

BARKING AND DAGENHAM

MARAC PROTOCOL



**WE
BELIEVE
YOU**

SUPPORT TO SAFETY

FOR PROFESSIONALS

APRIL 2023

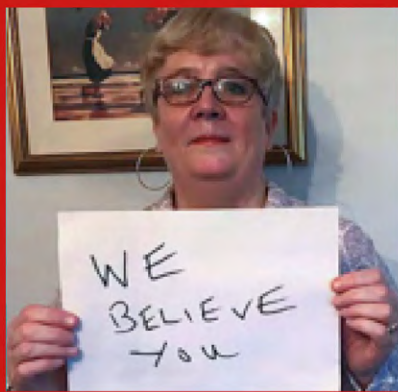


Table of Contents

5	Introduction
7	What is domestic abuse
9	The LBBB approach
12	The Multi Agency Risk Assessment Conference
15	Why we have a MARAC
17	Governance of the MARAC
20	Roles at the MARAC
25	The MARAC process
27	Step 1 - Identifying domestic abuse
31	Step 2 - Assessing risk
35	Step 3 - Referring to the MARAC
38	Step 3 - Referral criteria
43	Step 3 - When not to refer
46	Step 4 - Research
48	Step 5 - The MARAC meeting
50	Step 6 - Action planning to safety
53	Step 6 - Perpetrators
56	Step 7 - Follow up to action planning

Table of Contents

58	Training
61	MARAC to MARAC referrals
63	Breaches
65	Disclosures from the MARAC
68	Performance
71	Further resources
73	Glossary of terms
76	Appendix A - MARAC referral form
80	Appendix B - MARAC Terms of Reference
91	Appendix C - MARACSG Terms of Reference
98	Appendix D - 10 Principles of an Effective MARAC
110	Appendix E - MARAC Research Form
113	Appendix F - SafeLives DASH RIC Checklist
118	Appendix G - Refuge referral form
123	Appendix H - Refuge referral form social care

INTRODUCTION

In Barking and Dagenham, our collective ambition is to **stop domestic abuse**, and limit its harmful effects on children, young people and adults.

The **Multi Agency Risk Assessment Conference** (MARAC) provides a consistent approach to how we support our most **high risk** victims of domestic abuse. High risk victims of domestic abuse identified by agencies **must** be referred to the MARAC, where effective information sharing and robust action planning will take place to increase safety and manage risk.

The MARAC requires agencies and services to work in **partnership** to appropriately identify and assess victims of domestic abuse to ensure they are afforded all available interventions that each agency or service, and the partnership, can provide.

Procedures set out in this document provide guidance to all staff and agencies in Barking and Dagenham who may need to refer to the MARAC by:

- Explaining the MARAC **processes**, roles and responsibilities
- Detailing risk assessment **tools** and approaches
- Outlining the **interventions** available to the MARAC

High risk victims of domestic abuse identified by agencies **must** be referred to the MARAC, where effective information sharing and robust action planning will take place to increase safety and manage risk. Any and all practitioners are able to make referrals to the Barking and Dagenham MARAC.

Clear information sharing creates a **supportive structure** to ensure improved outcomes across services. The support of more than one agency is required to ensure the **longer term safety** of the victim and their children.

This protocol, alongside other domestic abuse toolkits available to all practitioners in Barking and Dagenham, aims to:

- Ensure all staff across partners who come into contact with victims of domestic abuse **understand and are able to support** them effectively, including by referral into the MARAC
- Ensure we provide **excellent responses** to victims in line with the **six key principles of the Domestic Abuse Commission** and increase community confidence as a result, building trust in our services and increasing reporting
- Ensure an **effective and consistent** response to reports of domestic abuse to safeguard victims and children
- Ensure that we **think family** - providing effective responses to safeguard victims and their children, as well offer support to the alleged perpetrator where possible or explore enforcement options and other ways to disrupt their abuse



WHAT IS DOMESTIC ABUSE



DEFINITIONS

The **Domestic Abuse Act 2021** defines domestic abuse as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.'

This can encompass but is not limited to the following types of abuse:

- **Physical** abuse
- **Emotional** abuse
- **Economic** abuse
- **Psychological** abuse
- **Sexual** abuse
- **Coercive** behaviour
- **Controlling** behaviour

All forms of abuse are serious, and one type **should not** be weighted over another.

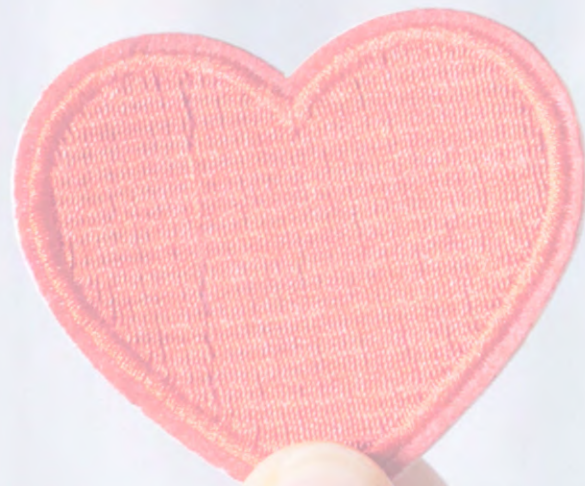
Controlling behaviour is defined as a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means for independence, resistance and escape and regulating their everyday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

Coercive behaviour is defined as an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim. The term "abuse" is used rather than violence to take into account the fact that controlling and coercive behaviour may not involve physical violence but can have the same impact.

The definition also includes **all forms of abuse and violence within the family** including violence linked to the following:

- **"Honour" based violence**: committed against a family or community member in order to protect or defend the honour of the family or community
- **Female genital mutilation** (FGM): an illegal practice involving the cutting or otherwise changing of the female genitals
- **Forced marriage**: a marriage conducted without the valid consent of one or both parties and where duress is a factor

Stalking is a specific type of harassment, often described as a pattern of unwanted, fixated, or obsessive behaviour which is intrusive, and causes fear of violence or serious alarm and distress. For example a person following, watching, or spying on someone else, or forcing contact with them through social media, might be considered as stalking.



THE LBBD APPROACH

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The **Barking and Dagenham Domestic Abuse Commission** launched in September 2019. The Commission brought together a panel of national experts to consider how LBBD could do more to tackle endemic domestic abuse in the borough. The Commission was the first of its kind in the country.

The Commission conducted a range of qualitative and quantitative work with residents and professionals. The commission's **final report** was received and approved by Cabinet in February 2021 and published formally in March 2021. Survivors of domestic abuse co-produced the report and the outcomes, and recommendations within it. The full report can be found here:

<https://modgov.lbdd.gov.uk/internet/documents/s143521/DA%20Commission%20-%20App%201.pdf>

The Commission developed **six key principles** to guide all of our work around domestic abuse.

- **We believe survivors** – survivors should be believed as a starting point of all of our work, whatever role we have across the Barking and Dagenham workforce
- **We are led by survivors** – survivors are at the heart of any approach to domestic abuse. They are consulted and their needs are put at the centre. •
- We focus first on **changing behaviour** in order to change attitude – we make it clear that domestic abuse will not be tolerated and that tackling domestic abuse is a priority, which can help to change someone's attitude and belief system around domestic abuse.
- **We do not create harm** – we don't create harm by implementing something which tries to help but can have a negative impact because it's not fully developed and co-ordinated with a wider offer.
- **We are feminist and anti-racist** – as the most diverse area in London, a one-size fits all approach won't work. We work in an intersectional way to create the bespoke response an individual or family needs.
- **We are trauma informed** – trauma is inseparably bound up with systems of power and oppression. For people who have experienced trauma in their lives, public services can unwittingly make things worse if they create situations that bring back the trauma or make them feel unsafe. We work to ensure we do not do this.



A VICTIM CENTRED APPROACH³

There are many **damaging myths** about domestic abuse that can lead to victim blaming attitudes. Unpicking these myths are essential to ensure professionals are supporting and empowering the non-abusive partner and holding the perpetrator to account.

These myths are often further compounded by a lack of awareness of the risks and challenges of leaving an abusive relationship. Leaving the relationship is the **riskiest time** for a survivor, with 41% (37 of 91) of women killed by a male partner/former partner in England, Wales and Northern Ireland in 2018 having separated or taken steps to separate from them (Femicide Census, 2020).

Many women will remain in a relationship because of the **very real** fears of what will happen if they leave, and it is vital to recognise that they are the experts in managing their own risk and safety.

It is also important for professionals to consider the complex **barriers** to leaving relationships, or engaging with services. For example, understanding the impact of trauma, shame and low confidence; the lack of support that is responsive to a survivor's unique needs; and practical barriers such as housing and finances.

Victim blaming attitudes are also a problem for survivors of domestic abuse. It can be that perpetrators are invisible in the work of professionals, with the non-abusive partner held responsible for the abuse (e.g. 'why did you go back to him?' or 'a failure to protect your children'), or the abuse is denied or minimised.

The Barking and Dagenham Safeguarding Children Partnership (BDSCP) has adopted a **Safe and Together** approach to domestic abuse. It is important that all practitioners understand what this is. Further information can be found in the multiagency practitioner toolkit available here:

<https://www.lbbd.gov.uk/adult-health-and-social-care/health-and-wellbeing/domestic-abuse/professionals-guidance-and-advice>

<https://bdsafeguarding.org/practitioners-guidance/>

WE BELIEVE YOU



**THE MULTI AGENCY RISK
ASSESSMENT CONFERENCE**

WHAT IS THE MARAC?

The **Multi Agency Risk Assessment Conference** (MARAC) is a multi-agency meeting that high domestic abuse victims are referred to for intensive, partnership case management. At the heart of a MARAC is the principle that **no single agency or individual** can see the complete picture of the life of a victim to be able to identify and manage the risks, but all may have insights that are crucial to their safety. The LBBB MARAC meets **weekly**.

The MARAC is attended by representatives from a **range of agencies** including police, health, social care services, housing, Independent Gender-based Violence Advisors (IGVAs), probation, mental health and substance misuse and other specialists from the statutory and voluntary sectors.

During the meeting **relevant and proportionate information** is shared about the current risks, enabling representatives to identify options to increase the safety of the victim and any other vulnerable parties such as children.

The MARAC then creates a **multi-agency action plan** to address the identified risks and increase the safety and wellbeing of all those at risk.

The primary focus of the MARAC is to **safeguard the adult victim**, but the full aims of the MARAC are to:

- **Share relevant information** to increase the safety, health and well-being of victims, adults and their children.
- Make links with other **public protection arrangements** in relation to children, perpetrators and vulnerable adults
- Determine whether the **perpetrator** poses a significant risk to any individual or to the general community.
- Jointly construct and implement a **risk management plan** that provides professional support to all those at risk and that reduces the risk of harm.
- Reduce **repeat victimisation**
- Improve agency **accountability**
- Improve support for and the safety of **staff** involved in high risk domestic abuse cases



WHAT IS IT NOT?

Members of the MARAC (both core and attending) should remember that:

- The MARAC does not take responsibility for the case or the risk. The responsibility to take appropriate action **remains with individual agencies**; it is not transferred to the MARAC.
- A referral to MARAC should not delay any action being taken by individual agencies on that case, for example referrals should still be made for support services or any other intervention required. Victims should receive help **immediately**, and information regarding this brought to MARAC.
- The MARAC should not be used as a tool to escalate cases through individual service processes, whether it is housing, social care or other services and agencies – this can and should be done **outside** of the MARAC.
- The MARAC is not a mechanism to make referrals to domestic abuse support service agencies. The victim does not attend the meeting, but is should usually be represented by an independent gender-based violence advocate (IGVA). The IGVA provides the voice of the victim and their needs and wishes. This ensures that victim's safety remains the focus of the meeting. If the victim doesn't already have an IGVA, the referring agency **must refer** to the council's commissioned independent domestic abuse service, provided by Refuge. Please find the referral forms at **Appendices G and H**.





WHY WE HAVE A MARAC

WHY DO WE HAVE A MARAC?

The MARAC has a **clear and defined purpose** for those at highest risk of significant harm or homicide in Barking and Dagenham:

- To **reduce the risk** of serious harm or homicide for a victim.
- To share information to **increase the safety**, health and well-being and to **reduce repeat victimisation** of survivors of domestic abuse and their children.
- To determine whether the **perpetrator** poses a significant risk of serious harm to the victim, dependents and/or staff, and ensure that action is taken accordingly through any other relevant risk management approaches e.g. Multi Agency Public Protection Arrangements (MAPPA).
- To construct and implement a **risk management plan** providing professional support to all those identified as at risk and reduce and/or manage the risk of harm.
- To increase understanding of **agency accountability** for the management of risk
- To improve **support for staff** involved in high risk domestic abuse cases, including via internal support mechanisms in each partner agency.
- Provide an **audit trail** through the minutes and actions recorded





**GOVERNANCE OF THE
MARAC**

MARAC GOVERNANCE

Domestic abuse is a **priority issue** in Barking and Dagenham. Tackling domestic abuse is a priority for the Barking and Dagenham **statutory partnerships** - including the Community Safety Partnership, the Safeguarding Children Partnership, the Safeguarding Adults Board, the Health and Wellbeing Board and the place based Borough Partnership (our local integrated care partnership).

The responsibility for tackling violence against women and girls (VAWG) sits with the Community Safety Partnership. A **VAWG Strategic Group** meets quarterly to deliver our partnerships action plans to address identified issues.

The VAWG Strategic Group has oversight of the **MARAC Steering Group**. The MARAC Steering Group takes responsibility for strategic issues related to the MARAC for example delivery of the MARAC improvement plan, ensuring that robust referral pathways are in place and attendance across core agencies is consistent. The Chair of the MARAC Steering Group is responsible for providing performance updates of the MARAC to the VAWG Strategic Group.

The Terms of References for these groups can be found at **Appendices B and C**.

The below diagram shows the governance structure the MARAC sits within.



MARAC PARTNERS

The MARAC membership includes organisations and services able to **increase the safety** of the victim and their family.

The **core membership** of the MARAC is:

- Metropolitan Police East Area Command Unit
- Health services, including North East London Integrated Care Board, North East London Foundation Trust and the Barking Havering Redbridge University Trust
- London Probation Service
- Barking and Dagenham Council services, including social care, housing options and tenancy sustainment, and
- Specialist domestic abuse services, including the council commissioned independent domestic abuse services (provided by Refuge and Cranstoun) and Support 2 Safety

Core membership representatives should attend every MARAC. **Additional MARAC members** may attend for individual cases as required – these services can include, but are not limited to:

- Education and early years establishments
- Barking and Dagenham Council services, such as youth offending services
- Specialist voluntary and community organisations, such as substance misuse services

All agencies and services in attendance are required to sign the **confidentiality agreement**, which will be read out at the beginning of each MARAC.

The MARAC is part of the Barking and Dagenham Community Safety Partnership and forms part of the **Community Safety Partnership's Information Sharing Protocol**.





ROLES AT THE MARAC

THE CHAIR

The role of the **MARAC Chair** is to:

- Ensure the **efficient running** of the MARAC meeting, including keeping to time overall and by case i.e. 15 minutes allowed per case.
- Ensure core and relevant agency **attendance** at meetings, and act as required where attendance is a cause for concern
- Ensure that **observers** at MARAC meetings are appropriate and have permission
- Agree draft **agendas and cases**, and prepare for the meeting to have awareness of cases to be discussed
- Effectively **chair** MARAC meetings and ensure all information is sought across agencies and considered
- Ensure the the MARAC focuses on **risks**, how to mitigate them and direct the appropriate measures put in place to manage or mitigate those risks through the MARAC action plan
- Ensure that this includes action to address **perpetrator behaviour** where possible, including referrals to Support 2 Safety (a multi disciplinary domestic abuse team)
- Assist the MARAC coordinator to ensure that they can **accurately** record all actions at the meeting
- Through the MARAC ensure that partners are **held to account** for the actions agreed at meetings and that the actions have been delivered
- Instruct any necessary **referrals** to be made by the MARAC Coordinator to other risk management panels or groups
- Work in line with the **MARAC Protocol** and uphold the principles for safe information sharing as outlined in the Community Safety Partnership's (CSP) **Information Sharing Protocol** (ISP), including ensuring the confidentiality agreement is stated and agreed at the start of the meeting
- Agree **performance** reports to be received by the MARAC Steering Group

The Barking and Dagenham MARAC Chair is a nominated member of the Police's East Area Basic Command Unit Public Protection team.



THE COORDINATOR

The Barking and Dagenham MARAC is administered by the **MARAC Coordinator**.

The MARAC Coordinator is part of the **Community Safety Partnership** team, ensuring a statutory setting for the MARAC, coverage through the Community Safety Partnership's Information Sharing Protocol and an appropriate team expertise.

