

**CORNWALL  
MULTI AGENCY RISK ASSESSMENT CONFERENCE  
(MARAC)  
  
OPERATIONAL WORKING PRACTICES DOCUMENT**

**Reviewed December 2022 by MARAC Steering Group**

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## 1. INTRODUCTION

- 1.1. The purpose of this working practices document is to establish accountability, responsibility and reporting structures for the Multi Agency Risk Assessment Conference (MARAC) within Cornwall and to outline the MARAC process.
- 1.2. Multi Agency working is key to tackling the complex issues associated with domestic abuse, and in particular, cases that are perceived as “high risk” (please see the definition of high risk later in the document). The MARAC is a person-centred method of providing a proportionate response to individuals considered to be at high risk of harm, by focussing on their safety and the safety of their children/family members and associates.
- 1.3. MARAC meetings will combine up-to-date risk assessment information, together with a comprehensive assessment of the individual’s needs, linking this information directly to the provision of appropriate support services for all those involved in a domestic abuse case: the person experiencing domestic abuse, the person engaging in abusive behaviour and all impacted children.
- 1.4. The interventions and actions that result from the MARAC will take into consideration the needs and safety of all those directly associated with, or impacted by, the individual in an abusive relationship, for example their children/family members and close friends
- 1.5. The sharing of information gained through the Domestic Abuse MARAC meetings can only be used for official MARAC purposes and cannot be used for any other purposes without prior and authorised approval from the MARAC Chair, and the appropriate Lead Agency providing the specific information.
- 1.6. The sharing of personal information will be managed under the guidelines of the Crime and Disorder Act 1998, GDPR, Data Protection Act 2018, Care Act 2014, Child Safeguarding Legislation, Domestic Abuse Act 2021
- 1.7. The principals of these working practices will be applied fairly, regardless of gender, disability, nationality, ethnic origin, age, religion and sexual orientation.

## 2. PURPOSE

- 2.1. The purpose of the MARAC is to provide a confidential forum where agencies are able to share information which will increase the safety, health and wellbeing of individuals and children related to the case. This will take place through the sharing of information, expertise and resources, and the development of multi-agency plans which identify appropriate interventions or other actions to safeguard individuals and their children.

- 2.2. The MARAC will seek to reduce the threat of further harm and repeated domestic abuse to the individual and their family members, through the agreed actions of the partner agencies.
- 2.3. The MARAC has no authority or responsibility in statute and is intended to enhance existing arrangements rather than replace them. As the MARAC is not an official body it does not own the risk associated with any particular case, but by discussing cases at a MARAC, all the constituent agencies assume some responsibility for that ongoing risk.
- 2.4. The MARAC will utilise support services within Devon & Cornwall to support the individual, reducing the level of risk to said individual and maximising their safety and general wellbeing.
- 2.5. The MARAC will identify, where possible, whether the individual engaging in abusive behaviours poses a continuing significant threat to the individual in relation to the MARAC or the wider community; making referrals where appropriate, for example to the MAPPA (Multi Agency Public Protection Arrangements), Local Policing teams, or referral to agencies in order to mitigate risk.
- 2.6. Neither the individual experiencing, nor the individual engaging, in DASV will attend MARAC meetings. The agreed lead agency representative will inform the individual experiencing the abuse regarding the MARAC meeting recommendations. The individual engaging in abusive behaviour will not be informed as to the MARAC process, as this could increase the risk of the individual experiencing the abuse.
- 2.7. The MARAC will attempt to identify any child contact concerns between children and individuals engaged in abusive behaviour.

### 3. DOMESTIC ABUSE DEFINITION

- 3.1 The Domestic Abuse Act 2020 confirms the revised **cross-government definition** of domestic abuse as:

The behavior of a person towards another person is domestic abuse if a) the two people are each **aged 16 or over** and are **personally connected** to each other, and b) the behavior is **abusive**. This can include behavior directed at the child of the person experiencing abuse.

Two people are considered **personally connected** to each other if they are, or have been:

- (a) they are, or have been, married to each other
- (b) they are, or have been, civil partners of each other
- (c) they have agreed to marry one another (whether or not the agreement has been terminated)
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- (e) they are, or have been, in an intimate personal relationship with each other
- (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2))
- (g) they are relatives

3.2. Behavior is **abusive** if it consists of physical or sexual abuse, violent or threatening behavior, controlling or coercive behavior, economic abuse, psychological, emotional or other abuse. It does not matter whether the behavior consists of a single incident or a course of conduct.

**Economic abuse** means any behavior that has a substantial adverse effect on the ability of the person experiencing the abuse to acquire, use or maintain money or other property, or obtain goods or services.

**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 daily 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.

This definition, which is not a legal definition, includes so-called ‘honor’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that individuals experiencing abuse are not confined to one gender or ethnic group.

