each individual onto Care First and alert any involved professionals to the incident
- A MARAT social worker will identify the relevant agencies who should research information on the case
- Admin send a notification of the referral and requests for information to the key agencies on day 1. For health, the health representative in the MARAT team will send out alerts and notifications to health partners
- Southend MARAT admin complete MARAT form (Part 1a) on Care First and pass this to a MARAT social worker to complete and sign (Part 1b)
- MARAT practitioners check directly with agencies involved (on the day the referral is received) that any safeguarding issues have been responded to if this is not clear in the referral information
- MARAT practitioners research information relevant to the incident/family
- On working day 3, the MARAT practitioners, with the MARAT manager, will have a multi-agency discussion about the initial information available at that point to complete an analysis of the assessed risks. The MARAT manager will record a summary on a MARAT form (part 2) of the information shared, the current interventions and actions in place to address risk and a rationale for any decision making at this point. Each MARAT practitioner will be responsible for sharing the information that they view as proportionate and relevant
- As part of this multi-agency discussion and sharing of information, the MARAT manager will decide if the risk posed to individuals remains high and should be heard at a Southend MARAC. Cases will only be closed to MARAT at this point if it becomes clear the risk posed is mitigated via the perpetrator no longer presenting a risk (such as long term incarceration or death) or it is clear from information researched that the family live outside of the Southend area
If it is clear the family live outside of the Southend area, and where it is known which local authority they reside in, a referral will be made to the local authority in which they reside by the MARAT.

The MARAT manager will discuss with agencies if they believe there are gaps in risk identification and management, as part of the information sharing and safety planning process on individual cases. In turn, partner agencies can challenge the MARAT manager if they believe the MARAT action planning process in response to an incident is not robust.

If a case is going to a Southend MARAC it will be heard within 10 – 14 working days of the referral to MARAT.

**Southend Multi-Agency Risk Assessment Conference (MARAC)**

The purpose of the MARAC is to:

- Share information to increase the safety, health and well-being of victims, adults and children
- Determine whether the perpetrator poses a significant risk to an individual or to the community
- Jointly construct and implement a Risk Management Plan that provides professional support to those at risk and reduces the risk of harm
- Aim to reduce repeat victimisation
- Improve agency participation and accountability
- Identify situations that indicate a need for the SET Safeguarding Adults or SET Safeguarding Children’s Guidelines to be initiated

MARAC meetings are a part of the Southend MARAT process. The MARAC is a meeting that brings together representatives from a number of agencies in the area (both statutory and voluntary) to discuss the safety, health and well-being of people experiencing high risk domestic abuse, and their children, and draw up an action plan to make them safer.

The Southend MARAC will be held weekly for half a day on a Thursday. If the required professionals are not available, or there is insufficient information available at the MARAC meeting to be able to identify risk and undertake action planning, then the case will not be heard and this will be escalated to the relevant agencies by the MARAC chair.

The standing members of the weekly Southend MARAC are:

- The MARAT team manager
- Representatives from each agency in the MARAT (see list of the MARAT Team)
- Housing
- Substance Misuse team (STARS)
- Adult Mental Health team (under discussion)
- South Essex Homes
- Family Mosaic
- Safer Places (IDVA and Refuge provision)
- Southend on Sea Domestic Abuse Project
- Other agencies on a case by case basis

The role of MARAC chair will be undertaken by a pool of suitably experienced professionals from partner agencies, who have completed the MARAC chair training. The Chair will aim to ensure that each case is managed within 10-15 minutes and that there is a clear safety and action plan produced. Agencies will be held to account in terms of the actions/interventions they agreed to as part of the safety planning process and will be expected to report back to the MARAT on any actions not completed and the rationale for this.

The recording of the MARAC will be via an action plan for each incident. It will be decided at the MARAC what information should be shared and with whom (in whole or part), in line with the information sharing agreements in place. Action plans will be stored on the MARAT section of Carefirst as part of the MARAT form (section 3). Each MARAT practitioner will be responsible for updating their agency’s system and for following their policies and procedures in relation to case recording.

Where required, action plans will be subject to regular reviews within a timeframe set by the Chair on a case by case basis (see review section below). Reviews will be held as part of the MARAC meeting.

The voice of the victim will generally be represented by the IDVA. However, if the victim has not engaged with the IDVA service, another agency may be identified to communicate with the victim before the MARAC and also after the meeting to update them on the action plan.

There may be occasions when the perpetrator will need to be informed about decisions made at the MARAC. This must be managed carefully so the perpetrator is not alerted to the fact that the incident is being managed within the Southend MARAT process. Decisions must be made on a case by case basis as part of the MARAC and included in the action plan. The MARAT Chair will identify a named professional who will inform the perpetrator of information from the action plan that is relevant to them, based on discussion in the MARAC of what is appropriate to share.

Co-ordination and administration of the MARAC will be carried out by the MARAT administrators, who will collate and circulate the list of cases being discussed, to the MARAC attendees.
Following multi-agency discussion and information sharing, the MARAC chair will make the final decisions on each case and agree the multi-agency action plan in place. Any disagreements will be managed via the escalation process (see section 6). The decision made at the MARAC meetings will be to either close a case to the MARAT or to set a further review date.

‘So called’ Honour Based Violence/Abuse (HBV/A) (see practice procedures in appendices)

HBV is defined within the HM Government statutory guidance as follows:

The terms “honour crime” or “honour-based violence” or “izzat” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBV can be a trigger for a forced marriage.

There is no specific offence of ‘honour based violence’. It is an umbrella term to encompass various offences covered by existing legislation.

The practice of HBV/A is not confined to one culture or religious group and can happen regardless of ethnicity, culture, religion, disability, age, gender and sexuality.

There are additional high risks posed to victims of HBA/V if disclosure is made to any suspected perpetrators. Therefore, the Southend MARAT process has been adapted for HBV/A incidents in order to ensure the safety required of victims.

Referrals into Southend MARAT for HBV/A are via the CRU passing this information to the MARAT manager directly. Where key information is identified through the MARAT process, the MARAT manager will report this directly to a named person in the CRU, given there may be a need for the police to act quickly.