The **role** of the Coordinator is to:

- Be the visible **single point of contact** for all services and agencies who are members of or refer to the MARAC, and all queries relating to the MARAC
- Be responsible for the **process** - collating referrals, developing the case list, setting the agenda and circulating meeting papers, in line with the process outlined in this protocol
- **Administer** the meeting in terms of governance, templates and bookings
- Ensure referral forms are received **correctly**, and any actions in advance of the meeting required have been completed e.g. referral to commissioned domestic abuse support services, actions taken to reduce risk to date
- Take **minutes** of the agreed risk reduction actions agreed to in the MARAC prior and ensure agreed actions are completed
- Coordinate the **MARAC Steering Group** and the **Tri-Borough MARAC Steering Group**, working with counterparts across the East Area Basic Command Unit - including oversight of governance of the groups, Terms of References and responsibility for the protocol
- Provide update reports to the **Violence Against Women and Girls Strategic Group** as required
- Record information, statistics and data, and create a **quarterly performance report** based on this intelligence for consideration at the MARAC Steering Group
- Facilitate **information sharing** as required across other risk management processes, for example Multi Agency Public Protection Arrangements (MAPPA) and Multi Agency Safeguarding Hub (MASH)
- Deliver **MARAC training** through the council and the multi agency safeguarding arrangements
- Raise **awareness** of the MARAC across the council and agencies, including by planning events and producing materials



MARAC REPRESENTATIVES

The **named** MARAC representative is the **key link** between the MARAC and their service/organisation. They are the single point of contact (SPOC) for that service / organisation.

All participating **core** agencies should have a **named** MARAC representative who should be of an appropriate level of seniority to commit to actions on behalf of their agency. If the named MARAC representative is **unable** to attend, a substitute representative should attend in their place.

For **non core** agencies, the representative should inform the MARAC coordinator in advance of the meeting, and provide a written submission of relevant information on cases being heard that week.

For professionals who are their organisation's **MARAC or MARAC Steering Group representative**, a MARAC induction should be completed.

This induction should **include**:

- Attending **Domestic Abuse Awareness training** available through the Barking and Dagenham Safeguarding Children Partnership's learning and development offer
- A **full handover** with the previous representative to ensure that on going actions are delivered, effective case management is in place and MARAC and organisational procedures are understood and followed.
- Reading the Barking and Dagenham **MARAC Protocol**, as well as this **domestic abuse toolkit**.
- **Introductory meetings** with the partners on the MARAC, who are all part of the system working to tackle domestic abuse
- Ensuring their **organisational colleagues are aware** of the role they are undertaking and how to get in touch if they need information, advice or guidance around the MARAC
- Visiting the **SafeLives website** (www.safelives.org.uk) to familiarise themselves of the resources available for MARAC representatives

Professionals should also complete the induction if they are likely to be attending MARAC **regularly** as a case referrer.

OBSERVERS

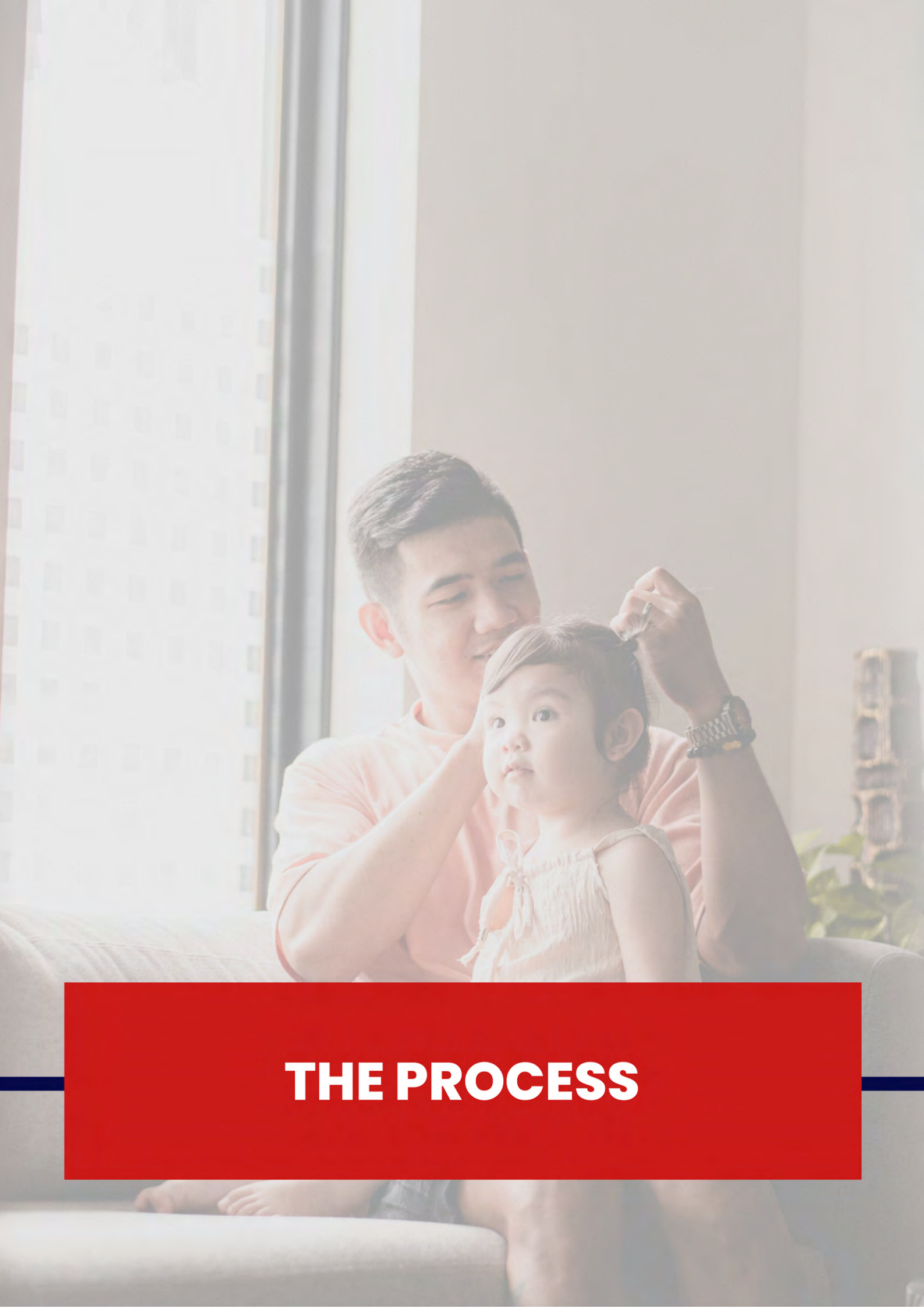
The MARAC is a **closed** meeting, with confidential information shared and discussed in detail.

It is recognised that the MARAC approach is likely to be of interest to many partners, including other MARACs operating across the country. LBBD acknowledges this, and places a limit of no more than two (2) **observers** at any one MARAC meeting. Any observer must agree to and sign the Confidentiality Statement read out at the beginning of the meeting.

When there is a request to observe the MARAC, the following must be complied with:

- The request should be in **writing** to the MARAC Coordinator. The details of the requested observers should be provided
- The MARAC Coordinator will **discuss** with the MARAC Chair to agree to issue an invite to the observer(s) or otherwise
- Actions and minutes will only be shared with **formal** MARAC members, unless the information is depersonalised

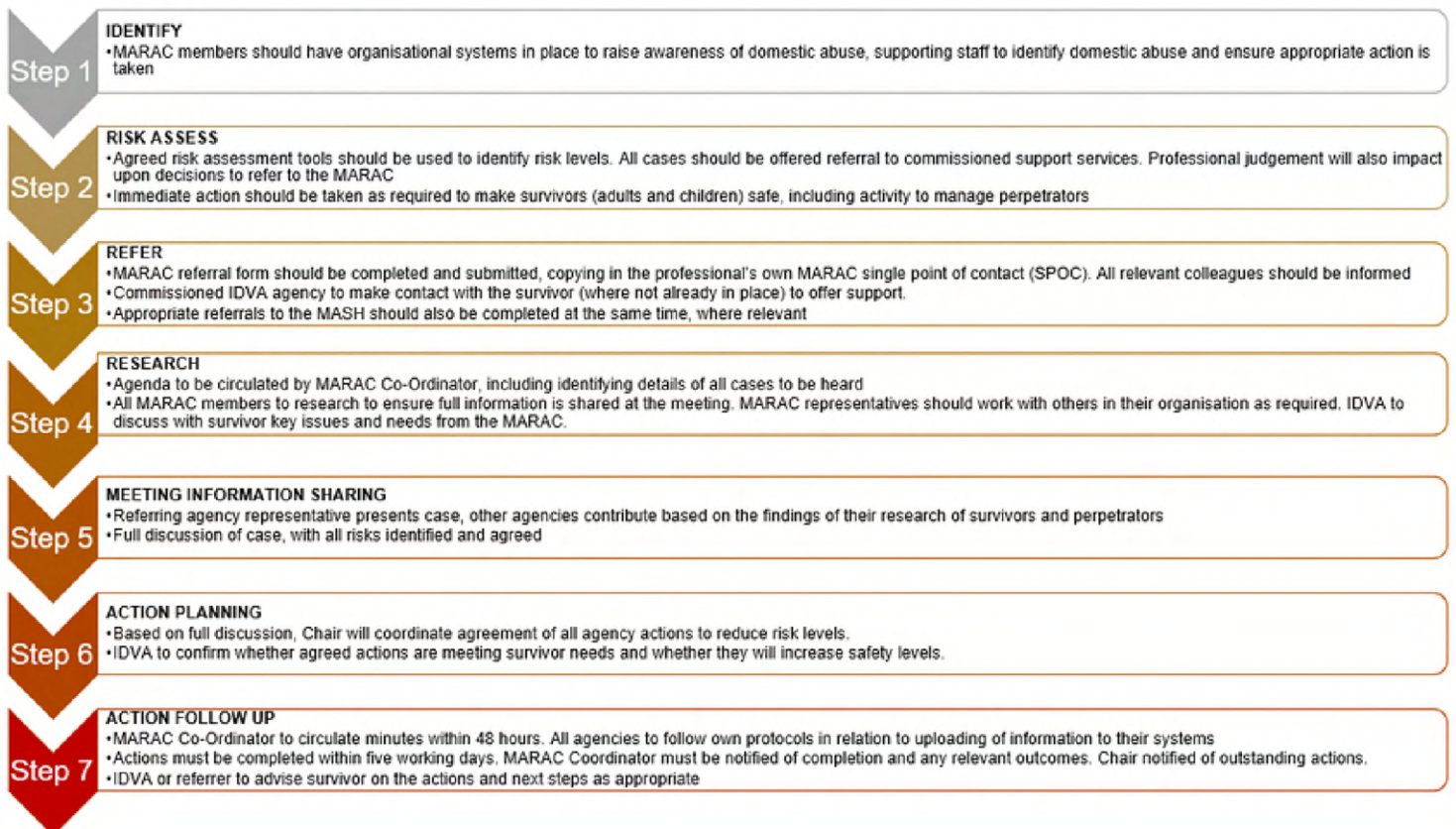


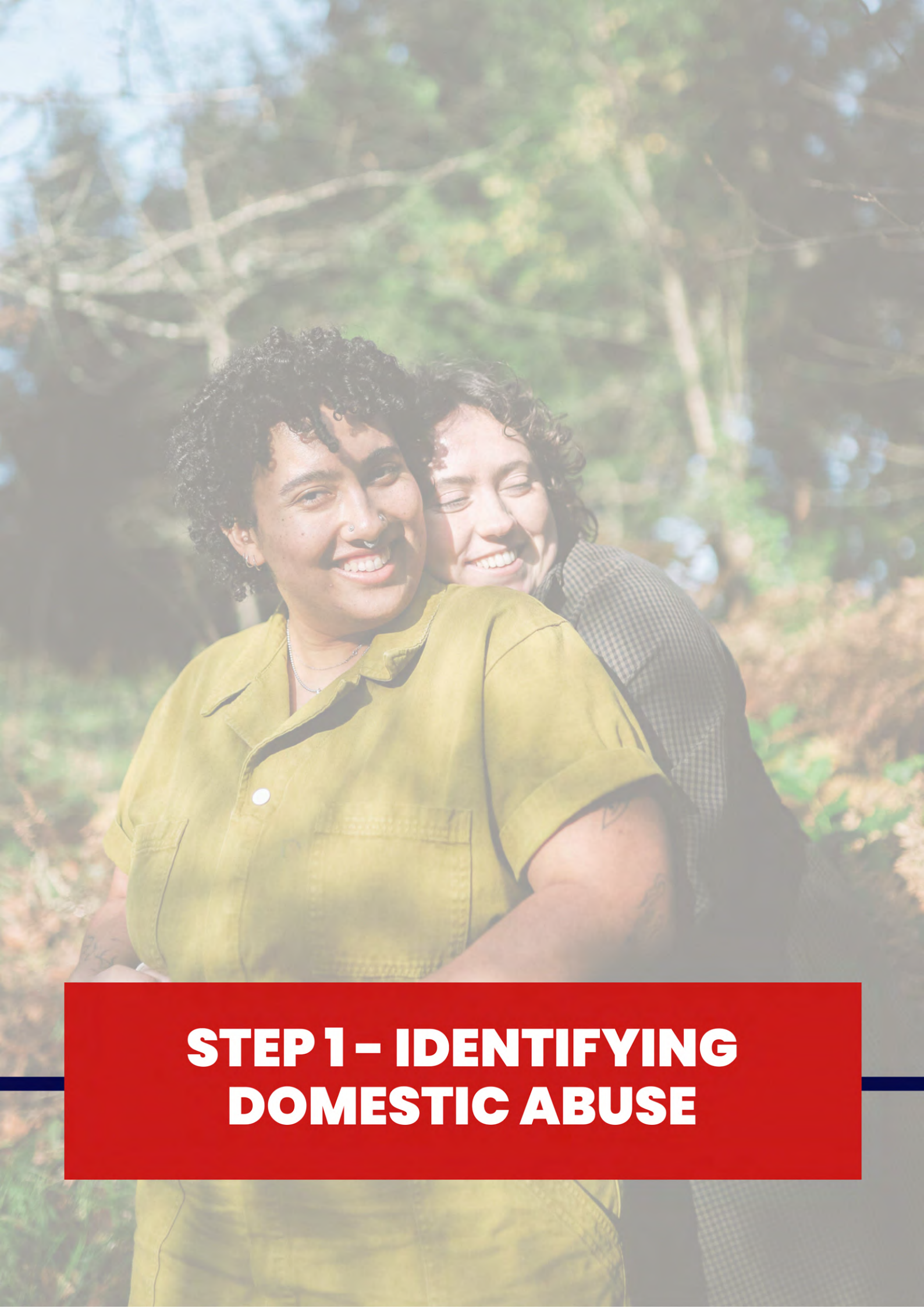


THE PROCESS

THE MARAC PROCESS

The MARAC **process** is shown at a high level in the below diagram:





**STEP 1 - IDENTIFYING
DOMESTIC ABUSE**

IDENTIFYING DOMESTIC ABUSE

LBBD has produced **multi-agency guidance** is to provide **all** multi agency professionals, irrespective of their work role, with a practical resource to support their work with survivors, children, young people, perpetrators and families where domestic abuse is suspected or is present. This guidance provide information and advice on how to:

- **Recognise** the presence of domestic abuse in families
- **Understand and assess** the risk to victims, including children
- Make appropriate **referrals** to services on behalf of the family
- Work **safely and effectively** with families.

The detailed domestic abuse guidance is available **here**:

Council staff: <https://lbbd.sharepoint.com/sites/Intranet/SitePages/Domestic-Abuse.aspx>

All other practitioners: <https://bdsafeguarding.org/domestic-abuse/> or <https://www.lbbd.gov.uk/adult-health-and-social-care/health-and-wellbeing/domestic-abuse/professionals-guidance-and-advice>

It is a **comprehensive and detailed** guide. Some of this may be more relevant to some professionals than others, but the aim is to provide information and resources on domestic abuse in one place.

The guidance supports **all agencies** to identify the existence of domestic abuse and respond. It does not seek to override individual service and agency processes and procedures. These are still expected to embed identifying and responding to domestic abuse

There is therefore an **expectation** that agencies will incorporate questions relating to domestic abuse within their own processes and policies. When domestic abuse is identified agency staff should follow their own agency's procedures. However, all agencies' policies should:

- Tell the victim that they are **believed** and that we can offer help to make them safe
- Signpost or make referrals to our commissioned support services
- Follow **safeguarding procedures** and duties where there are safeguarding concerns for children and / or adults
- Outline how to **assess risk** e.g. complete a Domestic Abuse Stalking and Harassment Risk Indicator Checklist (DASH RIC) to ascertain the level of risk and necessary referrals to MARAC
- How to develop and implement a basic **safety plan**

SUPPORT

If the situation is **urgent** or children are at **immediate risk** phone 999.

In line with the Domestic Abuse Practitioner's Guidance, when domestic abuse is identified professionals should make sure the victim knows about **specialist help** available to them.

The **Barking and Dagenham Independent Domestic and Sexual Abuse Service**, run by Refuge, provides confidential, non-judgmental support and advocacy. Make a referral on 0300 456 0174 or email bdadvocacy@refuge.org.uk. It is a key ambition of Barking and Dagenham's domestic abuse response that victims are able to access support services as quickly as possible. Please find the referral forms at **Appendices G and H**.

Where professionals have identified high risk and a referral is made to the MARAC, a referral **should be** made to the Barking and Dagenham Independent Domestic and Sexual Abuse Service, if it hasn't been already. Where a MARAC case is referred to Refuge, the service will make contact within one working day.

A victim can **decline** the services and if this is the case it should be stated clearly on the MARAC referral form. In these instances, the referring agency will then remain responsible for presenting the views of the victim and reporting back following the meeting. All other methods of contact should be attempted if necessary i.e. via social care, housing, education, health visitor etc.

If providing these contact details to a victim, be aware of their **safety** - give advice on how to remove cookies from internet histories, and make sure service contact numbers are provided in a safe way, such as backwards or in the form of a 'reference number' for an enquiry about a neutral service.