### 3.3. Children as victims of domestic abuse

(1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse.

(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who—

(a) sees or hears, or experiences the effects of, the abuse, and

(b) is related to A or B.

(3) A child is related to a person for the purposes of subsection (2) if—

(a) the person is a parent of, or has parental responsibility for, the child, or

(b) the child and the person are relatives.

(4) In this section—

- “child” means a person under the age of 18 years.
- “Parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act).
- “relative” has the meaning given by section 63(1) of the Family Law Act 1996.

#### **4 PARTNER AGENCIES**

4.1 Appendix A details all the agencies who are partners to the MARAC process and consequently signatories to the declaration specified in Appendix B.

4.2 The list in Appendix A is not exhaustive. Consideration will also be given to requesting additional professional support from other specialist Agencies, as appropriate to MARAC needs i.e. – Cornwall Fire & Rescue Service (where there is a risk/threat of arson, fire or chemicals), YOT, Benefits & Pensions, BME specialist Agencies, Disabilities Agencies, and any Advisory and Voluntary Service which will benefit the effectiveness of the MARAC.

4.3 Each partner agency will identify a MARAC representative in their agency.

4.4 Partner agencies will have clearly defined roles and responsibilities and will be accountable to the MARAC Steering Group for ensuring that these agreed responsibilities and actions are carried out.

4.5 Partner agencies support the principles and purpose of the MARAC, which is to promote the safeguarding of the individual experiencing domestic abuse, and their immediate family members.

4.6 All agencies must refer to DASV Integrated Service (Safer Futures) in the event of making a MARAC referral, providing as much detail as possible. The exception to this will be when someone has been placed in one of the refuges in Cornwall. In those circumstances, refuge staff will explain the role of the IDVA service and offer a referral.

4.7 Partner agencies are responsible for providing relevant and up-to-date information regarding individuals experiencing domestic abuse, as per the agenda. All MARAC representatives must then coordinate and communicate with their counter parts, across agencies, to facilitate an action plan to reduce risk immediately and feed back to the relevant MARAC.

- 4.8 The MARAC will set further actions where necessary, with a specific time frame, and all representatives agree to ensure that their actions are completed, with the status of agreed actions being communicated to relevant MARAC representatives and the MARAC administrator by their deadline.
- 4.9 Any outstanding actions must be clearly communicated at the next MARAC, allowing the Chair to open up the conversation to other possible actions.
- 4.10 Where the risk has not yet been reduced and all partner agencies have attempted contact, where appropriate, the lead agency can refer the case to JCSOG (Joint Commissioning Systems Optimization Group).

## **5 GOVERNANCE AND PERFORMANCE MANAGEMENT**

- 5.1 The MARAC is a multi-agency meeting which has the safety of individuals at high risk of domestic abuse as its focus. It involves the active participation of all of the key statutory and voluntary agencies who might be involved in supporting a person experiencing domestic abuse.
- 5.2 The MARAC Steering Group will monitor the MARAC: It will:
- 5.2.1 Meet Quarterly
  - 5.2.2 Ensure its membership includes senior representatives from each of the key agencies Appendix C
  - 5.2.3 Address the practical and resource implications of the MARAC
  - 5.2.4 Monitor and review data and performance of the MARAC, including the attendance and participation of partner agencies.
  - 5.2.5 Identify themes which could be taken to DASV PB and/or JCSOG
  - 5.2.6 Address any operational issues.
  - 5.2.7 Report to the Safety Partnership Group
  - 5.2.8 Reflect on feedback from service users
  - 5.2.9 Implement learning from DHR's and other related reviews
  - 5.2.10 Discuss cases that need to be escalated to JCSOG or need to be considered for Inherent Jurisdiction/High Court Protection Order.  
(Refer to Attached MARAC Steering Group ToR's)

## **6 IDENTIFICATION OF MARAC CASES**

- 6.1 All MARAC representatives will attend MARAC Rep Training, pertaining to Routine enquiry, Risk Identification, Risk Categorisation, Safety Planning and Referral Pathways
- 6.2 All agencies participating in the MARAC will have a process/written guidance for screening for domestic abuse.



6.3 MARAC representatives will be tasked with gathering all and any relevant information they hold, in relation to any person referred to the MARAC, working closely with all workers engaged with the individual in question.

6.3.1 Where information may be held with their counterpart in another area, it will be the MARAC Reps role to gather that information and feedback into the MARAC. For Example, MARU Rep in Cornwall would be expected to contact children's social care in Plymouth if they hold information on linked children and feed this back.