HBV/A cases will be heard within a closed MARAC that only includes the partner agencies with direct involvement in the case or partner agencies that hold specialist knowledge required or at an emergency meeting if the situation requires a quicker response. The recording of action plans from these meetings will be undertaken by the MARAC chair or a MARAC representative present at the closed meeting. Storage of records in relation to HBV/A incidents will be in line with current MARAT recording and storage of confidential information that includes restricted access. Information will only be shared on a need to know basis.
The following principles will be applied to MARAT practice in relation to HBV/A incidents:

- The ‘One Chance’ rule – that we only have one chance to speak to a potential victim of HBV/A and possibly prevent injury or death. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.
- The danger of involving the family and the community in cases of HBV/A – this includes any discussions about the concerns or welfare of a potential victim or any type of family involvement (for example using family, friends, neighbours or community leaders as interpreters).
- Partner agencies current polices and procedures for managing confidential records in relation to potential HBV/A are required to be fit for purpose. This may include securing potential HBV/A victims records to restrict staff access.
- The underlying principles within safeguarding, whereby young people and adults with support needs are deemed to be best placed within their family if possible, and the practice of attempting to reconcile, mediate and offer counselling to achieve this, may not be applied as they could inadvertently place potential victims of HBV/A at greater risk of harm.

The MARAT Safety Action Plan (see template in appendices)

MARAT action plans will be focussed on actions that can reduce risk and they will be produced on a standardised form. The action plans will consider the victims and their families, perpetrators and, where required, other community members.

Action plans will cover:

- Risk Management Strategy – immediate risk and short, medium and longer term risks
- Support for Victims & Families
- Who is responsible for completing actions and a timeframe to complete each action
- Communication plan (other agencies/family)
- Perpetrator investigation, intervention, prevention and disruption strategies
- Review date
- Sign off by MARAT Team Manager

The Links between MARAT and other Local Safeguarding Procedures

The high risk domestic abuse incidents referred to the MARAT team are also likely to be the subject of child and adult safeguarding procedures and the MAPPA arrangements.
Where child and/or adult safeguarding procedures are being followed in relation to an incident the information gathering tasks will be shared between the MARAT child or adult social worker and the allocated child or adult social worker.

The MARAT social workers will seek any relevant information from the MARAT representatives and share this with the appropriate social worker in the children’s and/or adult services team. The social worker in the children’s and/or adult services team will be responsible for completing safeguarding checks with any relevant agencies that are not part of the MARAT (such as care providers, education and housing).

The Multi-Agency Public Protection Arrangements (MAPPA) is a system of statutory arrangements set up nationally to assess and manage the risks posed by sexual and violent offenders, to reduce serious offending, minimise serious harm to the public and assist in the early detection of repeat offenders. Currently MAPPA only applies to individuals who have already been convicted of an offence and then only to certain types of offenders - referred to as “relevant offenders”.

MARAT is not a formal part of the MAPPA although it should be complementary to and have links with the local MAPPA. The MARAT runs parallel with Level 2 MAPPA and some offenders will meet the criteria for both MAPPA and MARAT and in some cases the risk of re-offending by these offenders may be managed simultaneously by MAPPA and MARAT decisions. All notifications are recorded under the same warning system as MARAC.

It will be the responsibility of the MARAT Administrators to check to see whether there is a MAPPA warning on a perpetrator and seek information accordingly from the Southend Child Protection and Safeguarding Coordinator. The Police will also know about whether perpetrators are known to MAPPA and will include that information in their MARAT information research reports.

If a named person is the subject of both the MARAT and MAPPA, then it will be the responsibility of the MAPPA Coordinator and the referring agency manager, or their representatives, to determine whether it should be brought to one forum or if the case should run concurrent at both the MARAC and MAPPA. If a case is dealt with concurrently it is the responsibility of the agency holding the case to attend both meetings to ensure all risks and issues are addressed.
The Review Process

Risk is dynamic so risk assessments and action plans are live documents and, in some cases, require a multi-agency review. Where a case has been heard at MARAC and there are critical actions (actions that are critical to the safety of the victim, adult or child/ren) required, the case will be reviewed at MARAC on the next available date. Cases may be brought forward for discussion and/or review at MARAC if new information suggests risk of harm is imminent. Any imminent risk of harm must be reported to the Police. Any changes to action plans made at a MARAC, in response to new information (including updates on actions completed/incomplete) will be circulated to key agencies if it is deemed unsafe to wait for the MARAC review to share these updates.

If the information shared is not deemed to be accurate, it is the responsibility of the agency to raise this with the MARAT team manager within 3 working days of the information being circulated.

Criteria for review:

- Cases were the victim has been identified on the high risk cohort
- When critical agency actions have not been completed
- Disengagement of the victim/perpetrator
- Cases identified during MARAC, indicated by the Chair/attendees, where the volatility/unpredictability of the situation remains of concern despite action planning
- Following a further incident

Closure to the MARAT

Cases will be closed when it has been agreed within the team on day 3, or at a MARAC, that any outstanding actions required to reduce risk are non-critical (actions that are not critical to the safety of the victim, adult or child/ren). The responsibility for completing actions and updating MARAT lies with the agency/s the action was assigned to.

Where there is dispute regarding the MARAC decision to close or schedule the case for review, the Chair shall escalate the case as per the escalation process.

6. Escalation Process

If there are differences of opinion between any Southend MARAT partner agencies about decisions or actions proposed/taken in response to a high risk domestic abuse incident, that cannot be resolved, then the following process should be followed:
Concern should be discussed with a line manager
The line manager will discuss the concern with the line manager in the other agencies involved to seek a resolution within 1 working day of the escalation
If the line managers cannot resolve the concern, it will be escalated to the next managers in line to resolve
If a resolution cannot be agreed it will escalate to the SBC Heads of Children’s and Head of Adult services.

**7. Training and Development**

All MARAT practitioners will be provided with training on Domestic Abuse (including Honour Based Abuse) and team building and development sessions.

A competency framework designed by Health has been adopted for the MARAT/MARAC practitioners and it is the responsibility of each agency to ensure their representatives meet the required level of skills and knowledge, or to have a development plan to address any gaps (see appendix).

All MARAC chairs in Southend will be required to attend MARAC chair training.