In order to identify **high risk** domestic abuse that should be referred to the MARAC, a risk assessment should be undertaken. The next section in the protocol outlines this.

OTHER NECESSARY REFERRALS

Where a professional identifies domestic abuse, there may be other **referrals** that need to be made. Follow your organisation's own safeguarding policies.

Report concerns about a **child's safety** to:

- The MASH team 9am to 4:45 pm, Monday to Friday - **020 8227 3811**
- Out of hours MASH team - **020 8594 8356**
- The professional referral form
<https://www.lbbd.gov.uk/form/child-protection-referral-form>

Report concerns about **vulnerable adults** to:

- The adult intake team on **020 8227 2915** or intaketeam@lbbd.gov.uk
- The professional referral form
<https://www.lbbd.gov.uk/safeguarding-adults-at-risk-of-abuse-or-neglect>





STEP 2 - ASSESSING RISK

ASSESSING RISK

Understanding the level of risk to the victim is critical when deciding on what to do next and what referral and escalation pathways to follow. Using a **recognised tool** to do this has a number of advantages:

- An **objective**, rather than subjective, approach
- A **common understanding** and a **common language** for professionals across partnerships
- Ensuring **escalation** processes and **referral** pathways are informed by risk

There are a number of risk assessment tools in use across the council and partners. Make yourself familiar with the tool your service / organisation uses and the multi-agency partnership tools in operation.

The most common tool in use to assess risk to victims is the SafeLives' **Domestic Abuse, Stalking and Honour Based Violence Risk Indicator Checklist** (DASH RIC) - a copy is available at **Appendix F**. This tool was developed to:

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

More information on the DASH RIC can be found at <https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face>

The DASH RIC should be used in **every** case where disclosure is made by an adult victim to a trained professional about **current** domestic abuse or **current relationship** where domestic abuse has taken place previously. Risk is **dynamic** and can change very quickly. It is **good practice** to review the risk regularly.

Professionals should ensure they are **trained** to use the DASH RIC - explore the training available at the Barking and Dagenham Safeguarding Children's Partnership website or within your organisation.

Anyone assessed as **high risk** must be referred to the **MARAC**. See the MARAC referral form at **Appendix A**.

YOUNG PERSON'S RIC

Safe Lives has also developed a Risk Identification Checklist (RIC) tailored to the needs of **young people** - please see Appendix G for a copy of it.

If you are a professional where a young person you are working with has **disclosed domestic/relationship abuse**, then the young person risk identification checklist should be used and not the adult version.

Professionals should aim to complete the Young Person's Risk Identification Checklist on **first contact** with the young person.

It may be best to first ensure an appropriate relationship is established between yourself and the young person to enable them to confide in you more readily. In such cases, be sure to complete the form at the **earliest opportunity**.



Normally the checklist will be completed **with** a young person who is experiencing relationship abuse, including stalking and 'honour based' violence.

Professionals may receive **additional information** from other professionals such as the police and family. If this is the case, it should be noted on the checklist form.

Professionals must remember however that in **certain situations** - such as 'honour-based' violence - family members may pose a **threat**.

Further information and guidance notes for the Young Person DASH RIC can be found <http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face> here

High risk cases should be referred to the MASH (via completion of a MARF - see earlier section in this protocol) and the MARAC - see **Appendix A** for the referral form.

TOP TIPS FOR RISK ASSESSMENT

Where possible, risk assessments should be undertaken with the victim. Where this is not possible, professionals should **still** complete a risk assessment based on all of the information available to them.

Before beginning the process of risk assessment, professionals should establish the following:

- How much **time** the victim has to talk. Is it **safe** to talk now? **Where** is the perpetrator and any children? What are their safe contact details?
- **Why** we are asking these questions, and how the risk assessment will ensure the victims are provided with the correct support and referrals, including the MARAC where high risk is identified

As part of the risk assessment process, professionals should bear in mind the importance of:

- **Identifying** exactly who the victim is frightened of e.g., ex-partner, partner, family member
- Using **gender neutral terms**, such as partner. By creating a safe, accessible environment LGBT+ victims are more likely to feel able to disclose both domestic abuse and their sexual orientation or gender identity

Remember the questions and results from a risk tool **are not a definitive assessment** of risk. They should provide you with a structure to inform your **professional judgement** and act as **prompts** to further questioning, analysis and understanding. It is not a 'tick box' exercise.

Professionals should share with victims the **outcomes** of the risk assessment and discuss and agree next steps. There are some key things to bear in mind when doing this:

- Telling someone that they are **high risk** of serious harm or homicide may be frightening and overwhelming for them. State the concerns identified in the assessment by using the answers and language the victim gave during the assessment. You should be clear with the victim about the next steps and referrals to be made. A basic **safety plan** must then be completed with the victim (please see previous chapter on how to make a safety plan).
- Identifying that someone is **not currently high risk** needs to be managed carefully so that the person doesn't feel that their situation is being minimised. Reassure them that you have taken them seriously and help is available - provide the options for support, agree actions with the victim and make the agreed referrals. Work with the victim to do a basic safety plan.



**STEP 3 – REFERRING TO THE
MARAC**

THE REFERRAL PROCESS

Any agency employee can identify and refer cases to the MARAC. If the case meets the referral criteria as outlined in this protocol, it will be added to the agenda for the next meeting. Before making the referral, a professional can discuss the case with their agency MARAC representative or line manager. Professionals should ensure their agency MARAC representative is aware of any referrals they make.

The Barking and Dagenham MARAC **referral form** can be found at **Appendix A** and is also available at:

<https://www.lbdd.gov.uk/adult-health-and-social-care/health-and-wellbeing/domestic-abuse/professionals-guidance-and-advice>

Before submitting the form, the referrer must ensure the below **essential** information is included:

- Name, date of birth and address of victim, their children and the perpetrator
- Safe contact details for the victim and whether the address is safe to post to
- Whether the victim has given their informed consent to their information being shared at MARAC
- Protected characteristics information about the victim and perpetrator
- Whether there are additional considerations to the risk of the victim or family – such as the victim being disabled, requiring an interpreter, or any other barriers
- School, college or early years provider for any children identified
- Details concerning the risk level
- A clear ask of the MARAC

If this information is not included the MARAC Coordinator will return the referral for completion. If a referral is incomplete, or unclear, the MARAC coordinator may ask the referee for further information.

Referral forms must be submitted to the MARAC Coordinator on [.maracreferrals@lbdd.gcsx.gov.uk](mailto:maracreferrals@lbdd.gcsx.gov.uk) (secure) or MARACreferrals@lbdd.gov.uk (not secure – please use Egress or password protect your form) by 5pm, **eight working days** prior to the MARAC meeting.

If urgent cases are identified up to **six days** prior to the meeting, these may be submitted to the MARAC Coordinator who will agree with the MARAC Chair if the case can be added to the agenda as an urgent case. Any referrals received after the time period outlined will be added to the agenda of the **subsequent** MARAC meeting.

If a service identifies a case of grave concern, they are able to request the coordination of an **Emergency MARAC**. To do this, professionals must contact the MARAC coordinator on maracreferrals@lbdd.gov.uk

The MARAC coordinator will send an **acknowledgement** of your referral, and will confirm **when** the case will be heard, request **additional information** or if the case has been **rejected**, and if so, why.

CONSENT

It is **preferable** for the referring agency to gain consent from the victim for their case to be referred to MARAC. Professionals should explain clearly and succinctly to the victim what the MARAC is, why their case needs to be referred to it and how the MARAC can help them.

Professionals should be aware that all high risk cases of domestic abuse that they identify **must** be referred to the MARAC, even where consent has **not** been secured or given by the victim. Where high risk is identified, consent is overridden.

It is **best practice** that clients who are referred to the MARAC should be notified of the referral (if it is safe to do so), although it is acknowledged that this will not always be possible. This ensures that the views and concerns of the victim can be directly communicated at the MARAC. Consent is also useful to ensure that the victim is aware of their case being discussed so that full feedback can be provided to the victim of the outcomes of the discussion by the allocated IGVA.





REFERRAL CRITERIA

REFERRAL CRITERIA

Multi agency professionals should make sure they are aware of the **referral criteria** to the MARAC. These are:

- **14 ticks or more** on a completed Domestic Abuse, Stalking and Honour Based Violence Risk Indicator Checklist (DASH RIC, see the Risk Assessment Tools section in this guidance and Appendix F for further detail)
- **Escalation of abuse**
 - Where there is evidence of **escalation** in the frequency and/or severity of incidents, this should result in a referral to MARAC
 - Cases where there have been **three or more incidents** of domestic abuse within the previous 12 months should be referred by police partners, where professional judgement suggests this is indicative of escalation and high risk
- Identified cases of **so called 'honour' based violence, female genital mutilation (FGM) or forced marriage** are considered an automatic referral to Barking and Dagenham's MARAC.
- **Repeat incidents** - cases which have previously been heard at the MARAC must be re-referred in the event of a repeat incident within 12 months
- **Professional judgement** - MARAC partners are experts in their fields, and that experience, skills and knowledge can differ across service areas. It is understood that some cases will not meet the above criteria, but a professional may have concerns that a case is of sufficient risk to require a referral to the MARAC. In these cases, discussion should be had with the service/agency MARAC representative and consideration given to the following before making the referral:
 - Does the service working with the client believe that **full disclosure has not been made**, resulting in an assessment of risk being made on limited information?
 - Does the service believe that the victim may be **minimising their risk** and/or there is a known risk such as use of weapons, previous history, coercive controlling behaviour, or other issues which may influence **ability to disclose**?
 - Is there another reason why the service believes that a MARAC discussion would reduce potential high risk to the victim or family?

The MARAC may also take appropriate requests for a 'Clare's Law' disclosure to be made under the **Domestic Violence Disclosure Scheme**.

CASES FOR INFORMATION ONLY

Where a case meets the referral criteria, but there are **no outcomes sought** or identified in advance, it may be listed for information only rather than full MARAC action planning.

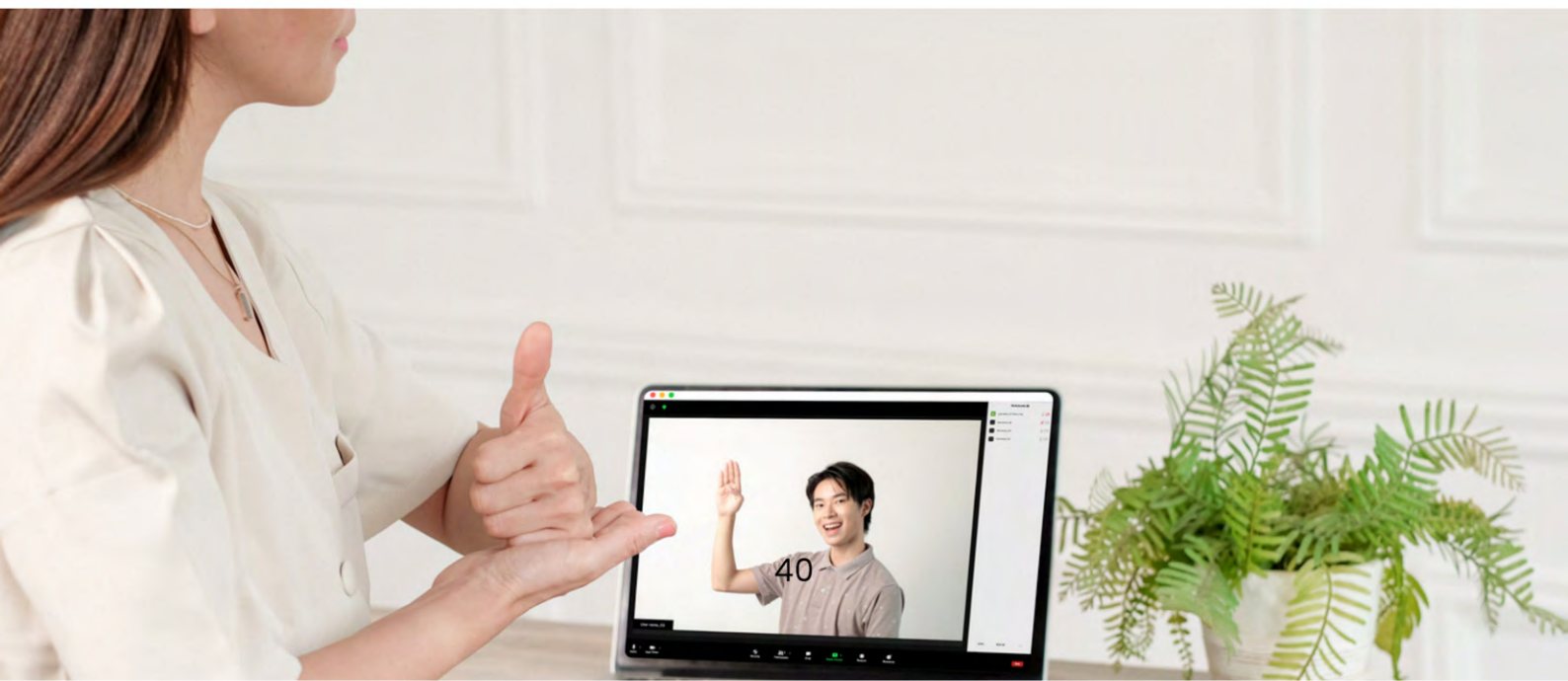
When the agenda is circulated, cases for information only will be **clearly** marked. These cases must still go through pre-meeting agency research process, as well as all other stages of the process e.g. flagged on individual agency / service systems.

Cases **cannot** be listed for information only if:

- They involve a **child or children, or the victim is pregnant** (except where the child or children are in permanent care)
- They involve **vulnerable adults** as defined by the Care Act 2014
- **Specific actions** have been identified or requested by the referrer

The decision to list cases as either full cases or information only cases will be made by the **MARAC Chair** and MARAC coordinator in consultation with the referrer or referring agency. The referrer is able to disagree with the case being listed for information only. The MARAC Chair has **final** decision making responsibility.

If once listed in this way a partner agency identifies information which would indicate the listing is inappropriate, they should **notify** the MARAC Coordinator as soon as possible. The listing will be changed and the agenda recirculated, with the changes made clear in the covering email.



REPEAT INCIDENTS

As outlined in the referral criteria, cases which have previously been heard at the MARAC must be re-referred in the event of a repeat incident **within 12 months**. A repeat incident is recognised as an incident that if reported to the police would constitute a criminal offence having taken place. Every time there is a repeat incident, it is heard at MARAC and restarts the 12 month timeline.

The following **do not** constitute a repeat case:

- Where a case is reviewed at the MARAC involving the **same victim but a different perpetrator or group of perpetrators**
- Where a case is reviewed at the MARAC involving the **same perpetrator but a different victim**
- Where an incident **not involving criminal behaviour** occurs and is therefore not reviewed at MARAC
- Where the same victim and perpetrator are being discussed at a **another local authority's MARAC**
- Cases which are discussed at a MARAC meeting but for **information purposes** only (e.g. imminent release of perpetrator from prison)

The repeat incident should be flagged by **all** MARAC agencies/services on their relevant systems, in line with data protection and information security requirements. This enables the MARAC to correctly identify repeat incidents and ensure front line practitioners have the information they need to provide the correct service to high risk victims of domestic abuse.



MULTIPLE REPEAT INCIDENTS

Some cases can be referred to the the MARAC **multiple times**. This can often be the case when there are other factors involved e.g. substance misuse, and the MARAC may not be best placed to deliver permanent resolution.

These **complex, multiple repeat cases** by be managed in the following way at the discretion of the Chair.

- The case is circulated as part of the agenda for **information only** and the for information only process must be followed by all agencies (unless any agency has key additional, relevant information that should be shared at the meeting or circumstances have changed and the case now meets the criteria outlined in the previous page where a case must be heard)
- Options are considered for **alternative risk management interventions** e.g. police strategy meeting Integrated Offender Management, Multi Agency Public Protection Arrangements , and the case referred accordingly
- **Referrals** to commissioned perpetrator services or other relevant commissioned / core services are made where appropriate e.g. Support 2 Safety or the police's Immediate Safeguarding Team

The **MARAC Coordinator** will make any necessary referrals in line with the above.

Multiple incidents occurring between subsequent MARAC meetings only result in **one** MARAC discussion.

Cases can go to MARAC where there is **more** than one perpetrator. This is counted as one case and will be reviewed if there are **any** incidents with **any** of the named perpetrators.





WHEN NOT TO REFER

WHEN NOT TO REFER

Cases **should not** be referred to MARAC if:

- There is **no identified high risk** from the DASH RIC, professional judgement or other referral criteria
- If you simply need to refer the case to commissioned services support. These can be **accessed directly** - please refer to the Professionals' Toolkit published on the LBBB intranet and internet sites, as well as the Safeguarding Children's Partnership (BDSCP).
- To **solely provide evidence** to access a single services, for example to enable housing transfers or homelessness applications. Referrals / approaches should be made directly to the service required.
- To **signpost** to other services only. It may be that a professional needs support in identifying suitable action plan elements, having exhausted all avenues available to them within their role, which can come to MARAC as part of the risk management function.