6.4 The first formal risk assessment should be carried out by the lead agency that identifies or recognises a potential case of domestic abuse, or by the Integrated DASV Service. All referrals to MARAC should also be referred to the DASV Service (Safer Futures). With the exception of Cornwall Refuge Providers (see 4.6)

6.5 In most high-risk cases, identification will be by the Police, given that they attend many domestic abuse incidents. However, it is known that many victims access other services without reporting to the police, particularly health services including health visitors, A&E hospital staff and Mental Health Services. Thus, relevant staff within these settings should ensure that they are aware of the signs and symptoms of domestic abuse and have access to risk assessment and domestic abuse advice and information. All agencies should, therefore, ensure that their staff attend all of 3 Tier DASV Training provided by Safer Futures or equivalent training.

6.6 In order for the MARAC to work effectively, all MARAC representatives need to have a common understanding of risk levels which can be achieved by use of the Domestic Abuse, Stalking & Harassment (DASH) risk assessment tool and undertaking the available training.

6.7 The completed the Domestic Abuse, Stalking & Harassment (DASH) risk assessment tool will identify the level of risk to the individual experiencing DASV and highlight high risk indicators.

6.8 The cases which should be referred to the MARAC are those which have been identified as **HIGH RISK**.

6.8.1 The definition of High Risk is '***that there are very clear and identifiable indicators of further risk of serious harm. The potential event could happen at any time, and the impact would be serious.***

6.8.2 The definition of **SERIOUS HARM** is 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.**

6.9 High Risk category includes physical and **non-physical harm**, it is essential that all services understand this when assessing risk and referring to MARAC.

6.9.1 Any case may be referred to MARAC as high risk based on the DASH score, documented professional judgement or a combination of both. Where a case is referred to MARAC and the DASH score is below that normally associated with high risk but is raised by professional judgement it will be regarded as a high-risk case

6.10. Where a referral which does not initially meet the high-risk threshold is assessed and graded as high risk based on the professional judgement of the assessing professional, a detailed rationale for that decision must be fully documented on the risk assessment on HALO where it can be accessed by other agencies.

## 7 THE REFERRAL PROCESS

7.1 MARAC referrals are based on a comprehensive assessment of the perceived risk of further harm to a person experiencing domestic abuse and professional judgement. Each partner agency has the authority to refer cases to the MARAC based on the appropriate actuarial assessment, **on professional judgement** or as a result of an **escalation of incidents** or the **professional judgement of the likely escalation of harm**.

7.2 The threshold for referral to a MARAC will be set by the MARAC Steering Group and will be consistent across Cornwall. The current threshold for the actuarial assessment is 14+ positive responses to the DASH Risk Assessment Checklist. It is, however, **best practice to prioritise professional judgement**.

7.3 Referral of repeat cases into the MARAC is essential and all agencies must develop processes whereby they can identify repeat victims.

7.3.1 A repeat incident is an incident that has occurred within the 12 months following an individual's case being heard at the MARAC.

7.3.1.1 If this incident is categorised as high risk, then the 12-month window will start afresh. An incident that would trigger a repeat referral would be one that constitutes Domestic Abuse, under the aforementioned definition (to include, but not limited to: an act of violence, threat of violence, sexual violence/assault, coercive control, harassment or stalking)

7.3.1.2 If a case is heard at MARAC 3 times within a 12 -month period, this will trigger a Review Meeting by the relevant agency representatives from the MARAC Steering Group. Individuals will complete an IMR and come together to discuss the case, identify themes and learnings and escalate where appropriate.

7.3.1.3 Following a review meeting, if the group agree the risk cannot be reduced or no further action but risk remains high then the case will be referred to JCSOG. If there are further actions that could be taken but are not by a particular agency, then a meeting with the relevant senior leads will be

arranged to discuss any issues. The process for each review case will be documented and kept by the MARAC Chair.

7.4 Agencies will make a referral to the MARAC via HALO. This will be done by their in-agency MARAC representative.

7.5 All cases referred to MARAC need to be submitted no later than **12 noon every Thursday** in order for it to be listed for the following week. If a case cannot wait until this time and meets criteria, then it may be considered for an emergency MARAC.

## **8 CLOSING MARAC CASES ON HALO**

8.1 All MARAC cases will be closed by the MARAC administrator.

8.2 MARAC Administrators need to ensure that all actions are completed for each case prior to closure.

8.3 If a case has outstanding actions, the MARAC administrator needs to make MARAC Chair aware. MARAC Chair will quality assure any outstanding actions, referring to MARAC Rep for reasons before closure can be signed off.

## **9 IMMEDIATE INFORMATION SHARING PROCESS**

**9.1.** It is good practice for agency safeguarding leads to quality assure referrals coming from their agency.

9.2. Each referral, including MARAC to MARAC referrals, received will then be quality assured by the MARAC chair (or other authorised person) to ensure that the HIGH-RISK threshold is met, and sufficient detail of parties involved is provided. Where the threshold does not appear to be met, the MARAC Chair will refer back to the referrer to gather further information and have a discussion around the case. A referrer may be advised to refer via another safeguarding process.