**8. MARAT Communication Strategy (see appendices)**

A communication plan has been designed for the first year that the Southend MARAT is operational. This plan covers the following:

- In house briefings and MARAT information flyers for professionals
- Workshops/Road shows – to explain the new MARAT process
- Quarterly joint newsletters with Southend, Essex and Thurrock on changes and progress with the new MARAT/MARAC arrangements

**9. Information Governance**

Each agency represented in the MARAT and attending the MARACs will be expected to follow the following information governance principles:

- All partners, including voluntary and community services who will participate in the MARAT, will sign the MARAT Information Sharing Agreement that will be included in the Privacy Impact Assessment that is due for completion in June 2016. In the initial stages of the Southend MARAT going live, the ISAs for Essex MARAC and JDATT will suffice until the final Southend MARAT ISA is in place
- All partners must ensure legislation and standards are met when collecting, using and storing information - Data Protection Act 1998, the new General Data Protection Regulation (GDPR), National Data Guardian Report (Data Security, Consent). All agencies shall ensure that all written information is stored securely in accordance with the relevant legislation. All partners must ensure procedures are in place for the sharing and
receipt and secure storage of MARAT related documents in compliance with confidentiality requirements. This includes monitoring secure inboxes daily for MARAT information

- Information sharing at MARAT meetings and MARAC is strictly limited to the aims of the meeting and information gained cannot be used for purposes outside MARAC, without consent from the owning agency.
- The referring agency MUST, where appropriate, discuss their concerns with the victim and obtain their consent to share information with other agencies represented on the MARAT/MARAC. The agreed consent form must be completed. If the victim has refused consent for information sharing their refusal and reasons for refusal should be recorded by the referring agency. If a decision to override consent is taken then the referring agency must record that a decision has been made to share/disclose information without consent and identify what information has been given.
- Control over disclosure remains with the agency which holds the data and is controlled by data protection and human rights legislation and the common law.
- MARAT will use CareFirst as an interim arrangement for MARAT cases until a new recording system is in place (expected to be in 2017). The MARAT section on Carefirst is a separate unit, has restricted access for the MARAT team and only MARAT social care staff will be able to input information onto it
- The MARAT will follow Southend Borough Councils Retention Policy, Back-ups and Business Continuity polices and procedures for any MARAT recordings on the MARAT system. Each agency is responsible for their own data held on their recording systems
- All partners are to follow the Southend Borough Council policies and procedures in relation to complaints, data breaches, incident reporting and Subject Access Request in relation to MARAT cases. Partner agencies are responsible for responding to these issues in line with their own polices and procedures if this is in relation to a single agency request or issue
- All partners to use the Police Athena number to be able to track cases
- Privacy Notices for MARAT / Partners – Paul, what is the ask here?
- MARAT – Data Controllers in Common or Joint Data Controllers - Paul, what was agreed? SPB states Sally Holland is Data Controller

10. Quality Assurance Framework

A quality assurance framework has been agreed across the 3 MARAT hubs (Southend, Essex and Thurrock) that meets the reporting requirements of the DA strategy and Safe lives but also collates information required on indicators and outcomes for each MARAT local steering group and the JMOGG. This includes the Safe lives 10 principles for MARACs, which are:

1. All agencies have protocols and systems for identifying and referring high-risk cases to MARAC in a timely way
2. The MARAC has clear and transparent referral criteria that include visible high risk, professional judgment and escalation
3. The relevant statutory agencies, specialist domestic violence services and voluntary and community organisations are appropriately represented at MARAC
4. The victim is at the centre of the process. An effective advocate, most commonly the IDVA, is identified to represent and support the victim within the MARAC process
5. All agencies research their files and information systems and bring relevant, proportionate and up-to-date information which is shared and stored in accordance with legislation by all attendees who hold information on each case discussed
6. Comprehensive, SMART action plans are developed which address the risks identified at the meeting
7. The volume of cases referred to the MARAC should be commensurate with the local population
8. The administration of the MARAC promotes safety, efficiency and accountability
9. The MARAC process is embedded in key local partnerships to promote sustainability
10. The MARAC demonstrates that it is a process which is structured to deliver equality of outcomes to all.

The Safe lives 10 principles underpin an effective MARAC and support everyone involved to deliver the MARAC aims, which are to:

- Safeguard victims
- Take action to manage perpetrators' behaviour
- Safeguard professionals
- Make links with all other safeguarding processes

In order to ensure the Southend MARAT meet the MARAC aims and principles for good practice, the Southend MARAT quality assurance framework will cover the following:

1. **Quality Assurance**
   a. Risk management
   b. Trend on repeats
   c. Record keeping audits per agency & per MARAT
   d. Action planning audits
   e. Communication & partnership working feedback/audits
   f. Training & supervision audits
   g. Service User feedback
2. **Compliance with the MARAT Model**
a. Internal policies to support the infrastructure  
b. Referral management & thresholds  
c. Safeguarding  
d. Escalations of disagreements  
e. Withdrawal from partnership  
f. Inviting non-core agencies to MARAC  
g. Confidentiality  
h. Referrals out to other agencies  
i. Subject access requests  
j. Complaints & compliments  
k. IG breeches  

3. **Demographics and Service User profiles**  
   a. Repeat referrals for Victim and perpetrators  
   b. Victim profiles and Perpetrator profiles (age, gender, MH issues, substance misuse issues, B&ME, LGBT, Disabilities)  
   c. Profiles of children present at the incident (age, gender, CP plans)  

4. **MARAT Team Development**  
   a. Business continuity planning per agency  
   b. Operational policy  
   c. Staff (PDP, DBS, safeguarding training, professional registration)  
   d. Training competency and on-going support  

5. **Finance review**  
   a. Annual review of funding agreements  

6. **Oversight & accountability of the MARAT**  
   a. Compliance with Operating Protocol  
   b. Scrutiny panel  
   c. Governance Reporting  

Annual reports will be produced by Southend MARAT that provides information, analysis and recommendations in relation to the 6 areas listed above.
The Southend MARAT will produce a quarterly report that would provide data against the KPIs and outcomes under ‘quality assurance’, ‘compliance with the model’ and ‘demographics and service user profiles’.

The QA information will be collated through data reports, single agency and MARAT audits, professional judgement, observations of the process in action, service user feedback and partner agency feedback.

In addition, a pan Essex MARAC scrutiny panel is in place and will review responses and action planning in relation to high risk domestic abuse incidents across Southend, Essex and Thurrock.