Where the case does not meet the risk threshold and criteria for referral to MARAC, professionals **must** still provide a service to victims and their families in line with the guidance in the Professionals' Toolkit, as referenced above. As a bare minimum, victims should:

- Be asked for their consent for a **referral** to our commissioned support services, and the referral made
- A **basic safety plan** should be completed - every contact should be treated as our first and only chance to make a victim and their family safe.
- Receive referrals to **any other** services they may require
- Information related to the domestic abuse should be **recorded** in a safe and secure way, in line with the relevant agency or service procedures



REJECTED REFERRALS

There are a number of reasons why a referral submitted to the MARAC coordinated **may not** be placed on the case list for discussion the next meeting. These include:

- Incomplete or illegible forms
- MARAC referral criteria has not been met
- The case is more appropriate as for information 'flag and tag'

The MARAC Coordinator will always feedback to the referral source where forms are incomplete or the criteria has not been met, and referring agencies can **review and resubmit** as necessary.

The decision to list cases as either full cases or information only cases will be made by the MARAC Chair and MARAC coordinator in consultation with the referrer or referring agency. The referrer is able to disagree with the case being listed for information only. The MARAC Chair has **final** decision making responsibility.





STEP 4 - RESEARCH

BEFORE THE MARAC

For any cases that professionals refer to the MARAC, cases should still be managed effectively **in advance** of the MARAC. The same is so when agencies become aware of MARAC cases as a result of the circulation of the weekly case list. Professionals must always consider what immediate actions they need to undertake to support the victim and their children, and increase their safety. This may include contacting the police or other statutory services.

Agencies **should not** wait until the MARAC meeting before taking partnership action to reduce risk and provide support. Examples of these types of actions include:

- Target hardening the property the victim lives in
- Moving the victim to safe / temporary accommodation if needed.
- Providing support and ongoing safety planning to the victim
- Referrals to safeguarding services in line with organisational safeguarding policies

Upon receipt of the MARAC case list, MARAC representatives should conduct the necessary **research**. Agency/service databases and records should be searched to identify relevant information regarding the victim, perpetrator and any children. It is good practice use a MARAC research form to collate the information – a copy is available at **Appendix E**.

It is also good practice to refer to SafeLives guidance on **information sharing** (available [here](https://safelives.org.uk/sites/default/files/resources/Legal%20Grounds%20for%20Sharing%20Information%20Guidance.pdf): <https://safelives.org.uk/sites/default/files/resources/Legal%20Grounds%20for%20Sharing%20Information%20Guidance.pdf>), as well as the Barking and Dagenham Community Safety Partnership's Information Sharing Agreement.

The information identified by the MARAC representative should either be **shared** in advance of the meeting with the MARAC coordinator or brought to the meeting itself for presentation by the representative (or their deputy if the representative is unable to attend).

The Barking and Dagenham MARAC list of cases is circulated **five** working days before the meeting so that all agencies have the time to complete their research before the meeting. The MARAC list of cases is circulated on a Word document. The agenda **cannot** be arranged to accommodate timed cases where an agency or professional is required for specific cases, although requests can be made to the **MARAC Coordinator** for cases to be heard at the beginning of the meeting if only representing one case.





**STEP 5 – THE MARAC
MEETING**

THE MEETING

Meetings are held on a **Thursday** morning and commence promptly at 10.00am. The meeting will continue until **all** cases have been heard. Cases are allocated approximately **10 minutes** for discussion. The Chair manages the meeting to ensure a focused conversation to enable this. It is not possible to determine precisely when the meeting will conclude, so core representatives should ensure they have enough flexibility on the day to remain at the meeting until all cases have been heard.

It is important that agencies ensure their representatives attend and do not schedule conflicting commitments for this day. **All** core member representatives are expected to attend every MARAC, and to send a fully trained deputy where this is not possible. Any core member attendees **must** be senior enough to be able to make any resourcing decisions as part of the action planning.

In **exceptional** circumstances where there is no trained deputy available a written report may be submitted to the MARAC Coordinator no later than 24 hours prior to the meeting.

Cases involving **children or pregnant victims** will be scheduled first on the agenda and cases for information will be listed last on the agenda. For information cases will only be discussed if additional information has come to light since the circulation of the agenda, which should be shared in advance of the meeting with the MARAC coordinator.

Individual **case workers** may attend where it would be appropriate for them to do so e.g. IDSVAs, social workers, key workers. This is usually the case where they are the referring worker, as they will hold detail on the case to be made as part of the presentation of the case.

For those agencies which are not identified as core agencies it is permissible to send representatives to the MARAC **only** when relevant cases are listed.





**STEP 6 – ACTION PLANNING
TO INCREASE SAFETY**

ACTION PLANNING

At the MARAC, each case will have a **bespoke action plan** developed. The singular purpose of the action plan is to increase the safety of the **victim**, and any children, and any other vulnerable parties involved within the case - thereby reducing risk levels.

The action plan should also consider any action taken to manage/contain the **perpetrator's** behaviour or to hold them accountable for their actions.

It is also important for the action plan to include any safety measures beyond those already in place for **staff** involved in the case.

Action plans must be **specific** to individual cases to address the risk and wishes of the victim.

There are a series of **standard actions** which should be considered and implemented for all cases. These include:

- All agencies flagging and tagging their files in relation to perpetrator, victim and any children. This ensures services can be provided with necessary understanding of context and that repeat incidents can be identified.
- A police TACU (Treat All Calls as Urgent) should be placed on the victim's address, and any other addresses partners feel are relevant



- Checking that a referral has been made to the commissioned domestic abuse support service and that support has been provided - and problem solving where there are any concerns relating to engagement or a lack of consent for a referral
- Agreed feedback to the victim and how this will be provided - if a victim has not engaged with the commissioned domestic abuse support service this should be from the referring agency

It is expected that agencies will take a **proactive** part in the action planning process - it is not the responsibility of the Chair to problem solve alone and then allocate actions.

The Chair will confirm actions, and these will be captured by the MARAC coordinator and circulated as part of the minutes within **5 days** of the meeting.

ACTION PLANNING

Although a summary of agreed actions from the MARAC meeting is circulated within 5 days of the meeting, it is important attendees keep their own records of actions and **do not wait** for receipt of minutes before actions are completed.

Representatives are required to provide **confirmation** that actions have been completed to the MARAC Coordinator within a reasonable time frame. The MARAC Coordinator will query any outstanding actions if these have not been completed by the date of the **next MARAC** meeting.

Where an agency is unable to complete either individual or standard actions they should **notify** the MARAC Coordinator as soon as possible. If the situation cannot be resolved, the matter will be escalated to the MARAC Chair, who will then work with the agency concerned to identify a solution consistent with the principles of the MARAC. If no resolution can be found, the MARAC Steering Group Chair will issue instruction.





**WORKING WITH
PERPETRATORS**

WORKING WITH PERPETRATORS

It is the role of representatives at MARAC to bring information about the alleged perpetrator's circumstances and their behaviour for **every** case, as well as information about the victim and any children.

The Chair should ensure that **all information** relevant to the perpetrator and factors that are likely to increase the risk of re-abuse to the victim, harm to children, other vulnerable parties and risk that agency staff could be harmed, is heard at the meeting. This would be in addition to the usual proportionate and relevant information shared on the victim and any children.

It is essential that the Chair outline the risks identified from this information and invites other representatives to highlight any additional concerns that may have been overlooked. Some examples of **triggers** that could increase risks specifically relating to the perpetrator may include:

- Homeless or at risk of homelessness
- Self-harming or threatening suicide
- Misusing drugs or alcohol
- Demonstrating behaviours which suggest they may be suffering from a mental illness
- History of ignoring or breaching bail conditions or court orders or offending whilst released under investigation
- Stalking and harassing the victim or their friends/family/colleagues or history of obsessive behaviour
- Use of weapons including household objects to harm victim

Actions to address these risks and behaviours in relation to the alleged perpetrator fall into four main categories:

- Divert
- Manage
- Disrupt
- Prosecute

Further information on actions within these categories can be found in the following guidance:

<https://safelives.org.uk/sites/default/files/resources/Perpetrator%20guidance%20for%20Maracs.pdf>



SUPPORT 2 SAFETY

In Barking and Dagenham we have a dedicated Domestic Abuse rapid response team in MASH called **Support 2 Safety** (S2S). S2S is a multi-disciplinary team made up of experts in tackling domestic abuse, including:

- Domestic abuse victim leads (provided by Refuge)
- Domestic abuse perpetrator leads (provided by Cranston)
- Social workers

The team ensures individuals and families affected by domestic abuse get the right help, at the right time, from the right person.

Support2Safety works to:

- Get **victims** the support they need to minimise the impacts for them and their children
- Work with **perpetrators** and support them with education and behaviour change programmes
- Improve **timeliness**, with support offers made within a working day of referral
- Improve oversight and management of **risk**
- Improve **victim confidence** in our services and interventions
- Reduce **repeat victimisation** rates for domestic abuse

The team works alongside **MASH** to identify support needs and assess risk for children affected by domestic abuse and provide rapid, detailed risk assessment, safety planning and onward referrals. The team also works closely with the police's **Immediate Safeguarding Team** and takes referrals from them for victims and perpetrators. The police can refer perpetrators where a domestic abuse case has been closed as no judicial disposal is possible (at the point of No Further Action).

S2S will also make referrals to the **MARAC** where high risk has been identified based on the assessments they undertake. S2S workers will attend MARAC. MARAC will refer cases to S2S to access perpetrator interventions.

For any general queries about Support2Safety the team can be contacted by email at: support2safety@lbbd.gov.uk





**STEP 7 - ACTION PLANNING
FOLLOW UP**

FOLLOW UP

Although a summary of agreed actions from the MARAC meeting is circulated within 5 days of the meeting, it is important attendees keep their own **records** of actions and do not wait for receipt of minutes before actions are completed.

Representatives are required to provide **confirmation** that actions have been completed to the MARAC Coordinator within a reasonable time frame. The MARAC Coordinator will query any outstanding actions if these have not been completed within six days of the meeting, and if they remain uncompleted the Chair will address this in full at the next MARAC meeting.

Where an agency is **unable** to complete either individual or standard actions they should notify the MARAC Coordinator as soon as possible. If the situation cannot be resolved, the matter will be escalated to the MARAC Chair, who will then work with the agency concerned to identify a solution consistent with the principles of the MARAC. If no resolution can be found, the MARAC Steering Group Chair will issue instruction.





MARAC TRAINING

TRAINING

MARAC **training** is made available to those across the multi agency partnerships who will need to attend or refer to the MARAC.

Training availability can be viewed on LBBB intranet and internet sites, as well as booked there:

Council staff:

<https://lbbd.learningpool.com/login/>

All partners:

<https://bdsafeguarding.org/training-development/>

To discuss any MARAC training requirements **additional** to this, please contact the MARAC Coordinator on maracreferrals@lbbd.gov.uk



Other useful MARAC **training resources** can be found here:

Safelives training for MARAC representatives:

<https://safelives.org.uk/training/if-you-attend-marac/training-marac-representatives>

Safelives training for MARAC Chairs:

<https://safelives.org.uk/training/if-you-attend-marac/training-marac-chairs>

Safelives resources for people referring to MARAC:

<https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>

Safelives resources for people attending MARAC:

<https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-attending>



TRAINING FOR MARAC CHAIRS

All identified **Chairs and Deputy Chairs** will be offered induction and training (prior to commencement of role). It will be provided through the MARAC Coordinator and the DA Champions standard offer. Training must be refreshed every two years as a minimum.

The **focus** of this training will include:

- Domestic abuse – definitions, types
- LBBD community, intersectionalities and barriers
- Risk assessments and professional judgement of high risk
- Lived experience of the child
- Perpetrator focus
- Local service offer and toolkit available
- Chairing the meeting and effective action planning
- MARACSG and Triborough MARAC





**MARAC TO MARAC
REFERRALS**

REFERRALS TO OTHER MARACs

mARACs are responsible for the geographical area coterminous with the **Local Authority** borough boundaries. These are not always coterminous with the geographical boundaries of each agency represented in the MARAC.

The MARAC of the local authority area in which the victim is **normally** resident should take lead responsibility. This ensures that cases are referred to the MARAC most able to offer appropriate support to the victim.

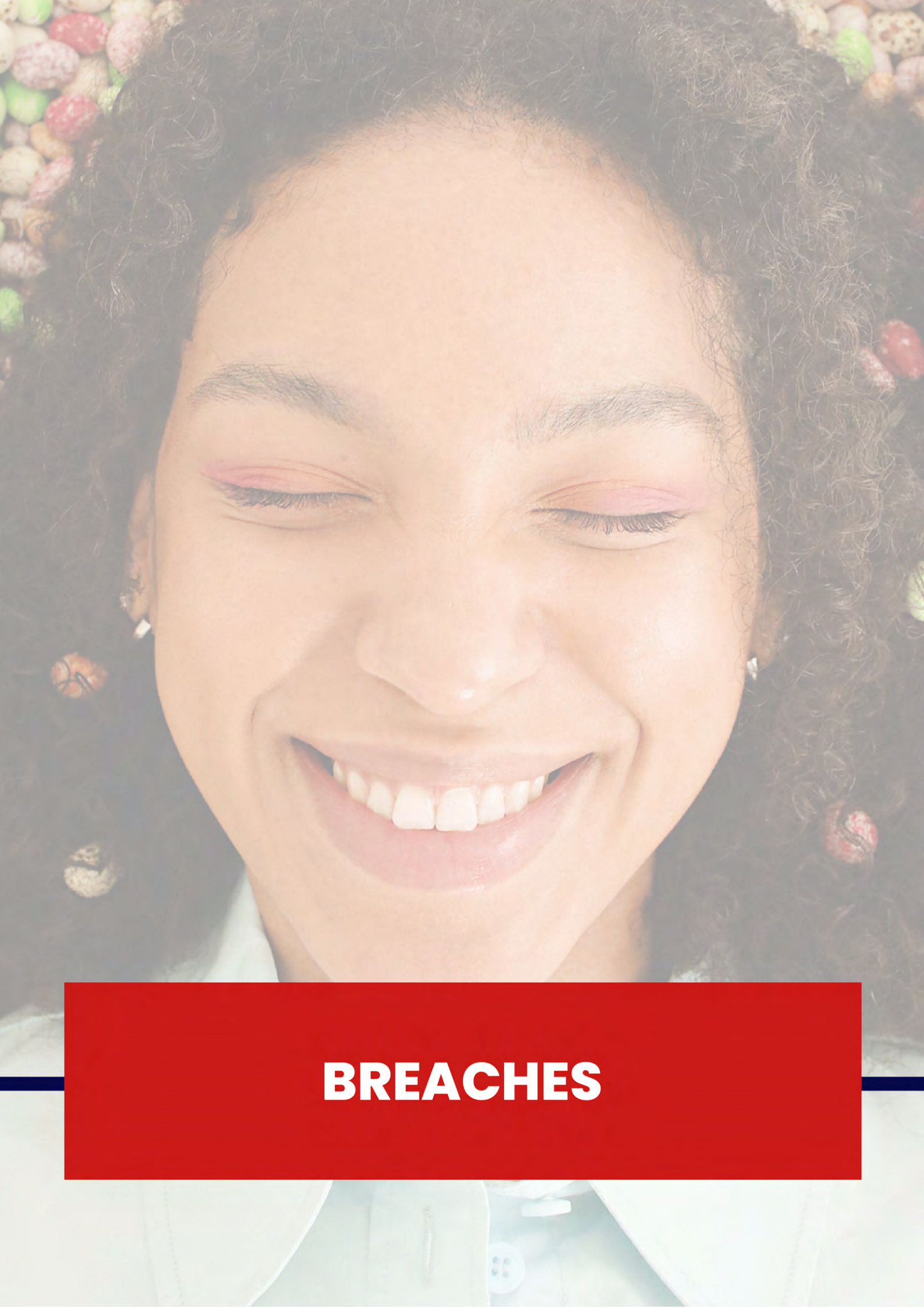
If a MARAC referral or case that meets the MARAC criteria is identified, but which does not fall within the geographical boundaries of the Barking and Dagenham MARAC, the MARAC coordinator will refer the case to the **correct** area's MARAC coordinator

If the victim moves out of the borough (either permanently or temporarily) during the period between referral and MARAC meeting, a **MARAC to MARAC referral** will again be appropriate. A referral will be made by the MARAC Coordinator to the local MARAC Coordinator in the area where the victim has relocated to

In **cross boundary cases** the MARAC Coordinator of the lead/primary MARAC will update any other MARACs that may be able to offer support.

The MARAC coordinator attends the **Triborough MARAC Steering Group**, where cases will be reviewed to look for any cross over of case load (victim and perpetrator) in the East Area Basic Command Unit. Havering and Redbridge local authorities attend the Triborough MARAC Steering Group.





BREACHES

BREACHES

All agencies should operate within the MARAC Protocol as outlined in this guidance. Agencies should also be compliant with the Community Safety Partnership's Information Sharing Agreement, which covers the work of the MARAC.

Any **identified breaches** of either the MARAC Protocol or the Community Safety Partnership's Information Sharing Agreement should be brought to the attention of the MARAC Coordinator and Chair, and they will refer the breach to the MARAC Steering Group Chair in the first instance.

It may then be **escalated** to the Violence Against Women and Girls Strategic Group Chair and the relevant statutory partnerships Chairs if relevant and necessary (the Community Safety Partnership, Safeguarding Children Partnership and Safeguarding Adults Board)

Any risk to victims and others as a result of any breach should be considered as a **priority**, and action taken to maximise safety.





**DISCLOSURES FROM THE
MARAC**

DISCLOSURES TO COURT PROCEEDINGS

Where disclosure of documents is requested by a court, the MARAC will follow the principles outlined in the Working Party of the Family Justice Council's "**MARAC and disclosure into court proceedings**" published in December 2011 and updated November 2022.

