

People Directorate

Multi-Agency Risk Assessment Conference (MARAC)

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INFORMATION SHEET

Service area	All Adult Social Care Service Areas
Date effective from	13 December 2017
Responsible officer(s)	Divisional Manager (Independent Living service).
Date of review(s)	November 2018
Status: • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams)	Mandatory
Target audience	All Adult Care Management and Mental Health staff Halton Safeguarding Adults Board
Date of committee/SMT decision	
Related document(s)	 Multi-Agency Public Protection Arrangements (MAPPA) – Policy, Procedure and Practice 2014 Halton Domestic Abuse Forum - Multi-Agency Domestic Abuse and Sexual Violence Strategy 2014-2017 Safeguarding Adults in Halton: Inter-agency policy, procedure and good practice guidance 2015- 2018.
Superseded document(s)	Multi-Agency Risk Assessment Conference (MARAC) – Policy, Procedure and Practice – February 2014
Equality Impact Assessment completed	
File Reference	

1.	POLICY	PRACTICE
1.1	Introduction	
	Halton Borough Council is committed to tackling domestic abuse and sexual violence, setting out the objective within the Halton Sustainable Community Strategy 2011-2026:	
	"To tackle the problem of domestic abuse in all its form, supporting the victims and their families and taking enforcement action against perpetrators."	
	A multi-agency partnership in the shape of the Halton Domestic Abuse Forum (HDAF) co-ordinates the activity and interventions aimed at tackling these issues. Their work includes support and protection of those affected by domestic abuse and sexual violence and activity across the borough to raise public awareness.	
	Domestic violence and abuse is defined 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."	MARAC/ HDAF members may additionally work with
	HDAF Multi-Agency Domestic Abuse and Sexual Violence Strategy 2014-17	other definitions.
1.1.1	Domestic violence and abuse can be:	
	 Physical – hitting, kicking, shoving, pushing, punching, biting 	
	 Psychological – bullying, belittling, verbally abusing, humiliation 	This is not an exhaustive list.
	Coercion and control – manipulation, domineering, restricting	
	 Emotional – lower a person's self-esteem, making them feel worthless 	See also: Appendix 1 - Recognising the early warning signs of
	 Financial – withholding money, creating debt in a person's name, taking money 	domestic abuse (which includes
	Sexual – assault, rape, using sex as a bargaining tool	advice for practitioners)
	This Policy identifies the roles and responsibilities of staff employed by Halton Borough Council in the Multi-Agency Risk Assessment Conference (MARAC) process.	
1.1.2	Multi-Agency Risk Assessment Conferences (MARACs) are communication meetings where information is shared on the highest risk domestic abuse cases. The meeting involves representation from a range of agencies that provide services, facilities and amenities	

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	across the community and who may have interaction with victims, perpetrators and families affected by domestic abuse. This can include representation from:	
	 Police Probation Education Health Mental Health Drug and alcohol services Housing Hospital Social Work Voluntary sector organisations 	
	Each meeting will also include an Independent Domestic Violence Advisor (IDVA) and Halton Borough Council's Domestic Abuse Coordinator.	
	Halton Borough Council has a strategic requirement to be involved in the MARAC process as a lead agency in the care and support of those most vulnerable within the community and a pivotal partner in HDAF.	
1.1.3	MARACs aim to safeguard victims of abuse through the sharing of information and the development of a co-ordinated action plan to mitigate risk. The primary motivation of the MARAC is to see past the notion that any one single agency or individual holds all the information on a victim. Instead there is a need to build a rounded picture of the lives of those involved through the collective insights of a range of agencies.	
	MARACs discuss the protection needs of high-risk victims of domestic abuse (and homicide) based on a 'Domestic Abuse, Stalking and Harassment and 'Honour Based Violence' (DASH) risk assessment.	
	The purpose of the MARAC is to bring intelligence together in a meaningful way. No single agency can make victims and their children safe – a shared understanding of risk is needed so that resources are targeted effectively.	MARACs were developed following a successful pilot in Cardiff in 2003.
	The meeting evaluates up-to-date risk information with a comprehensive assessment of a victim's needs and links these directly to the provision of appropriate services for all those involved in a case: victim, children, other vulnerable adults and perpetrator.	DASH Risk Indication Checklist (RIC) – Appendix 2

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1.1.4	The aim of a MARAC is to:-	
	 provide a forum for inter-agency information-sharing to increase the safety, health and wellbeing of victims – vulnerable adults and their children; 	
	 determine whether the perpetrator poses a significant risk to any particular 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; and	
	 develop support for staff involved in high-risk domestic abuse cases. 	
	The role of the MARAC is one of facilitation, monitoring and evaluation. The resultant actions are intended to increase public safety.	
	The responsibility to take appropriate actions resulting from a MARAC rests with individual agencies. Internal mechanisms should be established to monitor compliance with the agreed actions.	
	Single agencies may have fragments of information that on their own do not raise any particular concern. MARACs allow for the jigsaw of information to be pieced together. This enables all the risk factors to be fully understood and examined.	
1.2	Roles and responsibilities within MARAC	
	The lead agencies for Halton's MARAC are Cheshire Constabulary and Halton Borough Council. Halton's MARAC involves the participation of all the recommended key statutory and voluntary agencies (this includes those from the criminal justice system, those supporting children, those from the health service, the local authority, housing, substance misuse and, critically, specialist domestic violence services – Independent Domestic Violence Advisor (IDVA)).	Co-ordinated Action Against Domestic Abuse (CAADA) 10 Principles for Effective MARAC
	Any statutory or voluntary agency directly involved with a case brought to the MARAC arena, but not necessarily an existing partner agency in the process, will need to be represented at MARAC meetings and will be invited as required.	
	There is an expectation that agencies regularly attending the MARAC will designate a specific officer for attendance. This will aid relationship building and consistency. On occasion, where the specific	