**Review of Operational Protocol**

The draft protocol should be reviewed and finalised in September 2016 at the point of the initial 3 month review of the MARAT process.

The protocol should then be reviewed in June 2017.
Protocol Agreement

The agencies signing this protocol accept the procedures laid down in this document provide a secure framework for tackling safeguarding and protecting the welfare of children and adults affected by high level risk of domestic abuse. This is via a multi-agency risk assessment team approach (MARAT). Any information shared between parties in respect of this protocol will be compliant with their statutory and professional responsibilities.

As such they will:

- Implement and adhere to the standards for procedures and structures set out in this protocol.
- Engage in a review of this protocol with the other signatories twelve months after its implementation and thereafter annually.

We the undersigned agree that each agency/organisation that we represent will adopt and adhere to this protocol:

SPB membership (list)

Housing

STARS

Southend on Sea Domestic Abuse Projects

Safer Places

Family Mosaic

South Essex Homes

(Reference safelives.org.uk info@safelives.org.uk 0117 317 8750 © SafeLives 2015).
Appendix 1: Governance Chart

To be added
**Referral received**
Via secure email into MARAT inbox
SouthendDFPSafeguarding@southend.gcsx.gov.uk
Referrals received after 4pm will be rolled over to next working day

**Police feed**
Non-Police agencies
Referral form with DASH/equivalent RA

**Admin:**
- Send IDVA the referral form and DASH
- Complete MARAT Form Part 1 and email to MARAT agencies via secure email
- Case list for Day 3 MARAT meeting to be sent by close of business

**MARAT Manager**
- Complete MARAT Form Part 2
- Decides within day 3 discussion if case is closed or transferred to MARAC

**Admin**
- Notify referring agency of outcome of MARAT – closure or for MARAC
- Add case to MARAC case list for day 10-14
- Close the case list 5 working days before the MARAC

**MARAT Practitioners:**
Complete research for MARAT Day 3 Meeting
- risks, safety planning and engagement with parties involved
- Liaise with keyworker within agency
- Check demographic info is correct

**MARAT Meeting**
Mon-Fri - 9.30-11.00
All MARAT Practitioners
- Share relevant information about risk and actions already taken or outstanding
- Agency nominated to update victim – IDVA if engaging

**Case Review**
All MARAT/MARAC Practitioners
- Review of scheduled cases regarding reporting on completion of actions and new risks/relevant information

**MARAC Chair**
- Summarises new risks
- Identifies & escalates if actions not completed in agreed timeframe
- Agrees case is to be closed/reviewed & date for review
- Summarises and endorses action plan
- Completes Part 4 or 5 MARAT Form

**Admin**
- Send outcome to Referring agency
- Schedules case for further review if required

**New Cases**
All MARAT/MARAC Practitioners
- Share relevant information to risk
- Offer suitable actions to address risks
- Agency nominated to update victim – IDVA if engaging

**MARAC Meeting**
All MARAC partners- Thursdays 12 – 4
MARAC Chair
- Summarises risks
- Summarises and endorses action plan
- Decides with MARAC Group if a case is to be closed/reviewed & date for review
- Completes Part 4 or 5 MARAT Form

**Admin**
- Action plan distributed to partner agencies
Appendix 3: MARAT Practice Procedures

Southend Borough Council

Multi-Agency Risk Assessment Team

Draft Process and Procedures

To be reviewed and finalised September 2016
1. Introduction

The SOUTHEND Multi Agency Risk Assessment Team (MARAT) will use an agreed multi-agency risk assessment team approach (MARAT) to assess and action plan to reduce risk, collaborate with each other to collate and share appropriate information in relation to risk and to challenge each other to ensure the safeguarding of victims of high risk domestic abuse is at the centre of all plans.

The MARATs aim is to improve the outcomes for victims, children and families, adults and perpetrators /high risk individuals in Southend.

The Multi-Agency Risk Assessment Conference (MARAC) is part of the MARAT process and is a victim-focussed process which allows statutory and voluntary agencies to give a consistent and structured response to managing the risk posed to victims by perpetrators of high risk domestic abuse through the use of safety action plans.

Within a MARAC, relevant agencies are able to share current risk information, with a comprehensive assessment of a victim’s needs and decide upon the most appropriate way to reduce or manage the identified risks around each case of domestic abuse. The MARAC links those directly involved in the provision of appropriate services to all those involved in a domestic abuse case: victim, adults, children and perpetrator.

In SOUTHEND, the MARAT process runs alongside other recognised structured processes in place to manage the risks to other groups of the population, including the MAPPA, Southend Essex and Thurrock (SET) procedures for children and the SET procedures for adults. The Southend MARAT process does not change the expectation of all agencies in relation to safeguarding adults and children that are set out within the SET procedures.
2. **Aims & Outcomes of Southend MARAT and MARAC**

2.1 **Aims**

The SOUTHEND MARAT and MARAC will work collaboratively to improve risk assessment, safety planning, intervention and review for adults and children identified as at high risk of significant harm or death as a result of domestic abuse.

The SOUTHEND MARAT and MARAC aims to improve the outcomes for victims, adults, children and perpetrators involved identified in high risk cases of domestic abuse.

The SOUTHEND MARAT AND MARAC aims to reduce repeat victimisation in high risk domestic abuse cases.

2.2 **Objectives (Outcomes)**

- To ensure all high risk domestic abuse referrals to MARAT are discussed within the multi agency team within 3 working days of receipt of the referral

- To use relevant and proportionate information to contribute to the risk assessment and to determine if an adequate safety plan is in place for the victim, adults and children

- To ensure any on-going risk posed by perpetrators is considered within safety planning for the victim, adults and children

- To ensure high risk domestic abuse incidents are discussed at Southend MARAC within 14 days of referral to the MARAT

- To ensure MARAT meetings and MARAC are focussed and purposeful to improve quality of information sharing and risk management

- To ensure multi-agency action plans are reviewed at MARAC where decided
To ensure statutory responsibilities to safeguard children and adults are followed

3. **Information Sharing, Confidentiality and Consent**

HM Government and the Health & Social Information Centre (HSCIC) in conjunction with NHS England and the Information Commissioners Office have published guidance regarding information sharing documents are an invaluable resource for all safeguarding professionals:

- Information Sharing: Guidance for practitioners and managers (2015)
- Information Sharing: Further guidance on legal issues (2009)
- Striking the Balance’ Practical Guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACs (Multi Agency Risk Assessment Conferences) (2012)

All agencies should ensure the confidentiality of information discussed at the MARAT meeting and MARAC.