9.3. Following the Quality Assurance check, the referral will be immediately circulated, electronically, by the MARAC Administrator to the identified MARAC representatives within partner agencies, via HALO. This will enable all partner agencies to be aware of the potential for serious harm, at the earliest opportunity, and will allow agencies to appropriately flag their records, gather information, coordinate and communicate an action plan with their counterparts and begin reducing risk, immediately. These referral papers will be shared with those agencies who are signatories to the information sharing agreement.

9.4. The relevant MARAC representatives will then share their action plan and relevant information within 3 working days, electronically via HALO. Reporting back at the MARAC what they have achieved and

whether the risk has been reduced. In the event that the risk has not been reduced, the MARAC will discuss further options to address the risk and set actions accordingly.

9.5. All information will be marked and handled in accordance with the Government Protective Marking Scheme. This is likely to be either as RESTRICTED or CONFIDENTIAL material.

## **10 MARAC PROCESS AND MEETING**

10.1 Meetings will be held on a weekly basis. In the event of exceptional risk posed to an individual the option of an emergency MARAC is available. This is to be organised by the relevant worker and the MARAC Chair.

10.2 A confidentiality statement will be read out at the beginning of each MARAC and where appropriate, attendees may be required to sign a confidentiality statement.

10.3 Partner agencies will endeavour to achieve consistency in representation at the MARAC. As such, we recommend 2 members of staff, as a minimum, attending the MARAC training, to ensure all representatives are fully informed and able to make commitments on behalf of the agency.

10.4. To ensure consistency, the MARAC Chair will remain as primary chair and be covered once monthly by a nominated representative; both representatives will be of appropriate seniority and qualification.

10.4.1 To ensure independence, the MARAC Chair will not chair the MARAC Steering Group. The Steering Group ideally should be chaired by the relevant Police representative, named in Appendix C

10.5. The Chair's role will be to structure the MARAC and ensure agency representatives understand their agreed responsibilities for undertaking actions. In addition, the Chair will ensure that agency representatives new to the process receive a satisfactory induction to the process and responsibilities.

10.6. MARAC representatives will be responsible for offering actions which will assist in securing greater safety for the individual experiencing abuse and their children/family/associates.

10.7. The Chair must make sure that safeguarding concerns regarding any child or young person living in the household are considered and appropriate actions are recorded, including any specific referrals to Children Services or Police Public Protection Unit (PPU).

10.8. The MARAC will operate as a referral portal; no referral will need to go through any additional pathway. This will ensure a timely response to serious risk of harm.

10.9. The Chair will be responsible to ensure that all actions offered by the MARAC representatives are recorded, specific, measurable, achievable, realistic and have a completion date.

10.10 The MARAC actions and meeting will be recorded in audio form, for the purpose of audit trails, DHRs, freedom of Information requests and best practice.

## 11 EMERGENCY & CLOSED MARAC MEETINGS.

11.10 **An emergency MARAC** meeting is an exceptional event and is only called when an individual is assessed as being at a “High Risk” level, and the risk of harm is so imminent that statutory agencies have a duty of care to act at once, rather than wait for the next MARAC meeting.

11.11 It is expected that the referral agency will have in place an interim safety plan agreed with the individual at risk, prior to the emergency MARAC meeting, to ensure that immediate safety issues have been addressed.

11.12 All Administrative updates can be completed afterwards, unless the MARAC Administrator is available, and forwarded to the MARAC administrator for recording purposes at the earliest opportunity.

11.13 The process for calling an emergency MARAC Meeting is as follows –

- An initial phone call referral by any Agency to the lead Agency.
- The lead Agency is to contact other relevant statutory agencies and make them fully aware of the current situation, and to arrange the emergency meeting as soon as possible and this could be via conference call.
- The referral agency must attend the meeting, to confirm (and update where appropriate) the accuracy of information being provided.
- Urgent actions should be agreed and executed immediately to safeguard the individual.
- As in every case, basic target hardening, appropriate home security measures, a SIG marker and an individual safety plan should be carried out as soon as possible to ensure the continued safety of the individual.
- The case details and agreed actions of the emergency MARAC meeting should be recorded, so that it can be further reviewed at the next MARAC meeting and brought to the attention of all other agencies.

11.13.1 **Closed MARACs** may also be called where the case is a very sensitive one. For example:

- any party involved in the case is employed by one of the MARAC participating agencies

- in some cases of Honour Based Violence, whereby the referring agency of the Chair deem it to be inappropriate to discuss said case in an open MARAC meeting
- any case that has links to Organised Crime Groups
- any case that either the referring agency or the Chair deem to be inappropriate to discuss in an open MARAC meeting

The MARAC chair will make the decision to hold a closed MARAC and invite the agencies required to participate.