Victims referred to MARAC will sometimes be involved in related court proceedings. Whilst a MARAC may appear a valuable source of information in court proceedings it is very important to consider the issues of **transparency, disclosure and the potential risk** of information being shared which may undermine a safety plan.

If a request is made to a court by a party to proceedings for information from a MARAC, the **court** should be mindful of the following:

- **Who** is making the request – if it is the perpetrator note they are seeking information that relates to their own behaviour management. If it is the victim, it may be required to regularise housing, immigration or non-statutory resources
- What is the **reason** for the request – a request should be submitted in writing and set out what the applicant seeks and why they seek it.
- The question of disclosure of information or documents by a MARAC should always be considered **well in advance** of a contested hearing and be dealt with by an order for directions.

Any request received by the MARAC should be addressed to and considered by the **MARAC Chair** in line with the below:

- The owner of information shared at a MARAC is the **original supplying agency**
- MARACs should only be required to disclose information by an **order** of the court
- The order should allow the MARAC Chair / a MARAC representative to **appear and object** before compliance is required
- When any such order for disclosure is made and served on a MARAC, the Chair of the MARAC is under a **duty to raise formal objection** if any disclosure will interfere significantly with a safety plan or may cause harm to any relevant child.
- If the MARAC Chair decides not to make a formal objection the Chair should **identify the documents** currently held (which in practice will usually only be the minutes). If the minutes refer to information supplied and held by another organisation, the court should make an order against the organisation and give them an opportunity to object and respond
- The court order should provide an opportunity for the MARAC Chair to restore the matter before the court for **guidance** if the MARAC is concerned that disclosure may impact on victim safety.
- Where a MARAC holds information that they believe would be useful to a court but which should not be disclosed into proceedings, the MARAC Chair should disclose the information to the **relevant statutory body** (local authority, Police, Cafcass) for them to use as appropriate in court proceedings.

DOMESTIC HOMICIDE REVIEWS

Conducting Domestic Homicide Reviews (DHR) became a **statutory responsibility** of the Community Safety Partnership under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The provision came into force in 2011.

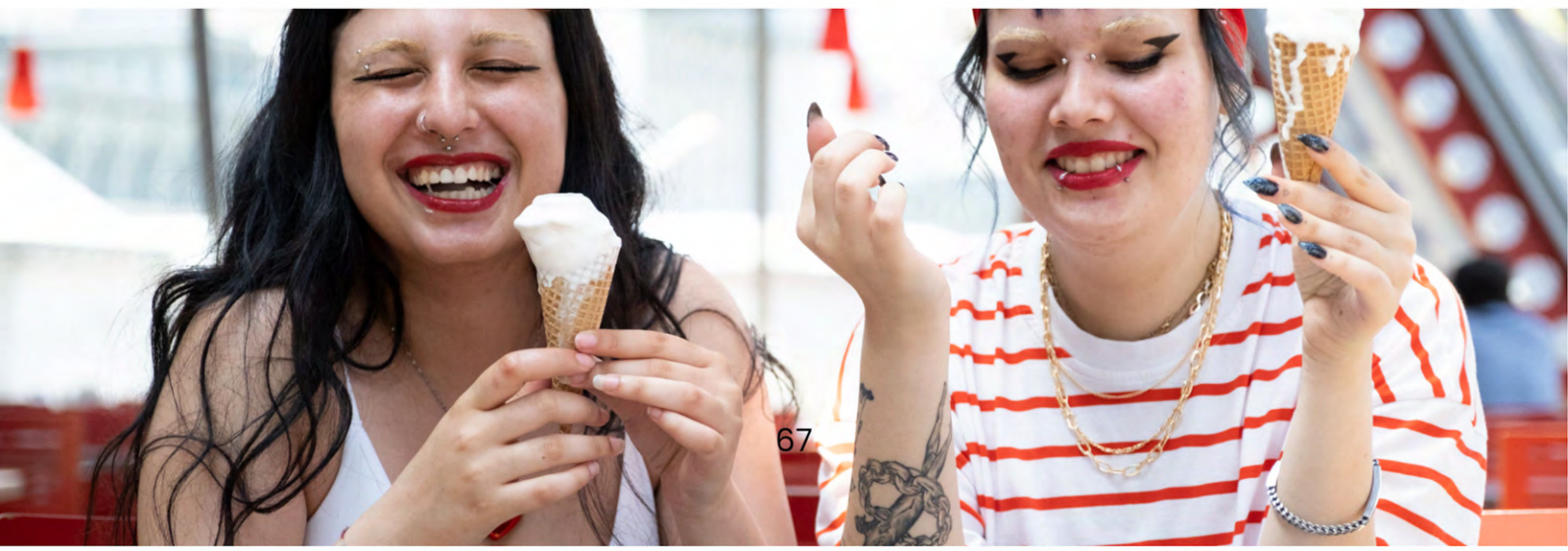
The purpose of a DHR is to:

- Establish what lessons are to be learned regarding the way in which local professionals and organisations work **individually and together** to safeguard victims
- Identify clearly what those lessons are, both within and between agencies, and how and within what timescales they will be acted on, and what is expected to change as a result
- Apply these lessons to **service responses** including changes to inform policies and procedures as appropriate
- **Prevent** domestic abuse and homicide and **improve** service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity
- Contribute to a **better understanding** of the nature of domestic abuse
- Highlight **good practice**

If a MARAC case becomes subject of a DHR, upon the appropriate notification from the Community Safety Partnership, the MARAC Coordinator will preserve **any and all information** relating to the case, and where relevant will share the notification with MARAC representatives to do likewise within their own agency or service.

The Independent Chair of the Homicide Review Panel or the Head of the Community Safety Partnership may at a later date submit a written request to the MARAC Chair for the **release of information** related to the case e.g. minutes, referrals, actions taken.

The MARAC Chair, working with the MARAC Coordinator, will provide the Homicide Review Panel with copies of **relevant minutes and action plans** within the timescales outlined in the request.





**PERFORMANCE
MANAGEMENT**

PERFORMANCE

The **MARAC Steering Group** (MARACSG) is responsible for ensuring the performance of the MARAC meeting. The terms of reference of the MARAC Steering Group can be seen at **Appendix C**.

All partner agencies are committed to delivering a MARAC that meets the needs of **all** residents. Understanding performance in depth allows partner agencies to do just that. The MARACSG uses the data to identify blockages, areas of under performance or concern and develop and implements plans to address them.

The MARACSG considers a **data report** on the performance of the MARAC which details key quarterly information, including:

- Referrals from agencies
- Risk levels and reasons for referrals
- Equalities information
- MARAC training update

The MARAC coordinator also submits data to **SafeLives**, including:

- Number of referrals where the victim is Black and/or Minority Ethnic (BAME)
- Number of referrals where the victim is Lesbian, Gay, Bisexual or Transgender (LGBT+) cases
- Number of referrals where the victim has a disability
- Number of referrals where the victim is male
- Number of referrals where the victim is aged 16 or 17
- Number of referrals where the person listed as a perpetrator is under 18

The MARACSG also **annually** assesses the MARAC against the SafeLives 10 Principles of an Effective MARAC, which can be found at **Appendix D**.



COMPLAINTS

Any MARAC agency wishing to make a complaint against a MARAC member agency (core or attending) must follow the **procedure** below.

- The complaint can be made **in person, by telephone, or in writing** (mail or email).
- Complaints should be addressed to the **MARAC Chair** and sent for their attention to the MARAC Coordinator.
- The MARAC Chair will acknowledge receipt of the complaint within **five working days** and provide a time frame in which a response will be made.
- The MARAC Chair will investigate the complaint and respond directly to the complainant in writing within **twenty days**.
- If the complainant is **not satisfied** with the initial response from the MARAC Chair, then the complaint and the response should be sent to the Chair of the MARAC Steering Group for review.
- The Chair of the MARAC Steering Group will acknowledge receipt of the complaint within **five** working days, and respond to the complainant in writing within **twenty days**.

The responses should be **shared** with the MARACSG and the Violence Against Women and Girls Strategic Group where it is appropriate to do so. If it is not, a report will be submitted that outlines the issues raised and responses to them, including any improvement action required.

Complaints can also be received from **clients of the MARAC** in the same way as outlined above.

C O M P L A I N T

A close-up, horizontal view of a police vehicle's light bar. The word "POLICE" is printed in large, bold, blue capital letters on a white background. Below the text is a row of blue emergency lights. The background is blurred, showing a person in a white uniform.

POLICE

FURTHER RESOURCES

FURTHER RESOURCES

Working Party of the Family Justice Council “MARACs and disclosure into court proceedings”

https://www.judiciary.uk/wp-content/uploads/2022/12/FJC_MARAC_Guidance_updated-2022.pdf

Safelives 'Resources for MARAC meetings':

<https://safelives.org.uk/practice-support/resources-marac-meetings>

Safelives 'Resources for People Referring to MARAC'

<https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>

Safelives 'Resources for People Attending MARAC

<https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-attending>

Safelives 'Resources for MARAC Steering Groups

<https://safelives.org.uk/practice-support/resources-marac-meetings/resources-steering-groups>





GLOSSARY OF TERMS

GLOSSARY OF TERMS

DAC

Domestic Abuse Commission

DAIP

Domestic Abuse Improvement Programme

BDSCP

Barking and Dagenham Safeguarding Children Partnership

BDSAB

Barking and Dagenham Safeguarding Adults Board

BDCSP

Barking and Dagenham Community Safety Partnership

MARAC

Multi-Agency Risk Assessment Conference

MAPPA

Multi-Agency Public Protection Arrangements

VAWG

Violence Against Women and Girls

LGBTQIA+

Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex and Asexual and/or Ally, "+" is an acknowledgment that there are non-cisgender and non-straight identities that are not included in the acronym. This is a shorthand or umbrella term for all people who have a non-normative gender identity or sexual orientation

DASH RIC

Domestic Abuse, Stalking and Harassment Risk Identification Checklist

APVA

Adolescent to Parent Violence and Abuse

IPVA

Interpersonal Violence and Abuse in young people's relationships

IGVA

Independent Gender-based Violence Advocate





APPENDICES

APPENDIX A

LONDON BOROUGH OF BARKING AND DAGENHAM MARAC RISK INDICATOR & REFERRAL FORM

How to use this form: Before completing this form for the first time we recommend that you read the full MARAC Referral Guidance and Frequently Asked Questions and Answers www.safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring

1. We recommend that you complete the risk indicator checklist prior to completing the victim's details as only high-risk cases can be referred to MARAC. A high-risk case is identified by 14 yes responses on the risk indicator checklist.

If there are less than 14 'yes' responses, you should only refer to MARAC if:

- There have been 3 reports of domestic violence within a 12-month period
- It is an Honour Based Violence, Forced Marriage, Female Genital Mutilation, Teenage Pregnancy
- In your Professional Judgement the case needs to be discussed at MARAC. Please state the reason why on referral form within practitioner's notes.
- The case has previously been discussed at MARAC in the last 12 months and a repeat incident has occurred.
- A Claire's Law disclosure request

2. Continue to complete the remainder of the MARAC referral form if the victim fulfils the MARAC Criteria.

3. If you do refer a client, you would be required to attend the next MARAC in order to present why you deem the client to be high risk.

4. **Information Sharing:** It is always preferable to obtain the clients consent to take a case to MARAC and due to the new GDPR guidelines it is essential for our advocacy service to be able to make contact if previously unknown.

5. **Emergency MARAC:** If you think an Emergency MARAC should be called then please contact the MARAC Coordinator on telephone number 0208 227 2133 immediately.

6. **Completed MARAC Risk Indicator & Referral Forms:**
Please send completed forms to: MARACreferrals@lbbd.gov.uk

It is good practice that you also cc the IGVA service into the email so that immediate contact can be made. Their e-mail address is bdadvocacy@refuge.org.uk

If you have a client which is **NOT** deemed high risk but wishes to receive advocacy support, please complete the following Refuge referral form.



APPENDIX A


1. MARAC Referral form

Please ensure details below are as completed as much as possible


Referring agency						
Contact name(s)						
Telephone / Email						
Date						
Victim name				Victim DOB		
Address				Diversity Data (if known) B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> White other <input type="checkbox"/> (specify) _____ ----- LGBT <input type="checkbox"/> Gender M / F		
Telephone number (Essential for contact)				Is this number safe to call?		
				Safe Times:		
GP Details (if known)						
Perpetrator(s) name				Perpetrator(s) DOB		
Perpetrator(s) address				Relationship to victim		
Children (please add extra rows if necessary)	DOB	Relationship to victim (Son/Daughter)	Relationship to perpetrator (Son/Daughter)	Address	School (If known)	
			Parental Responsibility Y/N			
			Parental Responsibility Y/N			

Please highlight for what reason you are referring this case to MARAC.

The DASH RIC is a tool to assist you in exploring the level of risk the resident is experiencing and can be found below.

Professional judgement Yes <input type="checkbox"/> No <input type="checkbox"/>	Visible high risk (14 ticks or more on DASH RIC)  Yes <input type="checkbox"/> No <input type="checkbox"/> Score =
--	---

APPENDIX A

<p>Potential escalation (3 or more incidents reported to the Police in the past 12 months)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>MARAC repeat (further incident identified within twelve months from the date of the last referral)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Has this been referred to Support to Safety (S2S)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>S2S is a multi-disciplinary team triaging families affected by DA within one working day of referral. S2S functions as a 'mini' daily MARAC / risk management meeting. S2S will refer all cases meeting MARAC threshold to the MARAC for MARAC partnership discussion. Referrals to S2S are currently through police and MASH.</p>	<p>To Flag and Tag only</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>This is for repeat cases where MARAC has exhausted all options, but further incidents have occurred, and the risk is to be reviewed but does not require full panel discussion. Other options to manage risk should also be considered e.g., police strategy meeting, other relevant risk management panels.</p>	
<p>Is the victim aware of MARAC referral?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Has consent been given? MARAC will over-ride consent, however, if the case does not meet MARAC threshold, this will be sent back to the referrer for consent to be obtained from the client in order for Refuge's medium risk support</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If no, please complete the form (this is critical for audit purposes)</p>  <p>Sharing information without consent.doc</p>
<p>What are the Victims Greatest Priorities? e.g.: other</p> <ul style="list-style-type: none"> • Assist with Civil Remedies such as non-molestation orders/legal advice • Install Sanctuary (free security measures on their home) • General Support/Advice of options around keeping safe • Housing 	<p>Please ensure this section is completed</p>	
<p>Are there any other factors to be considered? i.e., Mental Health Issues, Learning/Physical disability, Substance Misuse, Honour Based Violence (HBV), Female Genital Mutilation (FGM) or Forced Marriage</p>		
<p>Client:</p>	<p>Perp:</p>	

Practitioner's Notes:

Please provide a brief over-view of client's current situation and recent incidents (historical events can be noted but please provide approx. dates where possible)



APPENDIX B

**London Borough of Barking and
Dagenham**

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

Terms of Reference

APPENDIX B

Contents

Introduction	3
Purpose of terms of reference	3
Domestic abuse definition	3
A summary of the MARAC	3
Partner Agencies	4
MARAC representatives	4
Core agencies	4
Responsibilities of MARAC representatives	6
Process of the MARAC	8
Identification of MARAC cases	8
Criteria for the MARAC	8
Referral	8
MARAC case summary	9
Actions before the MARAC	9
MARAC meeting	9
Minutes	9
Information Sharing Protocol	9
Emergency MARACS	9
Closed MARACS	9
Complaints	10
Governance and Performance Management	10
MARAC Steering Group	10
Review	10

APPENDIX B

Introduction

Purpose

This Multi-Agency Risk Assessment Conference (MARAC) Terms of Reference aims to establish accountability, responsibility, and reporting structures for the Barking and Dagenham MARAC, as well as to outline the process of the MARAC.

Definition of Domestic Abuse

The Domestic Abuse Act 2021 defines domestic abuse as:

'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 sexual orientation. The abuse can encompass, but is not limited to psychological, physical, sexual, economic, and emotional forms of abuse.'

It includes other forms of abuse including sexual harassment, rape, sexual grooming and other sexual offences, stalking, and so-called 'honour-based' abuse, including forced marriage and female genital mutilation (FGM).

The MARAC

The Barking and Dagenham MARAC is a meeting where information is shared on the highest risk domestic abuse cases in the borough. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.

The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also work with the appropriate panels and interventions to safeguard children and manage the behaviour of the perpetrator.

The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

APPENDIX B

Partner Agencies

The MARAC has a core membership of MARAC representatives, with other agencies invited to attend when this directly impacts on specific cases being discussed.