Information sharing at MARAT meetings and MARAC is strictly limited to the aims of the meeting and information gained cannot be used for purposes outside MARAC, without consent from the owning agency (data controller).

Obtaining consent remains a matter of good practice and, in circumstances where it is safe, appropriate and possible, explicit consent should be sought from and freely given by the data subject regarding sharing information with other agencies represented on the MARAT/MARAC. The agreed consent form must be completed.

If the victim has refused consent for information sharing their refusal and reasons for refusal should be recorded by the referring agency. The MARAT/MARAC will still go ahead although its effectiveness may be reduced, and information will be shared without consent, on the basis of prevention and detection of crime or serious harm.
Each agency providing information to the MARAT/MARAC is the information controller for that information and must comply with all Caldicott Principles, the Data Protection Act 1998, Children Act 2004 in accordance with the SOUTHEND MARAT/MARAC Information Sharing Agreement 2016.

The amount and type of information shared will only be that necessary to achieve the aim the MARAT/MARAC. Information is always to be considered in terms of its proportionality in each set of circumstances, but it must always be remembered that the right to life (Article 2 Human Rights Acts 1998) is paramount.

All agencies are responsible for recording what information they have shared, the rationale for sharing and ensure that all written information is stored securely in accordance with their organisations policies and relevant legislation.

4. **Roles and Responsibilities**

All Agencies will:

- Use the ACPO Domestic Abuse, Stalking and Honour Based Violence Risk Assessment Tool (DASH 2009) or other agreed professionally recognised tool to determine the high risk threshold for referral to MARAT/ MARAC
- Ensure consistent commitment of resources of appropriately trained, experienced practitioners to attend MARAT and MARAC. Bring and share relevant and proportionate information to the MARAT and MARAC in order to inform the identified risk.
- Complete actions agreed in the MARAT and MARAC within set timescales.
- Retain responsibility to follow up on any gaps in their agency’s response.
- Ensure policies and procedures are in place for the receipt and secure storage of MARAT related documents in compliance with Data Protection Act 1998.

4.1 **MARAT Team Manager**

The MARAT Team Manager will:
Facilitate a process that addresses the safety of victims adults and children identified as exposed to high risk domestic abuse

Encourage attendance from all MARAT/MARAC members and partner agencies

Clarify the roles and responsibilities of attendees

Manage the MARAT and MARAC efficiently

Chair the MARAT daily meetings and weekly MARAC

Ensure that all agencies have an opportunity to be heard at the MARAT/MARAC meetings

Ensure the voice of the victim is identified and heard at the MARAT/MARAC meetings and that their views regarding their own safety are considered

Facilitate the creation of proactive safety action plans where the risks and needs of the victim, adults, children and perpetrator are addressed by MARAT/MARAC

Identify the most appropriate person to inform the victim of the action plan

Ensure relevant data is safely and securely recorded

Manage professional disagreement and ensure relevant policy and procedures are followed to ensure appropriate resolution

Provide monthly/quarterly governance reports

Collate and prepare statistics for SafeLives on a quarterly basis as required

4.2 MARAT Administrator

Ensure efficient and effective communication between MARAT/MARAC and partner agencies
Receive referrals of identified high risk cases of domestic abuse via secure email (MARAT inbox) and send acknowledgement via same email pathway.

Identify information held on CAPITA, CAREFIRST and Athena systems and devolve to relevant practitioners.

Register the case on CAREFIRST or update the record re referral received for MARAT/MARAC, if known to Social Care.

Complete the demographics on the MARAT Form and add the case to the Day 3 meeting case list.

Send the MARAT form to the MARAT Practitioners for Research;

Send the D.V. Notification to relevant agencies - First Contact, Early Help.

Record Actions on MARAT Form at the Day 3 meeting.

Send out the agreed Actions to agencies after the MARAT meeting.

Undertake the duties as set out for the MARAC Coordinator.

4.3 Independent Domestic Violence Advisor (IDVA)

To advise MARAT/MARAC of the roles and responsibilities of IDVA in relation to domestic abuse.

Attempt to contact the victim before the MARAT/MARAC meeting and within contracted timescales to ensure the victims views are represented.

Complete and/or review the ACPO DASH (2009) risk assessment with the victim, share relevant and proportionate information regarding risks identified, barriers to accessing support, wishes of the victim, and engagement with service.

Offer appropriate actions to support the victim through crisis, the criminal justice system, housing applications, and signposting/referring to other services for longer term or specialist support.

Contribute to the multi-agency discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC.
4.4 Community Rehabilitation Company (CRC)

- Be responsible for IDVA actions/tasks from the MARAT/MARAC meetings and record as per organisations policy

- To advise MARAT/MARAC of the roles and responsibilities of CRC in relation to domestic abuse
- Share relevant proportionate information regarding the dynamics of offender rehabilitation and management
- Share relevant and proportionate information regarding the known behaviours of the identified domestic abuse offender, programmes assigned, engagement and how this may impact on the risk to the victim, adults and children in the specified case
- Contribute to the multi-agency MARAT discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC
- Be responsible for CRC actions/tasks from MARAT/MARAC meetings and record as per organisations policy

4.5 National Probation Service (NPS)

- To advise MARAT/MARAC of the roles and responsibilities of the NPS in relation to domestic abuse
- Share relevant proportionate information regarding the dynamics of offender management
- Share relevant and proportionate information regarding the known behaviours of the identified domestic abuse offender, programmes assigned, engagement and how this may impact on the risk to the victim, adults and children in the specified case
- Offer appropriate actions relating to the risk posed by the offender
- Contribute to the multi-agency MARAT discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC
- Be responsible for NPS actions/tasks from the MARAT/MARAC meetings and record as per organisations policy
4.6 Essex Police

- To advise MARAT/MARAC of the roles and responsibilities of police in relation to domestic abuse

- Identify domestic incident reports that have been risk assessed by attending officers as high from the daily police feed

- Ensure all children identified on the police incident have been added or created on Athena, and link them to the victim and/or perpetrator, clearly identifying the relationship