In such cases, referral information will not be sent out with the other MARAC referrals.

**10.4.8** The MARAC administrator will ensure any information is also closed on our HALO system, created a separated conversation only open to those relevant agencies.

## 12 ACTIONS BEFORE THE MARAC

12.10 All MARAC representatives will appropriately flag their records, gather information, coordinate and communicate an action plan with their counterparts and begin reducing risk, immediately. These referral papers will be shared with those agencies who are signatories to the information sharing agreement.

12.11 All agencies will seek to systematically flag case files when heard at the MARAC, facilitating the identification of repeat incidents/escalation and referral to the conference.

12.12. The IDVA service will be advised of all referrals into the MARAC

12.12 All agencies which initially identify a MARAC case are responsible for taking appropriate immediate actions to safeguard any person at risk from serious harm and should not wait until the MARAC to put such procedures in place.

## 13 CONTACT WITH PERSON AT RISK OF HARM

13.10 Generally, the MARAC IDVA will have responsibility to bring the views of the person experiencing abuse, including family members and children impacted, to the meeting and notify the victim of the conference and feedback relevant actions. In some cases, however, this role may be undertaken by another agency, if the service user has a better relationship with another agency worker.

13.11 Wherever possible the person experiencing abuse should be informed that their case is being discussed at MARAC, however in exceptional cases where the views of the person experiencing abuse are not available or the person experiencing abuse is unaware of the conference, then the referring agency will provide information as to why this is the case which must be recorded in the MARAC meeting minutes.

13.12 Any contact with the person experiencing abuse should be done via the agreed safe contact details and no letter or other communication should be made unless it is safe to do so.

13.13 All MARAC Referral Forms also need to reflect the wishes/desired outcomes of those experiencing domestic abuse. Furthermore, we require referrals to also consider any barriers to engagement/support. The MARAC chair will include this in case summaries and ensure a reflective space to consider this during the MARAC meeting.

## 14 MINUTES AND ADMINISTRATION

14.10 The MARAC will be supported by an administrator who will circulate the MARAC actions within 24 hours of the meeting.

14.11 The administrator will maintain data in respect of the cases heard at the MARAC and ensure repeat incidents, within a 12-month period, are noted as such.

14.12 The administrator will inform MARAC reps of cases that are out of their 12-month repeat window and de-flag via Electronic Case Management System, or advise MARAC rep to de-flag

14.13 In the event of an individual experiencing abuse moving out of the jurisdiction of the local MARAC, a MARAC-to-MARAC referral will be made by the administrator. The administrator will ensure that all relevant information is shared with the appropriate MARAC, pertaining to the individuals involved in the case.

14.14 In the event of an external MARAC referring into the local MARAC, the administrator will receive the MARAC-to-MARAC referral; ensuring that they have received all relevant information pertaining to individuals involved in the case. The administrator will also ensure that a referral has been made to the local IDVA service.

14.15 In the event of a Domestic Homicide Review, the MARAC administrator will be responsible for gathering any and all relevant information held within the MARAC and assist in the preparation of evidential reports.

## 15 INFORMATION SHARING AT THE CONFERENCE

15.10 Proportionate information sharing is essential for a successful MARAC, facilitating effective safety planning while protecting the rights of the individual. Safer Cornwall will review the information sharing agreement and signatory process.

- 15.11. All key agencies will be signatories of the information sharing agreement which will be reviewed annually. Information that is shared must be proportionate, up to date, accurate and relevant to the case.
- 15.12. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children or adults at risk of abuse or neglect. All MARAC cases that identify any additional risks of harm to adults or children will be referred to adults safeguarding or the MARU, respectively, with all the relevant information from the MARAC discussion and any other relevant information held by any agency.
- 15.13. The Government (Home Office) legislation that guides these agreements are – GDPR, Data Protection Act 2018, Care Act 2014 and all up to date Child Protection Legislation.
- 15.14. MARAC representatives will attend meetings to discuss only relevant and current matters relating to individuals experiencing high risk domestic abuse. The shared information gained through these MARAC meetings can only be used for official MARAC purposes and cannot be used for any other purpose without prior and authorised approval from the appropriate Agency providing the specific information.
- 15.14.1 This needs to include those observing MARAC cases and managers agree to ensure any attendees are aware of and agree to abide by our confidentially statement and information sharing protocol prior to them observing a MARAC.
- 15.15. The Human Rights Act requires public agencies to act within their powers only, and to respect the individual's right to privacy. Any disclosure of appropriate information must be seen as being both legal and fair.