MARAC representatives

Each agency is responsible for identifying a representative for the MARAC. It is recommended that MARAC Representatives are middle management level to provide expertise on their agency and be able to commit, on behalf of their agency, to the use of resources (including staff time) in order to complete actions. The representative will

- Have a good understanding of the dynamics of domestic abuse
- Have a good understanding of risk assessment tools and the correct pathways based on risk assessment outcome
- Be able to make operational decisions, and implement, or instruct others to implement, agreed MARAC actions
- Be signed up to the Information Sharing Agreement (ISA)
- Understand the MARAC Terms of Reference and Protocol
- Understand the relationship between the MARAC and safeguarding processes, and ensure safeguarding processes are always followed

Core agencies

Roles/Core Agency/Theme	Core Agencies/Services
MARAC Chair	Metropolitan Police, East Area Basic Command Unit (BCU)
MARAC Coordinator	Barking and Dagenham Council, Community Safety Team
Independent Gender Violence Advocates (IGVA)	Council Commissioned Service (Refuge) MOPAC Commissioned service (Victim Support)
Police	Metropolitan Police, East Area Basic Command Unit (BCU)
Barking and Dagenham Council	Multi-Agency Safeguarding Hub (MASH)
	Children's Social Care
	Early Help
	Adults Social Care Services
	Barking and Dagenham Tenancy Sustainment
	Barking and Dagenham Homelessness Team
Probation	Barking and Dagenham Education
Housing agencies	National Probation Service (NPS)
Mental Health Services	Northeast London NHS Foundation Trust (NELFT)
Substance Misuse Services	Change Grow Learn (CGL)
	Subwize
Health Services	Barking, Havering, and Barking and Dagenham University Hospitals (BHRUT)
	Health Visitors

APPENDIX B

The MARAC is not a public forum and attendance shall be limited to those agencies that are able to provide a contribution towards cases considered. Please refer to the MARAC Protocol for management of attendees outside of the above membership.

APPENDIX B

Responsibilities of MARAC representatives

General

- Attend the weekly MARAC meetings for the full duration of the meeting
- Act as a point of contact for their agency in relation to MARAC cases, both across the MARAC partners and within their own agency/service area
- Ensure staff within their service are aware of the MARAC and how and when to refer
- Ensure staff within their service know how to access the MARAC protocol and LBBD domestic abuse toolkits – particularly information on identifying risk and conducting risk assessments
- Actively encourage colleagues to make referrals and support referees who attend MARAC
- Ensure a named and trained deputy is in place for when the representative is unable to attend

Before the MARAC

- Research all cases prior to the MARAC meeting when the case summary is received
- Inform the MARAC Coordinator if any information on the case summaries is incorrect
- Inform the MARAC Coordinator if the victim has been moved out of the borough so the case can be removed from the list and a MARAC transfer completed
- Appoint a suitable deputy from their agency if they are unable to attend a MARAC
- Inform the MARAC Coordinator of who will be deputising for them in advance of the meeting.

During the MARAC

- Present any cases referred by their agency by reading the case summary
- Provide information on their own agency or department's involvement in cases brought to the MARAC, including any action taken or casework in progress.
- Play a full part in the problem-solving conversations, creatively and proactively offering/providing suggestions and appropriate actions for their agency
- Be responsible for highlighting risks relevant to their agency's work and offering risk reducing actions alongside a time scale for completion
- Note their own actions during the meeting so any urgent actions can be carried out prior to receiving the minutes. The minutes with an action plan will be shared 1-2 working days after the meeting

After the MARAC

- Undertake actions agreed at MARAC within 2 weeks of the MARAC meeting at the very latest
- Communicate MARAC actions to the relevant staff within their agency
- Record the outcomes of actions for their agency and send these back to the MARAC Coordinator within the two-week deadline
- Ensure their agency case files are flagged/tagged as having been referred to MARAC. This information should be clearly recorded on the file, whether electronic or hard copy, and include information on how practitioners can follow up on any queries that there may be about previous MARAC involvement
- Ensure all staff are aware that cases need to be re-referred to MARAC if another incident happens in the 12 months since the last referral, regardless of risk assessment.
- Ensure files are de-flagged after a 12-month period, where there have been no further incidents requiring a re-referral, thus making the case inactive. Where there is a re-referral, the 12-month period will commence again from the repeat referral date.

APPENDIX B

Additional responsibilities for the IGVA service

- Contact the victim if safe to do so to offer support and obtain their wishes for MARAC
- Contact the victim who has moved into the borough to complete a further risk assessment and refer back to MARAC should they consider the victim to still be at risk

Additional responsibilities for MARAC Coordinator

- Invite any Social Worker involved in any case being heard to the meeting to give in an update with regards to the current situation in respect of Children's Services
- Update Liquid Logic with MARAC Flag
- Ensure all MARAC referrals have been referred to the council commissioned domestic abuse services, including MARAC transfers

Additional responsibilities for Police

- Complete checks and flag/tag files if relevant for the MARAC transfers

Other Attendees

Guest Agencies

Guest agencies are offered the opportunity to attend the meeting when they refer a case to the MARAC. A guest agency may also be invited by the MARAC if members consider their attendance necessary to effectively reduce risk in a case.

Other agencies or professionals may be invited to attend the MARAC meeting if they are involved in a specific case due for consideration. In advance of the meeting, any invitations must be agreed by the Chair and the MARAC Coordinator. Invitations will be to participate in the discussion of a specific case and not to attend the whole meeting. All attendees will be required to sign the confidentiality agreement.

Guests should notify the chair at the start of the meeting that they are there for a specific case so that the cases can be reordered so the guest can present/contribute and then leave the meeting once their case has been heard.

Observers

Professionals wanting to attend the MARAC to observe need to gain permission from the MARAC Coordinator prior to the meeting, explaining the reasons for the need to observe. All observers are required to listen, observe, and not participate in the meeting. No information about cases is to be noted or taken from the MARAC by an observer. If necessary, any comments or feedback are to be discussed with the coordinator at an arranged time.

Formal requests for observers to be present must be made to the MARAC Coordinator with the details of the observer including their name, email address and current role. Observers at the MARAC will not receive papers and by attend the meeting they are opting into the information-sharing and confidentiality statement that will be read at the start of the meeting.

APPENDIX B

MARAC Process

More detailed information is available in the MARAC Protocol.

Identification of MARAC cases

- Agencies should identify domestic abuse through implementing their own policies
- Ensure high-risk cases are also referred to other agencies if appropriate
 - **Report a crime to the police:** call the police on 101, attend a police station or complete an online report <https://www.met.police.uk/ro/report/ocr/all/how-to-report-a-crime/>
 - You should complete a Multi-Agency Referral Form which can be downloaded from <https://www.lbbd.gov.uk/adult-health-and-social-care/health-and-wellbeing/domestic-abuse/professionals-guidance-and-advice>
 - **Refer to Refuge** by sending a completed MARAC form to bdadvocacy@refuge.org.uk or for further advice call 0300 458 0174
 - **Report a concern about a child to Children's Social Care:** call 020 8215 3000 or e-mail Childrens Services ChildrensServices2@lbbd.gov.uk
 - **Report abuse of a vulnerable adult to Adult's Social Care:** Report concerns to Barking and Dagenham's Intake Team IntakeTeam@lbbd.gov.uk or complete the form found at <https://www.lbbd.gov.uk/form/safeguarding-adults-report-a-con>

Criteria for the MARAC

- A victim should be referred to the MARAC if they:
 - Reside in Barking and Dagenham (the referrer can check which borough to refer to, using the <https://www.met.police.uk/findyourarea>)
 - Are aged 16 or above
 - Are of any gender or sexuality
 - Are at high risk of harm
- It is recommended to complete the [Safe Lives DASH \(domestic abuse, stalking and 'honour'-based violence\) risk checklist](#) prior to completing the victims details to identify if they are high-risk. A high-risk case is identified by 14 'yes' responses on the risk indicator checklist.
- If there are less than 14 'yes' responses, you should only refer to MARAC if:
 - There is potential escalation e.g., the number of police callouts to the victim because of domestic abuse in the past 12 months. This can be used to identify cases where there is not a positive identification of many of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12-month period. This will be reviewed depending on local volume and level of police reporting in Barking and Dagenham.
 - It is Honour Based Violence, Forced Marriage, Female Genital Mutilation or Teenage Pregnancy.
 - In your Professional Judgement the case needs to be discussed at MARAC. Please state the reason why on the referral form within practitioner's notes.
 - The case has previously been discussed at MARAC in the last 12 months and a repeat incident has occurred.
 - A Clare's Law disclosure request.

Referral

- Agencies can refer to the MARAC by completing the referral form as per above.
- Colleagues can refer via their MARAC representative or directly to the MARAC coordinator.

APPENDIX B

- Referrers should explain the MARAC process to the victim and gain consent for their referral. The client should always be aware their case is being heard.
- If consent is not obtained a sharing without consent form must accompany the referral.
- Referrers will be notified within 48 hours by the MARAC co-ordinator if, and when, the case is being heard and will be forwarded a calendar invite to attend

MARAC case summary

- The case summaries will be sent out to the key MARAC contacts no later than the Monday before the MARAC is due to take place
- The cases are ordered in a way where those who attend for a specific case will be heard, followed by those with children, those without and then any repeats.

Actions before the MARAC

- MARAC does not take away responsibilities for immediate actions in relation to the safety of high-risk victims from agencies, particularly with regard to statutory duties
- If safe to do so, there will be contact with the victim in advance of the meeting to gain their views and wishes to bring this to the meeting. This is normally through the IGVA service
- Ensure research for each case is completed and on hand before the meeting

MARAC meeting

- The MARAC takes place every Thursday at 9:30am
- The Police chair each meeting
- At the start of the meeting, the chair will ask if anyone is there for one case. This provides an opportunity for any attendees who are there for one case to have the cases reordered so they can leave after their case is heard
- The chair's role will be to review the outstanding actions from the last meeting, structure the meeting to ensure that agency representatives share relevant information and ensure actions are agreed with clear responsibility for each action with a timeframe
- It is important attendees notes their own actions in the meeting to ensure urgent actions are complete as soon as possible and not to wait until the minutes are received

Minutes

- The MARAC co-ordinator will send out the minutes and an action sheet to the MARAC representatives two working days after the meeting

Information Sharing Protocol

- All MARAC representatives should be signed up to the Police's MARAC Information Sharing Protocol and the Community Safety Partnership's Information Sharing Agreement.

Emergency MARACS

- In exceptional circumstances an emergency MARAC can be held as a one-off meeting where a case is deemed to be very high risk and needs urgent consideration by all members
- An emergency MARAC will only be held with approval from the Chair and where other processes cannot safeguard the victim and their children
- The MARAC co-ordinator will contact the key agency representatives to arrange a time for the meeting
- Minutes will only be circulated on a need-to-know basis

Closed MARACS

- Closed MARACs are where only the agencies that are required are invited

APPENDIX B

- When there is a very sensitive case such as either the victim or perpetrator is employed by one of the MARAC participating agencies, a closed MARAC may be suggested
- The MARAC chair will make the decision to hold a closed MARAC

Complaints

To make a complaint or give feedback relating to the MARAC please contact the MARAC Coordinator, who will refer the complaint to the MARAC Chair. Please see the MARAC protocol for further information.

Governance and Performance Management

MARAC Steering Group

The Barking and Dagenham MARAC Steering Group has oversight of the performance of the MARAC. The MARAC Steering Group reports to the Barking and Dagenham Violence Against Women and Girls Strategic Group. A full map of the governance is shown below:



The MARAC Steering group meets quarterly to oversee the operation of the MARAC. It is chaired by the Police and membership includes senior representatives from each partner agency and the MARAC Coordinator. A full term of reference can be found within the MARAC Protocol.

Review

This protocol will be reviewed on an annual basis. The next date of review will be April 2024



APPENDIX C

Barking and Dagenham Community Safety Partnership Violence Against Women and Girls Strategic Group Multi Agency Risk Assessment Conference (MARAC) Steering Group

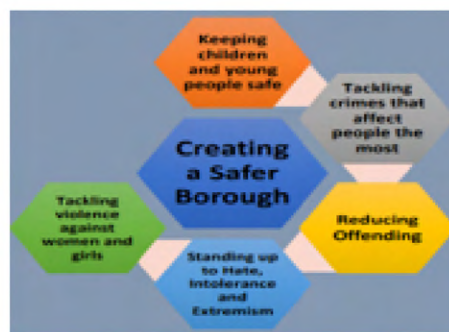
Terms of Reference

Introduction

This document sets out the ways in which the partner agencies that comprise the Barking and Dagenham Community Safety Partnership (BDCSP) Multi Agency Risk Assessment Conference (MARAC) Steering Group (MARACSG) work together to achieve aims.

BDCSP Priorities

The BDCSP works together to strategically oversee the delivery of the priorities identified and detailed in the BDCSP Community Safety Plan 2019-22. The priorities of the BDCSP were stated in the 2021 refresh of the plan, as follows:



The CSP Board holds overall responsibility for delivering the priorities outlined in the Community Safety Partnership Plan and other local strategies such as the Violence Against Women and Girls strategy. This requires partner organisations to work together at a strategic and operational level to share the skills, powers and resources that are available to them. The BDCSP has established a structure consisting of five priority sub-groups:



The composition of the BDCSP recognises the need for a coordinated, partnership approach to delivering the priorities and addressing community safety concerns across the borough, as well as ensuring compliance with statutory requirements.

APPENDIX C

Violence Against Women and Girls

The Violence Against Women and Girls Strategic Group (VAWGSG) is the BDCSP's subgroup to tackle violence against women and girls in Barking and Dagenham, in line with the priorities of the BDCSP Community Safety Plan. The VAWGSG ensures effective strategic planning and use of resource (including commissioning), a coordinated approach to meeting statutory requirements and timely delivery of activity to deliver priority outcomes.

Violence Against Women and Girls is an umbrella term which includes the following types of abuse:

- Domestic abuse, including coercion and control
- Sexual violence, abuse and exploitation including rape and forced prostitution
- Sexual harassment
- Stalking
- Crimes committed in the name of 'honour'
- Harmful practices, including female genital mutilation (FGM) and forced marriage
- Modern slavery and human trafficking
- Gendered gang violence

The VAWGSG and MARACSG recognise that across all forms of VAWG, victim/survivors are disproportionately women/girls, and the perpetrators are disproportionately men/boys. The use of the term disproportionately means that men/boys are not excluded as possible victim/survivors of domestic abuse, sexual violence, forced marriage etc., and it is also recognised that some perpetrators are women.

The MARACSG is a subgroup of the VAWGSG. The MARAC reports to the MARACSG.

MARAC

The MARAC is part of a broader commitment and response to reducing high risk Domestic Abuse and Violence against Women and Girls in Barking and Dagenham.

The MARAC is a regular meeting where local agencies share information about high-risk domestic abuse victims and families. The MARAC helps to ensure that high risk victims are supported and better protected from further abuse by a coordinated effort from all agencies and organisation. The MARAC provides an opportunity to facilitate, monitor and evaluate effective information sharing between agencies to ensure that appropriate actions are being taken to reduce the risk of further abuse. The MARAC aims to develop risk focused, coordinated safety plans to support victims and their children. This can only be achieved if the behaviour of the alleged perpetrator is addressed effectively. MARAC therefore shares information about perpetrators to increase safety for victims and children, develop ways to hold perpetrators accountable and offer appropriate services to them where safe to do so.

The MARAC does not replace professional responsibility to take action to improve victim safety. Agencies have a responsibility to take steps to protect victims of domestic abuse and/or their children and should not wait for the MARAC meeting before taking action to prevent further abuse.

The purpose of a MARAC is to:

- Assess the needs of high-risk victims and their families through effective information sharing
- Manage risk and increase safety by developing a holistic action plan to address any unmet risks to the safety of victims and/or their children
- Manage risk and increase safety by sharing information about perpetrators of domestic abuse and develop ways to address perpetrator behaviour safely – including determining whether the perpetrator poses a significant risk to the victim, other individuals or to the wider community and to refer appropriately
- Improve partnership working by facilitating information sharing and overseeing the joint implementation of multi-agency risk management plans
- Improve support for staff who are involved in high-risk cases
- Reduce repeat victimization levels

APPENDIX C

An Information Sharing Agreement is in place for all MARAC member agencies (see Appendix 2). A separate operating protocol for the MARAC is being updated (see Appendix x).

MARACSG

One of the ten principles of an effective MARAC is defined in the Safe Lives Guidance as 'Effective Governance'.

The MARACSG has responsibility to:

- Oversee the effective functioning, performance, and accountability of the MARAC, in line with the SafeLives '10 Principles of an Effective MARAC' and ensuring continuous improvement
- Ensure the delivery of all actions relating to the MARAC as outlined in the Domestic Abuse Commission (DAC) and the Domestic Abuse Improvement Programme (DAIP), and any other relevant strategy or plan
- Address the practical and resource implications of MARAC
- Develop and maintain operating protocols and procedures – supporting awareness, shared understanding of risk and correct processes
- Ensure that effective partnerships are maintained with other safeguarding and public protection bodies and other MARAC areas e.g., interfaces with MASH, MAPPA
- Ensure awareness raising and effective training in relation to the MARAC across partners
- Conduct/participate in Domestic Homicide Reviews where required
- Ensure that the MARAC operates in line with legal responsibilities and keeps up to date with changes to legislation national guidance
- Report quarterly to the VAWGSG, with relevant reports made to the BDCSP as required

MARACSG Membership

The following organisations/departments/roles are represented as the core membership:

APPENDIX C

Organisation / group	Position / detail
TEMPORARY	DAIP Implementation Lead
London Borough of Barking and Dagenham	Lead DA Commissioner(s), People and Resilience
	MARAC Co-ordinator
	Head of MASH Improvement
	Head of Support Lifecycle, Community Solutions
	Lead Social Worker, Adults
	Head of Safeguarding and Quality Assurance
	Head of Commissioning Disabilities
	Community Safety Partnership Manager
Police	Detective Chief Inspector, Public Protection Investigations, East Area BCU (Chair)
National Probation Service	Probation Manager, Barking and Dagenham
NHS North East London Health and Care Partnership	Designated Nurse Safeguarding, North East London Health and Care Partnership
	Assistant Director, Children's, NELFT
	Head of Universal Children's Services Barking & Dagenham, NELFT
	Named Midwife, Safeguarding, BHRUT
	Named GP for Safeguarding Children
	Mental health, NELFT
Service provider representation	Maternity, A&E, BHRUT
	Senior Operations Manager, Refuge (Vice Chair)
	Head of Domestic Abuse Services, Cranstoun
	Victim Support MOPAC Service Senior Manager
	Sexual Health Services
	Service Manager, Subwise

Each member has one vote. The Chair has the casting vote.