- Confirm if the IDVA has been notified by the Essex Police Domestic Abuse Safeguarding Officer (DASO)

- Send the DASO rationale and safety plan documents via secure email to MARAT administrator

- Complete the police report for the MARAC detailing the incident, family, the recent disposal, PNC history and current bail conditions, and additional pending case, recent victim contact

- Share relevant proportionate information regarding police contact and intervention. Contribute to the multi-agency MARAT discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC

- Be responsible for police actions/tasks from the MARAT/MARAC meetings and record on Athena

- Place warning markers on Athena in relation to MARAC

4.7 Health Services

- To advise MARAT/MARAC on the impact of domestic abuse on health and the roles and responsibilities of health services
➢ To share relevant and proportionate information regarding attendance and/or engagement with health services including the impact of any health issues on identified risk for the victim, adult, child and perpetrator

➢ Offer appropriate actions which contribute to the safety and reduce risk to the victim, adult, children and perpetrator and health professionals

➢ Provide the MARAT TM with a copy of the information shared after each meeting

➢ Contribute to the multi-agency MARAT discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC

➢ Be responsible for health actions/tasks from the MARAT/MARAC meetings and record as per organisations policy

4.8 Children’s Social Care

➢ To advise MARAT/MARAC on the impact of domestic abuse on safeguarding of children and young people and the roles and responsibilities of Children’s Social Care

➢ Identify using CAREFIRST and CIVICA if persons identified on the MARAT/MARAC referral are known to Children Social Care

➢ To share relevant and proportionate information regarding any contact with Children’s Services, and the outcome of intervention sand assessments, including Child in Need and Child Protection plans

➢ Offer appropriate actions to increase the safety and reduce risk to children and young people

➢ Contribute to the multi-agency MARAT discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC
➢ Be responsible for Children’s Social Care actions/tasks from the MARAT/MARAC meetings and record on CAREFIRST as per organisations policy

4.9 Adults Social Care

➢ To advise MARAT/MARAC on the impact of domestic abuse on safeguarding vulnerable adults and the roles and responsibilities of Adult Social Care

➢ To share relevant and proportionate information on current service provision to the household, any capacity issues, wishes of the vulnerable adult and carers

➢ Offer appropriate actions to increase the safety and reduce risk in order to safeguard vulnerable adults

➢ Contribute to the multi-agency MARAT discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC

➢ Be responsible for Adult Social Care actions/tasks from the MARAT/MARAC meetings and record on CAREFIRST as per organisations policy

4.10 Early Help Services

➢ To share relevant proportionate information regarding attendance and/or engagement and inform MARAT/MARAC in relation to Early Help Services for children, family and youth

➢ Identify using Early Help Family Support, Youth Offending Services and Child Sexual Exploitation database if persons identified on the MARAT/MARAC referral are known to Early Help Services
Share relevant and proportionate information regarding any contact with Youth Offending Services and Early Help Family Support and the outcome of contact

Offer appropriate actions to increase the safety and reduce risk of harm to the family, children or young persons.

Contribute to the multi-agency MARAT discussion to determine if there is sufficient safeguarding in place or if the case needs to be discussed at MARAC

Be responsible for Early Help Family Support, Youth Offending Services and Child Sexual Exploitation actions/tasks from the MARAT/MARAC meetings and record as per organisations policy

4.11 Housing (MARAC rep)

To advise MARAC regarding housing issues and housing options

Share relevant and proportionate information on tenancies, arrears, repairs, feedback from neighbours/estates or anti-social behaviour, as well as availability of housing stock across all tenures

Offer appropriate actions on to meet the needs of the victim, adult, children and perpetrators regarding homelessness, sanctuary measures, arrears, moves and use of tenancy agreements to address perpetrator behaviour

Contribute to the MARAC discussion to determine if there is sufficient safeguarding in place

Be responsible for housing actions/tasks from the MARAC meetings and record as per organisations policy

4.12 Family Mosaic (MARAC rep)

To share relevant proportionate information regarding engagement and inform MARAC in relation to Services
Identify if persons identified on the MARAC referral are known to Family Mosaic

Offer appropriate actions to increase the safety and reduce risk of harm to the family, children or young persons.

Contribute to the multi-agency MARAC discussion to determine if there is sufficient safeguarding in place

Be responsible for actions/tasks from the MARAC meetings and record as per organisations policy

4.13 Southend on Sea Domestic Abuse Project (MARAC rep)

To share relevant proportionate information regarding engagement and inform MARAC in relation to Services

Identify if persons identified on the MARAC referral are known to Dove

Offer appropriate actions to increase the safety and reduce risk of harm to the family, children or young persons.

Contribute to the multi-agency MARAC discussion to determine if there is sufficient safeguarding in place

Be responsible for actions/tasks from the MARAC meetings and record as per organisations policy

4.14 Substance Misuse team (STARS)

To share relevant proportionate information regarding engagement and inform MARAC in relation to Services

Identify if persons identified on the MARAC referral are known to STARS

Offer appropriate actions to increase the safety and reduce risk of harm to the family, children or young persons.

Contribute to the multi-agency MARAC discussion to determine if there is sufficient safeguarding in place
Be responsible for actions/tasks from the MARAC meetings and record as per organisations policy

4.15 Safer Place Refuge Provision (to be added for MARAC rep)

4.16 South Essex Homes (MARAC rep)

5. MARAT PROCESS

5.1 Referral

- High risk DA Referrals received from Police and other agencies in MARAT inbox
- Administrators send acknowledgement and date for MARAT Day 3 meeting to referrer by email
- Administrators identify information held on CAPITA, CAREFIRST and Athena systems and devolve to relevant practitioners
- Administrators complete the demographics on the MARAT Form
- Cases are processed and re-assigned to adults or children social care MARAT Practitioners as appropriate to complete part 1b of the form and identify which agencies are required to research their agency information
- Administrators send MARAT Referral form (part 1a) to all MARAT Practitioners for research by day 1

5.2 Research

- Partner agencies identified as relevant to the family/incident receive MARAT referral form(part 1a) by secure email
 Agencies action research

 MARAT Practitioners research information relevant to risk on respective database

 MARAT Practitioners complete MARAT research form with identified relevant and proportionate information
 MARAT Practitioner brings information to MARAT Day 3 Meeting