## **16. ACTION PLANNING**

- 16.11. A tailored action plan will be developed and acted upon prior to the MARAC, to immediately increase the safety of the individual at risk of harm, their children and any other vulnerable parties (including those engaging in abusive behaviours), this action plan will be discussed, added to and escalated, when necessary, at the MARAC. There will be clarity of agency responsibility in respect of each action and its time frame for completion.
- 16.11.1 Actions provide an important audit trail and MARAC representatives need to explain why an action could not be completed. Bringing any barriers, or issues to the MARAC Chair.



- 16.12. Each MARAC representative with responsibility for an action will advise the MARAC when it is completed or provide reasons for why not. Actions will be updated via HALO. These updates should be within the specified timescale agreed at the meeting.
- 16.13. The Administrator will maintain a record of actions planned and completed.
- 16.14. In the event of failure to notify of a completed action, the administrator will contact the MARAC representative concerned and ensure completion as appropriate. Continued failure to update a specified action will be raised with the MARAC Chair who, if unable to resolve, will refer it to the MARAC Steering Group where it will be discussed with the agency lead.
- 16.15. In relation to all actions, MARAC reps agree to ensure an update is provided in text box before marking as complete or incomplete.
- 16.16. MARAC Chair will periodically audit actions on HALO to ensure updates are being completed.

## **17. OWNERSHIP OF RISK**

- 17.11. A MARAC is not a corporate body and does not own risk associated with any case. The risk remains with individual agencies in accordance with the scope of their service. The MARAC does not make a person safer; it is the actions and efforts of the individuals and agencies involved.
- 17.12. MARAC will not hold a caseload under review or undertake monitoring of specific cases. The principle of a MARAC is that cases are discussed & action plans developed to promote the safety of individuals at risk of harm and any associated children. The 'repeat referral' process is the safety net which ensures that victims at continuing risk are returned to the MARAC.
- 17.13. If an agency has not been able to overcome barriers to enable the person to engage, despite repeated and vigorous efforts to initiate/maintain contact, then the lead agency will refer said person to JCSOG (Joint Commissioning Systems Optimization Group).

## **18. EQUALITY**

- 18.11. The MARAC will recognise the need to adequately address the needs of all individuals at risk of harm from domestic abuse, including advancing equality of opportunity for those with protected characteristics referenced in the Equality Act 2010, for example, Conferences will seek to include information on the ethnicity, age, religion or belief, sexual orientation, disability or gender of individuals referred to the conference. Specialist organisations and interpreters will be engaged as

appropriate by the conference to ensure an effective response to all individuals at risk of harm can be offered.

- 18.12. **Multiple/complex needs/vulnerabilities** must be considered as **additional risk indicators** for both those experiencing domestic abuse and those individuals engaging in abusive behaviours. **By these we mean (but not exclusively) drugs and alcohol use, mental and physical health conditions, housing and homelessness.**
- 18.13. Generic terms such as “**Mental Health issues**” will not be used and replaced with a full description of the condition and its relationship to domestic abuse risk. Wherever possible, we need to include **diagnosis, management, treatment, engagement with services, medication etc along with the persons own views on their level or mental wellbeing and or distress**
- 18.14. **The MARAC** will consider whether an individual’s mental health presentation meets the criteria of a disability under the Equality Act 2010 and if so, what support may assist positive professional engagement and safety planning within the context of factors/dynamics causing and/or maintaining a person’s mental distress.
- 18.15. The MARAC will consider suicide prevention alongside homicide prevention when considering cases where this has been identified as a risk.

## 19. Professional Manipulation

Some individuals engaging in abusive behaviors do not only target survivors. They also target the professionals & systems who want to help them. Some individuals will often use money, privilege and power, leverage systems to amplify their control. Allegations which are false of substance abuse, mental health issues or child abuse are lodged with social services and family courts, often to devastating effect. The MARAC Chair will ensure that professional judgement is heard and considered regardless of their statutory or non-statutory status. Where there are concerns about professional manipulation, these will be recorded, investigated and actioned with a clear escalation process within MARAC and that of the organisation.

## 20. EVALUATION

- 20.11. Data from the MARAC will be collated and maintained by the MARAC Administrator for onward provision to the MARAC Steering Group and the Safer Cornwall Outcomes Framework.

## 21. COMPLAINTS & DISCLOSURE

- 21.11. Where a complaint arises against a signatory agency related to MARAC, this will first be brought to the attention of the MARAC Chair and, if appropriate, discussed formally with the agency concerned. In the event that the complaint is not satisfactorily resolved, or it is not appropriate to refer to the Chair, the matter will be referred to the MARAC Steering Group and escalated through the relevant complaints process pertaining to the organisation referred to.