There will be a wider invitation list to the meetings of the BDCSP MARACSG at times, for example other local authority representatives. These attendees will not have a vote.

Individuals and organisations with known expertise and knowledge may be requested to attend meetings as observers. Observers may participate in meetings but shall have no decision-making powers. If a member would like an observer to attend a meeting, they should seek the permission of the Chair.

Each MARACSG member will be assigned a high-risk domestic abuse theme to champion into the wider partnership and organisational environment.

Quorum

A valid quorum for meetings is half of the members with the right to be heard. This is the minimum requirement for a decision to be taken. No decision shall be taken without:

- One local authority representative
- One CSP statutory partner representative
- One service provider / user representative

APPENDIX C

Membership expectations

- To attend the meetings of the BDCSP MARACSG and when they cannot attend to send a named deputy who has been briefed prior to their attendance. The named deputy will have full voting rights
- To have authority to be able to act and make decisions as required
- To commit to developing an appropriate level of understanding around violence against women and girls' issues, policy and practice as required
- To work together productively to overcome any cross-organisational barriers
- To take the lead on the delivery of specific priorities, projects or actions as required

Chair

The role of the Chair is to ensure:

- The BDCSP MARACSG is delivering agreed activity as outlined in agreed strategies and plans, with quarterly performance reporting by exception and an annual performance report produced
- Priorities are reviewed and refreshed on an annual basis
- Governance, including the delivery groups and related action plans, is annually reviewed

Confidentiality

All attendees have a duty of confidentiality regarding all information disclosed, shared, and discussed between and during BDCSP MARACSG meetings.

An Information Sharing Agreement is in place for the MARAC and all attendees at the MARACSG will sign this agreement.

Administrative support

The administration of the MARACSG shall be managed by the Council.

Subgroups

The MARAC is a subgroup of the MARAC Steering Group (MARACSG).

Further subgroups can be established as required at the discretion of the Chair.

Meeting frequency

The MARACSG will meet at least four times per annum, in advance of the scheduled VAWGSG.

Performance indicators

The MARACSG will agree outcome indicators related to improvement action plans. These will provide a performance framework to capture progress and to identify and tackle emerging issues. They will be reported on by exception at each VAWGSG meeting and an annual performance report shall be produced.

Urgent matters

Decisions may be made about urgent matters without a group meeting providing the written consent of the Chair is sought and given. In this case the Chair must ensure that every effort has been made to consult informally with members and report any decisions taken at the next meeting.

APPENDIX C

Representation at BDCSP

The Chair or lead officer of the MARACSG will attend meetings of the VAWGSG and it is their role to ensure a two-way flow of information between the fora.

Appendix 1



The BDCSP, the VAWGSG and the MARACSG, sits within a wider framework of partnerships. The VAWGSG is part of the BDCSP, but also has responsibility to the Barking and Dagenham Safeguarding Children Partnership (BDSCP) Executive.



APPENDIX D



Ending domestic abuse

10 Principles of an Effective Marac

The four aims of Marac are to safeguard victims of domestic abuse, manage perpetrators' behaviour, safeguard professionals and make links with all other safeguarding processes.

The 10 principles underpin an effective Marac and support everyone involved to deliver these aims. At the core of each principle is the safety of the victim, which needs to be considered at all stages of the process. Ensuring that the victim is supported throughout and their needs represented at the Marac is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

1. Identification

Professionals recognise domestic abuse, risk assess and identify high-risk cases based on the referral criteria for Marac

2. Referral to Marac and Idva

All victims who meet the Marac threshold are referred to Marac and the Idva

3. Multi-agency engagement

Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the Marac

4. Independent representation and support for victims

All high-risk victims are offered the support of an Idva; their views and needs are represented at Marac

5. Information sharing

Marac representatives share relevant, proportionate, and risk-focused information

6. Action planning

Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour

7. Number of cases

The Marac hears the recommended volume of cases

8. Equality

The Marac addresses the unique needs of victims with protected characteristics

9. Operational support

There is sufficient support and resources to support effective functioning of the Marac

10. Governance

There is effective strategic support and leadership of the Marac and Idva response, and agencies work together effectively

APPENDIX D

Principle 1 Identification

What is the principle?

Professionals recognise domestic abuse, risk assess and identify high-risk cases

What good looks like	Why it's important	How it's evidenced
All agencies respond to disclosures and use the same risk assessment tool (or refer clients to a specialist domestic abuse agency)	<p>Victims, associated children, young people at risk and perpetrators are identified sooner, and interventions are based on good quality risk assessments</p> <p>Professionals have a framework to understand and assess domestic abuse risk</p>	<p>Risk assessment is outlined within policy framework and the Marac operating protocol and is implemented in practice</p> <p>Idva service policy requires risk assessment within two working days of referral</p>
Thresholds are clear and appropriate, enabling all agencies to identify high-risk cases using a range of criteria: professional judgement, actuarial assessment and escalation	<p>Agencies have a shared understanding of domestic abuse risk</p> <p>The risk of serious injury, enduring harm and murder is identified</p>	<p>Referral thresholds, which reflect recommended guidance, are outlined in the Marac operating protocol</p> <p>A wide range of agencies refer to Marac</p> <p>Dip sampling of Marac cases to identify appropriateness of Marac referral</p>
Agencies identify and refer repeat cases back to Marac	<p>All high-risk victims experiencing a repeat incident have the opportunity to re-engage with Marac and Idva</p> <p>Longer term safety is achievable through ongoing multi-agency risk management plans</p>	<p>The repeat referral rate is within SafeLives' recommendation of between 28-40%</p> <p>Dip sampling of Marac cases to identify which agencies are referring repeats</p>

APPENDIX D

Principle 2

Referral to Marac and Idva

What is the principle?

All victims who meet the Marac threshold are referred to Marac and Idva

What good looks like	Why it's important	How it's evidenced
Agencies inform victims of their referral to Marac and Idva (unless unsafe to)	Victims are more likely to engage and have trust in the Marac and Idva, leading to improved outcomes and longer-term safety	<p>Stated as a requirement in a multi-agency document (eg Marac operating protocol)</p> <p>Included on the Marac referral form and stated at the Marac</p> <p>Through feedback (eg a process for victim/survivor consultation exists)</p>
All high-risk victims are referred to Idva and Marac as soon as practicable (eg within 48 hours)	<p>Risks and safety of high-risk victims and associated children is managed at the earliest opportunity</p> <p>All high-risk victims have access to Marac and Idva, regardless of which service they disclose to</p>	<p>Referrals are heard at the earliest Marac meeting relative to the date high-risk is identified</p> <p>The Marac operating protocol includes referral timeframes to Marac and Idva</p>
The Idva works within a coordinated community response and the Marac process to make victims and associated children safer	The safety of high-risk victims and associated children is at the heart of the coordinated response and supported by an independent expert	<p>Marac operating protocol and Idva service protocols</p> <p>Marac minutes and representatives feedback</p> <p>Feedback from victims</p>

APPENDIX D

Principle 3

Multi-agency engagement

What is the principle?

Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the Marac

What good looks like	Why it's important	How it's evidenced
Core agencies consistently attend and participate in the Marac (<i>police, Idva service, housing (statutory responsibility), children's services (statutory responsibility), National Probation Service and/or community rehabilitation company (CRC), primary health, mental health, substance misuse service, Adult Safeguarding</i>)	<p>The risks to high-risk victims and their families, and the management of perpetrators, are jointly and comprehensively assessed and addressed</p> <p>The impact of domestic abuse and other factors (eg substance and mental health issues), on victims and children is minimised</p>	<p>Marac operating protocol</p> <p>Marac attendance sheet/minutes</p> <p>Marac observation (ie by the governance group, Idva service manager, domestic abuse coordinator or peer review)</p>
Other agencies that can increase the safety of victims, children and vulnerable adults attend (<i>examples include: youth offending services, child and adolescent mental health services (Camhs), registered social landlords, specialist services</i>)	The needs of all victims and children and adults at risk are identified and addressed, perpetrators' behaviour is managed and risk reduced	<p>Marac operating protocol</p> <p>Marac attendance sheet /minutes</p> <p>Marac observation (ie by the governance group, Idva service manager, domestic abuse coordinator or peer review)</p>
Representatives are appropriately skilled and supported to effectively represent their agency	Risk assessment, action planning and decision making is effective	<p>Marac operating protocol</p> <p>Marac attendance sheet/minutes</p> <p>Marac observation (i.e. by the governance group, Idva service manager, domestic abuse coordinator or peer reviewer)</p> <p>Agency protocols/job descriptions</p>

APPENDIX D

Principle 4

Independent representation and support for victims

What is the principle?

All high-risk victims are offered the support of an Idva; their views and needs are represented at Marac

What good looks like	Why it's important	How it's evidenced
An Idva proactively contacts and attempts to engage victims within 48 hours of receiving a referral	Victims are offered a specialist professional who helps with everything they need to become safe from the earliest opportunity	Idvas are appropriately trained and skilled to confidently and appropriately engage victims Idva service protocol Marac minutes Feedback from victims
Each victim is represented at the Marac meeting and their safety is clearly advocated for (usually by an Idva)	Action plans respond to the victim's needs and unique insight into their situation Victims engage and have trust in the process and contribute directly to successful outcomes	Idvas are appropriately trained and skilled to confidently and appropriately advocate for victims' safety Marac minutes/Marac action plans Marac observation (ie by the governance group, Idva service manager, domestic abuse coordinator or peer reviewer)
Where victims' views are absent (or they are not engaged) their safety remains the focus of the meeting	Action plans remain focused on safety and respond to the unique circumstances of each victim Immediate safety is addressed and risk reduced	Marac minutes and action plans Idvas are appropriately trained and skilled to confidently and appropriately challenge practice that may increase risk or vulnerability Marac observation (ie by the governance group, Idva service manager, domestic abuse coordinator or peer reviewer)
Victims are updated and supported after the meeting	Each victim remains at the heart of the Marac process Longer term safety and recovery is more achievable (if also linked to a clear pathway of support)	Marac minutes and case audits Idvas are appropriately trained and skilled to facilitate ongoing support Included Idva service protocol and Marac operating protocol Victim consultation/feedback

APPENDIX D

Principle 5 Information sharing

What is the principle?

Marac representatives share relevant, proportionate, and risk-focused information

What good looks like	Why it's important	How it's evidenced
Marac representatives are supported by their agency to research and prepare for Marac	<p>Agencies are represented by skilled, prepared representatives who are equipped to share information, analyse risk, contribute expertise and offer actions</p> <p>Help is targeted in the right way; the prevalence and impact of high-risk domestic abuse on victims, and children and young people, is minimised</p>	<p>A formal induction is in place for new representatives</p> <p>The Marac representative role is embedded in job descriptions</p> <p>All relevant agencies are represented on the Marac governance group; attendance at Marac is a standing agenda item</p>
All relevant, proportionate information and risks, in relation to all parties, are succinctly shared at the Marac	<p>Information is analysed and a tailored intervention, responding to the risks and needs of the victim, is developed</p> <p>Children and young people receive help that is proportionate to risk</p> <p>Information is only shared that is relevant and proportionate to the risks identified</p>	<p>Idvas are appropriately trained and skilled to confidently and appropriately challenge information that may increase risk or vulnerability</p> <p>Representatives receive a formal induction and attend Marac training in order to perform their role effectively</p> <p>Outlined in policy guidance which is accessible to and signed by all Marac partners (eg Marac information sharing protocol)</p> <p>Marac minutes</p> <p>Marac observation (ie by the Marac governance group, Idva service manager, domestic abuse coordinator or peer reviewer)</p>
Agencies distribute and store information securely	Confidentiality is maintained; risk is not inadvertently escalated	<p>Marac operating and information sharing protocols are signed by all agencies and adhered to</p> <p>Marac governance group routinely reviews information sharing protocols</p> <p>Marac governance group reviews the confidentiality of the Marac process (ie through audits)</p>

APPENDIX D

Principle 6

Action planning

What is the principle?

Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour

What good looks like	Why it's important	How it's evidenced
Actions are clear, timed and based on good quality assessment of risk and potential harm to victims, children and other vulnerable parties	<p>Risk and potential for further harm is managed, the safety of the victim is increased and children safeguarded</p> <p>The impact on children is reduced</p> <p>All vulnerable parties, including professionals, are safeguarded</p>	<p>Marac minutes and action plans</p> <p>Idvas are appropriately trained and skilled to confidently and appropriately challenge actions that may increase risk or vulnerability</p> <p>Marac observation (ie by the Marac governance group, Idva service manager, domestic abuse coordinator or peer reviewer)</p> <p>Case audits</p>
Action plans routinely manage, disrupt or divert perpetrators' behaviour	<p>Perpetrators are held accountable; their abusive behaviour is managed; current and any future victims are safer</p> <p>The impact on children is reduced</p>	<p>Marac minutes and action plans</p> <p>Idvas are appropriately trained and skilled to confidently and appropriately challenge actions that may increase risk or vulnerability</p> <p>Case audits</p>
Action plans reflect the needs of the victim and prioritise their safety	<p>Victims and their safety remain central to the process</p> <p>Support for victims and their children is proportionate to risk and need</p>	<p>Marac minutes and action plans</p> <p>Idvas are appropriately trained and skilled to confidently and appropriately challenge actions that may increase risk or vulnerability</p> <p>Case audits</p> <p>Victim feedback</p>
Action plans routinely link to other multi-agency safeguarding arrangements to address any ongoing safeguarding concerns for any adult and any child	<p>Risks for all adults, children and families are linked and are managed based on comprehensive assessment and intelligence</p> <p>Effective joint working exists between processes that safeguard children in need of protection and Marac</p> <p>Adults with care and support needs are identified and linked to adult safeguarding processes</p>	<p>Idvas are appropriately trained and skilled to confidently and appropriately challenge practice that may increase risk or vulnerability</p> <p>Multi-agency protocols outline arrangements for linked risk assessment and response</p>

APPENDIX D

Principle 7 Number of cases

What is the principle?
The Marac hears the recommended volume of cases

What good looks like	Why it's important	How it's evidenced
The number of referrals is at least 80% of SafeLives' recommendation	<p>Victims at high-risk of serious harm, and associated children, are supported through the Marac Idva model</p> <p>Perpetrators are identified, held accountable and behaviours addressed</p>	<p>Marac data</p> <p>Dip sampling or observing Marac meetings to ensure cases referred are high-risk and appropriate</p> <p>The local area has specific protocols and processes in place to identify and protect high-risk victims</p>
Idva capacity is sufficient to support all victims referred to Marac	<p>All victims referred to Marac are offered independent support and representation, thereby increasing their immediate and longer-term safety</p> <p>Idvas are able to work with victims as intensively for as long as the model requires in order to improve outcomes for victims</p>	<p>The number of Idvas is in line with recommendations</p> <p>Idva service protocol</p> <p>Idva consultation and feedback to Marac governance group</p>

APPENDIX D

Principle 8 Equality

What is the principle?

The Marac addresses the unique needs of victims with protected characteristics

What good looks like	Why it's important	How it's evidenced
Referrals to Marac reflect the diversity of your local population	High-risk victims from all your communities, and those with protected characteristics, are identified and given access to specialist support and safety planning	<p>The percentage of referrals reflects the local population and/or national averages for victims from the following groups:</p> <ol style="list-style-type: none"> B&ME LGBT community Disabled people Gender split for male and female referrals Young people <p>Case lists, minutes or local data evidence a process that is accessible to victims with specific vulnerabilities or protected characteristics</p> <p>Evidence of analysis and action taken to address any gaps in referrals to Marac</p>
The Marac is aware of characteristics and specific additional needs of victims and its response includes these	<p>Victims with protected characteristics or specific vulnerabilities are effectively supported and protected</p> <p>Risk for some of the most vulnerable members of the community is comprehensively addressed</p>	<p>Dip sampling of minutes</p> <p>Idva feedback</p> <p>An equality impact needs assessment has been undertaken</p> <p>Marac governance group can evidence analysis and action taken to address any gaps in the Marac response to vulnerable people or those with protected characteristics</p>
The Idva service (or other specialist service) is able to support and represent the needs of victims with protected characteristics	<p>All victims have their needs and views represented or advocated for at the Marac</p> <p>Specific needs and risks are recognised and addressed in Marac action plans; all victims are protected and made safer</p>	<p>Dip sampling of Marac minutes</p> <p>Idvas are appropriately trained</p> <p>Feedback from the Idva service and Marac representatives</p> <p>The Idva and Marac has access to specialist services in a timely manner to meet the needs of all victims, children, and young people</p>

APPENDIX D

Principle 9

Operational support

What is the principle?