 MARAT Practitioners record the information shared on their respective databases

5.3 **MARAT Day 3 Meeting** *(Attendees are limited to MARAT Practitioners/representative)*

 MARAT Chair facilitates multi-agency discussion regarding action plans

 MARAT Chair reaches a decision within multi-agency discussion

 MARAT Chair records rationale for decision

 MARAT Chair manages any professional disagreement as per policy

5.4 **MARAT Meeting Decisions**

 Cases with critical actions referred to next MARAC

 Cases with no actions closed to MARAT
5.5 **Indicators for closure to Southend MARAT**

- Perpetrator incarceration including duration of incarceration etc.
- Robust safety plan in place for the victim and no outstanding critical actions
- Victim is confirmed to have moved out of the area. Case is transferred to the MARAC in that area

5.6 **Procedure for Escalation**

If there are differences of opinion between any SOUTHEND MARAT partner agencies about decisions or actions proposed/taken in response to a high risk domestic abuse incident, that cannot be resolved, then the following process should be followed:

- Concern should be discussed with a line manager
- The line manager will discuss the concern with the MARAT manager and line managers in the other agencies involved to seek a resolution within 1 working day of the escalation
- If the line managers cannot resolve the concern, it will be escalated to the next managers in line to resolve
- If a resolution cannot be agreed it will escalate to the SBC Heads of Children’s and Head of Adult services

6. **Southend MARAC Process**
The SOUTHEND MARAC will be chaired by the MARAT Team Manager or a member of the group of designated SOUTHEND MARAC Chairs

Both children and adult related cases will be heard on the day

The MARAT representatives will attend the weekly MARAC

Standing SOUTHEND MARAC members will attend the weekly MARAC

Other agencies will be invited to each MARAC as required

Agencies that need to report on a single case only will be given an appointed time to attend/call into the meeting

The SOUTHEND MARAC will be held every week on a Thursday from 12-4pm

6.1 The purpose of the MARAC is to:

Share information to increase the safety, health and well-being of victims, adults and children

Determine whether the perpetrator poses a significant risk to an individual or to the community

Jointly construct and implement a Risk Management Plan that provides professional support to those at risk and reduces the risk of harm

Aim to reduce repeat victimisation

Improve agency participation and accountability
➢ Identify situations that indicate a need for the LSCB Safeguarding procedures to be initiated

6.2 The MARAC Chair will:

➢ Chair the weekly MARAC

➢ Liaise with MARAT to ensure the case list has been compiled and sent to MARAC members within the agreed timeframe

➢ Compile the Agenda for the MARAC

➢ Ensure the accurate record of updates and actions on the MARAC Record

6.3 The MARAC Coordinator:

➢ The MARAT Administrator will be the MARAC Coordinator

➢ The Coordinator will invite MARAT members and relevant agencies to MARAC

➢ The Coordinator will circulate the MARAC list 7 days prior to MARAC meetings

➢ The Coordinator will record the agreed actions live at the MARAT/MARAC meetings
The Coordinator will send out the agreed action plans to MARAC agencies within two working days of the MARAC.

6.4 Standing SOUTHEND MARAC Members

1. ESSEX Police
2. IDVA-Safer Places and Refuge provision
3. Children’s Social Care
4. Adult Social Care
5. National Probation Services- (attendance per current case only)
6. Community Rehabilitation Company
7. Early Help Family Support Domestic Abuse
8. Health –(Mental Health included)
9. Housing
10. Drug and Alcohol Services- STARS
11. Southend on Sea Domestic Abuse Project
12. Safer Places
13. FAMILY MOSAIC
14. South Essex Homes
6.5 SOUTHEND MARAC Outcome and Reviews

- Where a case has been discussed at MARAC and there are no further actions required by MARAC, the case shall be closed to the MARAT.

- Where a case has been heard at MARAC and there are non-critical actions (actions that are not critical to the safety of the victim, adult or child) outstanding that are addressed via the action plan, the case can be closed to MARAT.

- The responsibility for completing the action and updating MARAT lies with the agency responsible.

- Where a case has been discussed at MARAC and there are critical actions (actions that are critical to the safety of the victim, adult or child) outstanding the case will be reviewed at MARAC on an agreed date set by the MARAC chair.

- Where there is dispute regarding the MARAC decision, the Chair shall escalate the case as per Governance Protocol and the case will remain open pending the decision.

- The responsibility for completing actions and updating MARAT lies with the agency that was assigned and accepted the action.

- Updates on actions should be provided at the MARAC review unless the update is urgent – in this scenario the agency should update the MARAT manager directly.

7. Southend MARAT process for ‘So called’ Honour Based Violence/Abuse Incidents (to be added once agreed)
Appendix 4: MARAT Referral Form
Appendix 5: MARAT Research Form
Appendix 6: MARAT Consent form
### Appendix 7: MARAT/MARAC Representatives Competency Framework

Taken from the ‘Essex Domestic Violence and Abuse Competency Training Record : Specialist /senior practitioner’

This includes:

Safeguarding Professionals, Midwives and Health Visitors with Additional Domestic Violence And Abuse Responsibilities, Multi-Agency Risk Assessment Conference Representatives, Joint Domestic violence and abuse Triage Team Health Liaison Officers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation/job role</th>
</tr>
</thead>
</table>

#### Competency 1: Basic Awareness of Domestic Violence and Abuse

<table>
<thead>
<tr>
<th>Outcome: To be able to recognise domestic violence and abuse and understand the dynamics, its impact and the effects on individuals, the health service and society.</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>To understand the cross government definition of domestic violence and abuse including what is meant by coercive control.</td>
<td>Completed Date</td>
</tr>
<tr>
<td>To understand what is meant by “honour” based violence and abuse and forced marriage.</td>
<td></td>
</tr>
<tr>
<td>To understand what is meant by female genital mutilation including the grading and impact on physical and mental health and practitioner’s role in notification.</td>
<td></td>
</tr>
<tr>
<td>To understand the significance of the national and local prevalence data across the community and its impact on health.</td>
<td></td>
</tr>
<tr>
<td>To be understand the various types of abusive behaviour and how they may be used to gain power and control over an individual.</td>
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<td>To be able to recognise individuals whose symptoms or behaviour may indicate that they are more likely to be experiencing or perpetrating domestic violence and abuse.</td>
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<tr>
<td>To understand that cultural factors are important in influencing the occurrence, patterns of and responses to domestic violence and abuse for individuals, families</td>
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</table>
and communities.