21.12. Where a complaint is received from a member of the public, regarding the MARAC process or these working processes, then the complaint falls within the remit of Cornwall Council, as Lead agency, and must utilise the Cornwall Council complaints process. It will also be forwarded to the MARAC Steering Group to allocate an appropriate Investigating Officer within that process.

21.13. Where any request for disclosure of information discussed at a MARAC is received by a signatory to these working practices, it should, in the first place, be forwarded to the MARAC chair and then Cornwall Council Information Governance Department.

21.14. Where there is a disagreement between MARAC representatives regarding a case, the chair will attempt to resolve. If unable to do so this will be escalated to the MARAC Steering Group.

## **22. BREACHES OF THE WORKING PRACTICES**

22.11. It is recognised that breaches of these Working Practices may increase the risk posed to an individual at risk of harm, the wider public and any professional working with said person. All partner agencies will seek to work within the principles outlined and refer breaches to MARAC Steering Group for resolution.

## **23. WITHDRAWAL**

23.11. Should any partner agency decide to withdraw from this 'Working Practices Agreement' they will advise the MARAC Steering Group, in writing via [dasv@cornwall.gov.uk](mailto:dasv@cornwall.gov.uk)

## **24. REVIEW**

24.11. This Working Practices document will be reviewed after 6 months of operation and annually thereafter through the MARAC Steering Group.

## APPENDIX A

**LIST OF AGENCIES WHO ARE SIGNATORIES TO THIS WORKING PRACTICE**

<b>Organization</b>	<b>Post</b>	<b>Address</b>	<b>Email</b>
Wild Young Parents Project			
HARBOUR Housing			
First Light			
Devon and Cornwall Constabulary			
Sexual Assault Referral Centre			
Adult Social Care/Safeguarding, in Cornwall Council and the Council of the Isles of Scilly			
Safer Futures – Change 4 U			
Dorset, Devon and Cornwall Probation Services,			
Together for Families. Cornwall Council			
Talking Therapies			
Cornwall Partnership Foundation NHS Trust/ Royal Cornwall Hospitals NHS Trust			
Cornwall Refuge Trust			
Isles of SCILLY Safety Partnership Board			

Ocean Housing Association			
Royal Cornwall Hospitals NHS Trust			
West Cornwall Woman's Aid			
Coastline Housing			
Cornwall Housing Limited			
LiveWest			
We Are with You - (formally Addaction)			
Westward Housing			
The Women's Centre Cornwall			
Criminal Justice Liaison & Diversion, NHS			

**APPENDIX B**

**Cornwall**

**Multi-Agency Risk Assessment Conference**

**Working Practices**

**Declaration of acceptance and participation in MARAC Meetings –**

stating that all the MARAC protocols have been agreed and accepted by all appointed MARAC participants.

By signing this agreement all partners named in Appendix A declare their commitment to participate in the Cornwall Multi Agency Risk Assessment Conferences (MARAC). The signatories agree to maintain the standards specified in these working practices and declare that they are fully aware of the process of safeguarding and information sharing and will comply with all legal aspects relating to this agreement.

The working practices are a living document, which will be reviewed and changed to meet the needs of the MARAC function. All signatories agree to raise any challenges to working to this guidance. Changes are to be agreed and approved by the MARAC Steering Group and individual members informed prior to the changes taking place.

All changes to these working practices are to be recorded in the MARAC Steering Group minutes and the next iteration of this guidance.

A new participation declaration will require a new signatory statement every time this document is changed and updated.

Signed on behalf of: -... ..

Signature: -.....

(Insert role title): -.....

Date: -.....

**APPENDIX C****MEMBERSHIP OF 'MARAC Steering Group'**

<b>Organisation</b>	<b>Service Area</b>	<b>Lead Member</b>	<b>Deputy</b>

## APPENDIX D

### MARAC Steering Group Terms of Reference



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## APPENDIX E

### MARAC Chair Role

One of the main purposes of the role is to bring together agencies to ensure that local systems are truly keeping all those impacted by domestic abuse safe, holding abusers to account, and preventing domestic abuse.

A key principle is respecting the independence of each agency and ensuring the MARAC's key principles are the safety of those experiencing domestic abuse, offender accountability and giving a clear message that domestic abuse is a crime that will not be tolerated.

The chair needs to have an excellent understanding of domestic violence and its effects on those experience abuse, of best practice in supporting survivors of domestic abuse, and of the MARAC.