There is sufficient support and resources to ensure effective functioning of the Marac

What good looks like	Why it's important	How it's evidenced
A named person oversees and coordinates operational and strategic priorities of the Marac	<p>Quality Maracs exist that enable agency participation and victim engagement</p> <p>The Marac and agencies have a clear route for addressing issues</p>	<p>There is a consistent person responsible for coordination</p> <p>The Marac process is promoted and the contribution of all relevant agencies is supported</p> <p>Performance management information is collated and provided to the governance group, at least quarterly</p>
There is effective administration of the Marac with sufficient resource (based on caseload)	<p>The Marac functions efficiently, processes are streamlined, demands on agency resources are minimised and outcomes improved</p> <p>Marac administration capacity reflects SafeLives' recommendation based on caseload</p>	<p>There is a consistent person, and suitable resources, responsible for Marac administration</p> <p>The case list and Marac minutes are circulated as specified in the Marac operating protocol</p> <p>Actions are tracked, but remain the responsibility of each individual agency and are not transferred to the Marac</p>
Marac data is consistently recorded, reported and analysed	<p>SafeLives' data analysis is provided online to the local area and police force; it is routinely reviewed by the Marac governance group to inform development</p> <p>The local, regional and national picture of Maracs is available</p>	<p>Marac data form is submitted to SafeLives on a quarterly basis</p> <p>Marac governance group minutes show performance monitoring as a standing agenda item</p>

APPENDIX D

Principle 10 Governance

What is the principle?

There is effective strategic support and leadership of the Marac and Idva response, and agencies work together effectively

What good looks like	Why it's important	How it's evidenced
<p>There is a stable, visible, governance structure in place that provides leadership for the Marac</p> <p>This includes oversight by relevant group with responsibility for safeguarding (adults and children)</p>	<p>Partnership working is more effective, issues are identified and addressed through collective, strategic responsibility for Marac</p> <p>The impact of the Marac and Idva and the quality of the local response to high-risk victims and children is understood and sustainable</p>	<p>There is a named group which meets at least quarterly, receives updates from the Marac and resolves or escalates any issues</p> <p>This is reflected within the terms of reference</p> <p>Victims are consulted about any improvements in their safety and positive outcomes</p>
<p>There is clear responsibility for measuring outcomes and the impact and effectiveness of the Marac</p> <p>The local safeguarding children and adults boards monitor outcomes and the effectiveness of the Marac to: recognise and address issues; prevent longer term harm; and safeguard children, young people and vulnerable adults</p>	<p>The local area knows the impact of the Marac and Idva, the quality of the response to high-risk victims and children, and how perpetrators' behaviour is managed</p> <p>Effectiveness and sustainability of the Marac is ensured</p> <p>Local safeguarding children and adults boards know the impact of the Marac and outcomes for children, young people and vulnerable adults</p>	<p>Performance is monitored on a regular basis by a nominated group and a Marac review is undertaken regularly (eg annually) under its guidance</p> <p>Data is used to drive learning and inform strategic and operational decisions</p> <p>Marac is identified as a strategic priority within relevant local strategies</p> <p>The victim's experience is captured and used to inform service delivery</p>
<p>There is a Marac operating and information sharing protocol that meets the GDPR regulations 2018. These are comprehensive, fit for purpose and set out how information will be shared between any multi-agency safeguarding arrangements</p>	<p>Agencies have clarity about the Marac process and expectations of their service</p> <p>Protocols support multi-agency information sharing and risk assessment; the coordinated partnership response is effective</p>	<p>Procedural guidance exists, is understood and adhered to in practice</p> <p>The Marac operating and information sharing protocol (or other multi-agency procedural guidance) is reviewed at least every second year and signed by all Marac agencies</p>



APPENDIX E



Ending domestic abuse

Marac research form

Consistent and accurate research will help attendees at Marac to build up as comprehensive a picture as possible of a case at the meeting.

In practice, most agencies will frequently be unaware of information held by others. If research is done before the meeting, it can be shared where appropriate and an action plan can be established in the timeliest way possible.

- When undertaking research in advance of the meeting, it is important that agencies do not automatically contact the victim unless they need to take immediate actions to address risk. In most cases, the Idva service will contact the victim in advance of the meeting and agencies should contact either the Idva service or the referring agency in the first instance.
- Some agencies will be working with either children or the perpetrator; in this case the research form may need to be adapted to reflect their particular source of information.
- The research form should be completed by the designated agency representative themselves or they may contact the relevant officer or support / key worker.
- The information within the research form should be current, accurate and, where necessary make a distinction between fact and professional opinion.
- Expectations about the use of a common research form by agencies should be addressed in the Marac operating protocol (MOP). SafeLives would recommend that research forms are internal documents for use by the relevant agency and the information contained within them should be shared verbally at the Marac meeting, where relevant and proportionate.
- It is possible that you will record info on the research form that you decide is not relevant to share at the Marac. You may wish to write this and the reasons for not sharing the information on the research form.

APPENDIX E

Name and agency	
Telephone / email	
Date	
Victim name	
Victim DOB	
Victim address	
Marac case number (from agenda)	

		Please insert any changes / errors / other information (e.g., aliases or nicknames) below
Are the victim details on the Marac list accurate?	Y / N	
Are the children(s) details on the Marac list accurate?	Y / N	
Are the perpetrator details on the Marac list accurate?	Y / N	

Note records of last sightings, meetings, or phone calls	
Note recent attitude, behaviour, and demeanour, including changes	
Highlight any relevant information that relates to any of the risk indicators on the checklist (e.g., the pattern of abuse, isolation, escalation, victim's greatest fear etc)	
Other information (e.g., actions already taken by agency to address victim's safety)	
What are the victim's greatest priorities to address their safety?	
Who is the victim afraid of? Include all potential threats, and not just primary perpetrator	
Who does the victim believe is safe to talk to?	
Who does the victim believe is <u>not</u> safe to talk to?	



APPENDIX F



Ending domestic abuse

SafeLives Dash risk checklist

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

<http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to Marac

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

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

¹ For further information about Marac please refer to the 10 principles of an effective Marac: <http://safelives.org.uk/sites/default/files/resources/The%2010%20principle%20of%20an%20effective%20MARAC%20%20principle%20only%20%20FINAL.pdf>

APPENDIX F

Name of victim:

Date:

Restricted when complete

Marac or in another way. The responsibility for identifying your local referral threshold rests with your local Marac.

What this form is not

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

[SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed](#)

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

APPENDIX F

13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				

APPENDIX F

Name of victim:

Date:

Restricted when complete

<p>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</p> <p>If yes, please specify:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

For consideration by professional

<p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'-based systems, geographic isolation and minimisation.</p> <p>Are they willing to engage with your service? Describe.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

<p>Do you believe that there are reasonable grounds for referring this case to MARAC?</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If yes, have you made a referral?</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed		Date	
<p>Do you believe that there are risks facing the children in the family?</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date referral made
Signed		Date	
Name			

Practitioner's notes



DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM



Refuge – Barking and Dagenham Domestic & Sexual Violence Service

REFERRAL FORM

Please complete the form below and return
BDAdvocacy@refuge.org.uk / bd.advocacy@refuge.cjsm.net
eastemeuropeanservice@refuge.org.uk

If you would like to discuss your referral please call:

Advocacy Helpline: 0300 456 0174

Eastern European Helpline: 0790 900 0195

Barking and Dagenham Domestic & Sexual Violence Service

- Independent Gender-Based Violence Advocates (IGVA's) – specialist service for those who are at risk of harm within a family or intimate partner relationship
- Perpetrators Service –Applicable to Children Social Services - an intensive case management approach, co-ordinating with the Family Support & Safeguarding and Life Planning Teams a multi-agency response to hold perpetrators accountable for domestic abuse and facilitate changes in their beliefs, attitudes and behaviour.
- Young People's Advocate – A specialist service for young people aged 11 – 17 years old who may be at risk of or are experiencing domestic violence, sexual violence, and child sexual exploitation.
- Children's Outreach Worker – A specialist service for children and the non – abusing parent impacted by domestic abuse
- Eastern European Outreach – A specialist service for Eastern European women who have suffered abuse. This is a specialist outreach service staffed by multi-lingual expert practitioners, for Eastern European women and children from the following countries: Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kosovo, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, Ukraine
- Tech Empowerment – A specialist service to empower survivors of abuse about the safe use of technology

The service is available to those living, working or attending school in Barking and Dagenham who have experienced, or are at risk of, gender-based violence including:

- Domestic violence and abuse
- Rape, sexual violence
- Prostitution
- Trafficking for sexual exploitation

APPENDIX G

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM

- Stalking and harassment
- Female genital mutilation (FGM)
- Forced marriage
- So-called 'honor'-based violence
- Child Sexual Exploitation

Date of Referral		Click here to enter text.	
Referral From		Click here to enter text.	
Referrer's Name		Click here to enter text.	
Referrer's Email address		Click here to enter text.	
Referrer's Telephone number		Click here to enter text.	
Has the survivor of abuse consented to this referral and to be contacted by the B&D Service? (Please note we can only contact clients with their permission. If you feel this case is high risk please refer to MARAC)		Choose an item.	
Survivor's Name			
Survivor's date of birth		Click here to enter a date.	
Survivor's address		Click here to enter text.	
Survivor's contact number Safe time to call Safe to leave voicemail Code word <u>agreed?</u>			
Languages Spoken/Interpreter required			
Gender Click here to enter text.	Ethnicity/Nationality Click here to enter text.	Marital Status Click here to enter text.	Recourse (Access to Benefits) Click here to enter text.
Religion Click here to enter text.	Sexual Orientation Click here to enter text.	Disability or Health Needs Click here to enter text.	Employment Status Click here to enter text.
Children's names and date of birth *Include pregnancy and due date when appropriate		Click here to enter text.	
Alleged Perpetrator's name, date of birth and address		Click here to enter text.	
Support from other agencies?		Click here to enter text.	

APPENDIX G

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM

Brief details of the incidents and reason for referral and support required from the identified service options detailed on the first page	Click here to enter text.

FAQs

Do Refuge support men?

Refuge work hard to end gender-based abuse but we also recognise men can be survivors too and do support male survivors.

What is gender-based abuse?

Gender based abuse can be perpetrated in many forms: Domestic violence (physical, sexual, financial, emotional or psychological abuse), Rape and sexual assault, Stalking, Prostitution, Sexual exploitation, Trafficking for sexual exploitation, Female genital mutilation (FGM), Forced marriage, So-called 'honour'-based violence. In the year ending March 2018, nine times more women than men were killed by their partner or ex-partner. [Office for National Statistics \(2019\) Homicide in England and Wales: year ending March 2018](#)

Why do you need consent from survivors?

We are a voluntary, client-led service; we understand that there are many barriers to accessing [support](#) so we only work with survivors who are ready to access the service. To access domestic abuse services can be a challenging step for some survivors, taking a trauma informed approach is [really important](#); understanding the trauma can really help on how domestic abuse support can be offered; Refuge are happy to advise further, so please do call the single point of access if you would like support with this.

Please note, we can override consent when the survivor's situation is deemed high risk and has been heard at the Multi-Agency Risk Assessment Conference (MARAC).

What about LGBTQ+ communities, can you help?

Refuge is here for everyone regardless of background and Refuge provides an independent and non-judgmental service.

Can you help people with additional barriers?

Refuge tries to make services as inclusive as possible. Refuge has access to telephone interpreters and can be flexible to meet survivor's needs. Refuge has many tools and resources to help including BSL which can be accessed via National Domestic Abuse Helpline.

How long do you keep cases open for?

APPENDIX G

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM

There is no set time period of how long Refuge work with survivors and children, as the service is client led, this can vary depending on the survivor's needs.

Do you support children and young people?

Refuge has a children's outreach worker who supports mother and children around the impact of domestic abuse. There is also a young people's advocate who support children and young people aged 11-17 years who have experienced abuse directly including child sexual exploitation.



APPENDIX H

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM – SOCIAL SERVICES



Refuge – Barking and Dagenham Domestic & Sexual Violence Service

SOCIAL SERVICES REFERRAL PATHWAY

Please complete the form below and return

BOAdvocacy@refuge.org.uk or bd.advocacy@refuge.cjcm.net

If you would like to discuss your referral please call our Helpline on 0300 458 0174

Barking and Dagenham Domestic & Sexual Violence Service

- **Independent Gender-Based Violence Advocates (IGVA's)** – specialist service for those who are at risk of harm within a family or intimate partner relationship
- **Perpetrators Service** – an intensive case management approach, co-ordinating with the children social care for cases that are either on a child in need or child protection plan (Tier 3 or 4), with a multi-agency response to hold perpetrators accountable for domestic abuse and facilitate changes in their beliefs, attitudes and behaviour.
- **Young People's Advocate** – A specialist service for young people aged 12 – 17 years old who may be at risk of or are experiencing domestic violence, sexual violence, gang related issues and/or child sexual exploitation.
- **Children's Outreach Worker** – A specialist service for children and the non – abusing parent who have been impacted by domestic abuse
- **Eastern European Outreach** – A specialist service for Eastern European victims of abuse, This is a specialist outreach service staffed by multi-lingual expert practitioners, for Eastern European women and children from the following countries: Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kosovo, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, Ukraine
- **Tech Empowerment** – A specialist service to empower survivors of abuse about the safe use of technology

The service is available to those living, working or attending school in Barking and Dagenham who have experienced, or are at risk of, gender-based violence including domestic abuse, sexual abuse, forced marriage, so-called 'honour-based abuse', female genital mutilation (FGM), trafficking for sexual exploitation, prostitution, child sexual exploitation, stalking and harassment.

APPENDIX H

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM – SOCIAL SERVICES

Date of referral		Click here to enter text.	
Social Services Team		Choose an item.	
Social Worker Name		Click here to enter text.	
Social Worker email address		Click here to enter text.	
Social Worker Telephone number		Click here to enter text.	
Details of current protection plan in place (Assessment/MA SH/CIN/CP)		Click here to enter text.	
Has the victim of abuse consented to this referral and to be contacted by the B&D Service?		Choose an item.	
Survivor's Name			
Survivor's date of Birth		Click here to enter a date.	
Survivor's address		Click here to enter text.	
Survivor's contact number Safe time to call Safe to leave voicemail Code word <u>agreed?</u>		Click here to enter text.	
Languages Spoken/Interpreter required		Click here to enter text.	
Gender	Ethnicity/Nationality	Marital Status	Recourse (Access to Benefits)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Religion	Sexual Orientation	Disability or Health Needs	Employment Status
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Children's names and date of birth		Click here to enter text.	
Alleged Perpetrator's: Name Date of birth Address Telephone contact number		Click here to enter text.	
Do you want to make a referral for alleged perpetrator for the perpetrator service? (only for cases managed by Family Support & Safeguarding and Life		Choose an item.	

APPENDIX H

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM – SOCIAL SERVICES

Planning Teams – Tiers 3 & 4	
Has the alleged perpetrator been informed of this referral? If referring survivor, please do not disclose to alleged perpetrator that a referral has been made to support survivor	Click here to enter text.
Brief details of the incidents and reason for referral and support required from the identified service options detailed on the first page	Click here to enter text.

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APPENDIX H

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM – SOCIAL SERVICES

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How long do you keep cases open for?

There is no set time period of how long Refuge work with survivors and children, as the service is client led, this can vary depending on the survivor's needs.

Do you support children and young people?

Refuge have a children's outreach worker who supports mother and children around the impact of domestic abuse. There is also a young people's advocate who support children and young people aged 12-17 years who have experienced abuse directly including child sexual exploitation.

What support is available for perpetrators?

Our perpetrator caseworker can provide support to perpetrators who are working with children social services – Tiers 3 and 4 only. If you need further information about this service please email marc_pigeon@refuge.org.uk

APPENDIX H

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM – SOCIAL SERVICES

Referral route 1. This is the preferred route. A survivor engages with the Refuge IGVA service and her circumstances make it possible and safe for her to sustain this engagement over a period of at least 4 weeks.

At or around the 4th week time point, steps 7 and 8 of the current protocol below take place.

Referral route 2. Survivor engages with the Refuge IGVA service, but for now her circumstances do not make it possible or safe for her to engage in a sustained manner over a period of at least 4 weeks.

When it becomes clear to Refuge staff that the survivor is in this situation, the Perpetrator Caseworker is notified. No direct work with the perpetrator is offered by our service, but we contact the social worker and any associated professionals in the case at the earliest opportunity, to assess whether they need support and advice with:

- assessing how the perpetrator is undermining the survivor's recovery which causes her difficulties with sustained engagement with our service and with social worker, difficulties in looking after her children, etc.
- encouraging the perpetrator to disclose and admit his history of DA,
- conducting assessments of risk and of parenting capacity,
- managing the immediate and most concerning risk factors identified

Referral route 3. For now, the survivor does not wish to engage with the primary Refuge services offered to her. However, she is interested in receiving information about the work that our perpetrator service could potentially do with her partner, and if work is started with him, she wishes to receive updates about his progress, risk factors, etc.

As in referral route 1 above, steps 7 and 8 of the protocol are explored, including:

- whether it has been safe previously for her and the children when professionals have engaged with the perpetrator,
- whether she thinks it could be safe for her now if our perpetrator service jointly with the social worker and others were to engage with her partner to hold him accountable
- whether she wants to be kept informed about the goals, approach, tools, assessments and messages that would guide our service's interventions with the perpetrator
- and if her safety could be increased by our intervention with the perpetrator, direct work can then start with her partner, which we will be constantly monitor.

APPENDIX H

DOMESTIC AND SEXUAL VIOLENCE SERVICE REFERRAL FORM – SOCIAL SERVICES

Referral route 4. For now, the survivor does not respond or can't be contacted at all by the Refuge IGVA service. Whenever a survivor can't be contacted at all by Refuge staff, the referring social worker is provided with an update on the case. When this happens, the perpetrator service coordinator will contact the relevant social worker soon after to offer support about how they can engage with the perpetrator as safely as possible.