To understand the concept of domestic violence and abuse as a continuum of behaviours used to obtain power and control over another person and not isolated events.

<table>
<thead>
<tr>
<th>Competency 2: Impact of Domestic Violence and Abuse on Health of Victims, Children and Communities</th>
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<tbody>
<tr>
<td>Outcome</td>
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<tr>
<td>To understand the impact of domestic violence and abuse on all areas of health across the lifespan and its relationship to different cultures and cultural practices.</td>
</tr>
<tr>
<td>Competency</td>
</tr>
<tr>
<td><strong>Impact on health:</strong></td>
</tr>
<tr>
<td>- Physical</td>
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<tr>
<td>- Mental</td>
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<td>- Emotional</td>
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<tr>
<td>To understand the impact of domestic violence and abuse on children particularly in relation to safeguarding children and young people.</td>
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<tr>
<td>To understand the impact of domestic violence and abuse on parenting capacity and carers.</td>
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<tr>
<td>To understand the impact of domestic violence and abuse on vulnerable members of community, particularly in relation to safeguarding adults.</td>
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<tr>
<td>To understand domestic violence and abuse in relation to specific cultures and cultural practices.</td>
</tr>
<tr>
<td>To understand the burden and the financial cost of domestic violence and abuse across the health economy.</td>
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<tr>
<td>To understand domestic violence and abuse as part of the community safety strategy.</td>
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<thead>
<tr>
<th>Completed</th>
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</table>
### Competency 3: Responding to the Disclosure of Domestic Violence and Abuse

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<tr>
<th>Outcome</th>
<th>Competency</th>
<th>Completed</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>To have detailed knowledge of policies and procedures commensurate with role, in order to respond empathetically and effectively to witnessing or to disclosure of domestic violence and abuse.</td>
<td>To respond appropriately with regard to child protection and adult safeguarding procedures when domestic violence and abuse is identified.</td>
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<td></td>
<td>To know how to respond empathetically and effectively to witnessing or to the disclosure of domestic violence and abuse.</td>
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<td>To be understand the dangers of culturalisation and victim blame in relation to domestic violence and abuse.</td>
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<td></td>
<td>To be have a detailed knowledge of the policies and procedures relating to domestic violence and abuse in order to support families and/or work colleagues.</td>
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<td></td>
<td>To be competent and confident to share and record information safely in particular in relation to forced marriage and “honour” based violence and abuse including the significance of the “One Chance” rule.</td>
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<td></td>
<td>To be confident in completing mandatory reporting responsibilities in relation to FGM.</td>
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<td></td>
<td>To be able to formulate an immediate initial basic safety plan for victim and children.</td>
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### Competency 4: Risk Identification

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<tr>
<th>Outcome</th>
<th>Competency</th>
<th>Completed</th>
<th>Date</th>
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<tbody>
<tr>
<td>To be able to identify level of risk in cases of domestic violence and abuse using the ACPO 27 question “Domestic Violence and Abuse, Stalking”</td>
<td>To be able to risk assess cases of domestic violence and abuse, using the ACPO 27 question “Domestic Violence and Abuse, Stalking and “Honour” Based Violence (DASH 2009) Risk Identification Model”.</td>
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<td></td>
<td>To understand when and how to ask the additional DASH risk assessment questions regarding “honour” based violence and abuse and stalking and</td>
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</table>
and “Honour” Based Violence (DASH 2009) Risk Identification Model” or another recognised assessment tool

harassment.
To understand the specific level of risk posed to victims of possible forced marriage or “honour” based violence and abuse including the “One Chance” rule.
To understand the interaction of risk factors and how they may effect overall risk.
To be able to identify serial high risk perpetrators.

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<th>Competency 5: Safety Planning and Risk management</th>
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</table>
| **Outcome:** To be able to assess level of need for safety planning and to be able to formulate immediate risk management plan for victims and children and contribute health component to a multi-agency risk management plan. | **Competency**
To be able to identify when there is need for immediate safety planning.
To be able to formulate and implement an initial safety plan for victims and children.
To be able to work with partner agencies to contribute to the development and evaluation of sustainable robust safety plans for victims and their children, including proposing the health components of the plan.
To be able to safely manage identified risk in cases for forced marriage and honour based abuse including safe information sharing and recording.
To be able to identify support services which may reduce victim risk and contribute the evaluation of the service.
To understand the role of health within the Multi Agency Risk Management Forums (e.g. JDATT / MARAC / MASH / MARAT) and the importance of sharing relevant, proportionate information within the boundaries of the local information sharing agreement and professional guidance.
To be able to effectively and appropriately participate in multi-agency discussion, in order to contribute to the safety planning and evaluation within a Multi-Agency Risk Management Forum (e.g. JDATT / MARAC / MASH / MARAT).
To understand the referral criteria for referral to Multi-Agency Risk Management |
| **Completed** | **Date** |
| | |
Forums (e.g. JDATT / MARAC / MASH / MARAT) and what other health support might be required.

To make defensible decisions based on the evidence from extensive research of cases, including domestic homicides, ‘near misses’ and lower level incidents.

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<th>Competency 6: Referral Pathways</th>
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<td><strong>Outcome:</strong></td>
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<tr>
<td>To understand the local and national support service provision, including specialist services and to imbed in practice pathways to access them.</td>
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<td>To know how and where to refer in situations of potential imminent harm</td>
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## Competency 7: Education and training

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<tr>
<th>Outcome: To complete and evaluate domestic violence and abuse training commensurate with role.</th>
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<tr>
<td>To attend appropriate domestic violence and abuse training consummate with role.</td>
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<tr>
<td>To identify individual training needs regarding domestic violence and abuse as part of personal development plan and attend appropriate specialist training both single agency and multiagency.</td>
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<td>To be able to contribute to the validation of single agency and multi-agency domestic violence and abuse training packages.</td>
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### Evidence to support competency. This may include study days, action learning sets, professional articles etc.

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<tr>
<th>Date attended/read</th>
<th>Source Title</th>
<th>Reflection Notes</th>
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Appendix 8: Southend MARAT Information Sharing Agreement
Appendix 10: Specific partnership arrangements