Key duties:

1. The MARAC Chair will coordinate, administer, and manage the operation of Cornwall MARAC
2. To liaise and coordinate with all key local agencies to establish the terms of reference of the MARAC, including the establishment of an agreed referral threshold to ensure that the volume of cases referred to each MARAC remains manageable.
3. To identify partner agencies to attend MARAC and liaise with senior managers to secure membership.
4. To participate in and contribute to pre-MARAC meetings, to ensure the consistency and quality assurance of all referrals.
5. To work closely with permanent partner agencies to ensure that all relevant members of staff are familiar with the MARAC process, their role and responsibilities within it and receive appropriate training, induction and information as necessary. This will include Halo training.
6. To manage the log ins of Halo for MARAC reps.
7. To develop and maintain the necessary documentation to ensure the smooth running of the MARAC including the information sharing protocol, the referral forms, research forms.
8. To work closely with the MARAC Administrator to ensure actions have been captured, and they are updated regarding MARAC membership.
9. To raise awareness and upskill professionals within other organisations through the delivery of MARAC awareness training.
10. To identify case practice issues and bring it to the relevant Manager.
11. To partake in and support Safe Lives-facilitated reviews of the MARAC.
12. To ensure that monitoring systems are kept up to date and secure.
13. To update MARAC Steering Group regarding referrals, attendance, and actions. Advising about progress at all times and inform of any difficulties over an agency's compliance with agreed protocol.
14. To fully prepare for MARAC meetings and have sight of the cases and research before the meeting commences.
15. The Chair should challenge a representative, if they refuse to pick up a referral or an action – every service has signed the operating protocol and is aware of their responsibility.
16. The Chair will ensure the confidential statement is read before the start of each meeting, introduce and induct new MARAC reps, summarise actions set and review actions from previous MARAC.



## APPENDIX F

### MARAC Representative Role & Responsibilities

#### MARAC Rep Role

- Any new Reps should ask to shadow any current representatives from their organisations to get an idea of what the role involves and then sign up to the MARAC Rep and Halo Training.
- Following MARAC Rep & Halo training, all reps will receive a HALO log in
- In addition, all MARAC Reps need to be trained in Domestic Abuse Risk Assessment and be confident using professional judgement to ascertain risk and potential escalation of risk.
- Consistency is vital; therefore, it is important that there is at least one MARAC rep from each organisation. Furthermore, to reduce risk and utilise all possible avenues to engage and support victims, **all core agencies need to be in attendance every week**
- Reps should contact the MARAC admin for help in tracking actions and ensure they are receiving invites each week to the MARAC meetings.
- Reps need to familiarise themselves with their organisation's information sharing and record keeping protocols, to ensure they are following their internal policy correctly.
- **MARAC Reps need to have the authority to make decisions, accept and offer referrals, accept & progress actions**
- Reps need to check the agenda regularly and will need to undertake careful research prior to the meeting, and attend prepared to share information, participate in proactive discussion and to assist in action planning, where appropriate. It is not enough to merely attend on a passive basis. The success of MARAC depends on the involvement of all the agencies attending.
- Reps need to start actively working together to reduce risk from the moment they are aware of a MARAC referral
  - Engage in risk reduction action planning immediately
  - Gather and share relevant information with other MARAC reps
  - Actively set and complete actions leading into a MARAC meeting
- Reps need to complete the research form via Halo and ensure enough time is booked in their schedule to undertake accurate prior research and subsequent actions. This can take a lot of time, depending on the number of cases being discussed. Even if there are few cases known to the agency, the cases may be so complex that it can take time to extract the required details and action outcomes. In extracting information to be shared, remember that this needs to be relevant, focused and proportionate to the case being

discussed. Individual discussions in the meeting are time limited, so providing huge tracts of history, irrelevant facts or any personal beliefs held is neither helpful nor needed. Nor will it sit comfortably with information sharing agreements.

- Reps should familiarise themselves with the research form, and complete with as much accurate information as possible. Paying attention to any vulnerabilities, barriers and how these may impact on risk.
- Reps need to ensure that cases are flagged on their respective systems as having come to the attention of MARAC. Those experiencing domestic abuse or engaging in abusive behaviours may present to different services within an organisation, and it is important that whoever picks up the case is aware of potential risks involved. It also helps workers to monitor 'repeat' cases. If undertaking a check on addresses, be aware of any other vulnerable people in the household who may not be included on the research list. This information can make a substantial difference within a case. Reps **must** consider the effects of domestic abuse on children and young people within a family or situation.
- If any person known to a rep's agency is working closely with a member of the team, reps need to liaise closely with them or if appropriate, ask them to attend the meeting for that one case. If this happens, rep should spend some time explaining to them the MARAC process and their role within the meeting. Reps need to ensure that they seek approval from the MARAC Chair if they are inviting a member of staff to attend.
- **The MARAC is a referral pathway. All reps should actively accept and offer referrals** into their respective services when appropriate.
- Other MARAC reps may have limited knowledge as to a specific area such as mental health and the risk implications. Here the rep can share their knowledge, enhance understanding and help reduce stigma.
- **All actions need to be recorded on HALO with a detailed explanation and reasons behind any that have not been completed**