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	officer is unable to attend, a suitable deputy should have previously been identified and familiarised with the MARAC process and procedures. All nominated MARAC Reps must have the ability to commit appropriate resources in order that MARAC action can be delivered upon.	
1.2.1	Responsibilities of members of the MARAC, and invited others:	
	 Prepare and present relevant and proportionate information about current risks. 	This is not an exhaustive list.
	 Identify options to increase the safety of the victim, and any other vulnerable parties, such as children. 	
	 Recognise any links to other multi-agency meetings, such as those involving the safeguarding of children, and ensure that pertinent information is shared in a secure and appropriate way. 	
	 Consider practical steps to protect the victim and any children involved in the case, as well as taking account of any sanctions or remedies available through the criminal and civil courts, any housing options, or services available through other organisations. 	
	 Understand that cases are best managed through an integrated response. 	
	 Contribute to the action plan and offer their expertise. 	
	 Work together to create a safe and accessible environment for the victim to engage with. 	
	 Disclose any personal interest in any cases presented. 	
	 Undertake identified training as part of their role within the MARAC. 	
1.2.2	Independent Domestic Violence Advisor (IDVA)	
	An IDVA serves as the victim's primary point of contact and advocates for them with will be appointed to work with the victim to:	
	 Ensure the safety of their children 	
	 Support access to safety measures 	IDVAs receive specialist accredited
	 Assist with choices of legal options and support through the court system. 	training and hold a nationally recognised
	 Liaise with other agencies or services on the victim's behalf, such as housing, police and solicitors. 	qualification.
	IDVAs support and work with a victim over the short and medium term to put them on a long-term path to safety.	

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1. 1.2.3	Victims will not attend the MARAC meeting but should be informed of its convening and of relevant outcomes. Their consent in the process should be gained where possible. Where consent is not given, or cannot be sought due to safety reasons, the referral should be accompanied by an 'Information sharing without consent form' (Appendix 9). This sets out legitimate reasons for the case being referred without consent. IDVAs will endeavour to engage with the victim in order that informed decision making can be explored. Professional judgement should be used as to whether it is safe to discuss the referral with the victim. In situations where there is a threat to life the victim may be subject to coercion and control and as such may be inaccessible. Where Halton Borough Council is taking part in the MARAC as a non-referring agency staff should check with the referring agency prior to	Where an adult victim is deemed as lacking capacity (such as where mental ill health is present) or has a particular vulnerability (such as a learning difficulty) a MARAC will not need consent to convene. See also: Mental Capacity Act 2005 – Policy, Procedure and
1.3	making any contact with the victim to ensure it is safe to do so. MARAC Governance and Information Sharing	Practice – August 2016
	MARAC is governed under the arrangements of HDAF which in turn are in-line with CAADA guidance outlining MARAC information sharing and operating protocol. HDAF includes representatives from all key agencies that attend MARAC with the authority to make decisions around the MARAC and implement change and amend policy. Should the HDAF become aware of agencies failure to adhere to this operating protocol with consequences for the effectiveness of the MARAC they will be responsible for taking appropriate steps to address this matter.	The Home Office funds <u>CAADA</u> (<u>Safe Lives</u>) to provide IDVA training, run quality assurance program for MARACs, provide good practice information, templates for multi-agency working practices and operating protocols.
	Halton Domestic Abuse Forum is accountable and open to challenge from Halton Safeguarding Children's Board, Adult Safeguarding Board and the Health and Wellbeing Board. The MARAC Information Sharing Protocol (ISP) establishes parameters around information sharing. This includes details of how information should be encrypted for sharing through to the length of time minutes are retained.	Available through Halton MARAC, or HDAF. Appendix 3 sets out as a flowchart the information exchange process between partner agencies and MARAC.
1.3.1	Halton MARAC is chaired by the Cheshire Constabulary, with Halton Borough Council acting as deputy. Cheshire Constabulary is the	

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	primary source of information collation and dissemination for the meetings.	
	Cases discussed within MARAC are those where the victim has been assessed as at high risk of being seriously harm (including risk of homicide). All agencies should consider whether it is proportionate and defensible to share information in order to better protect her/him.	For example an agency may hold historical information which may not be relevant to the current
	The IDVA will often be in a position to assess what actions might contribute to safety based on their relationship with the victim. By sharing information, a safety plan can be developed. The actions arising out of this plan should provide a greater level of support and protection for the victim, and made in the interest of public safety.	case. However, agencies should consider whether it is appropriate to the MARAC where it shows escalation of behaviours or previous patterns of activity which could suggest a concern for
1.3.2	Data Protection	safety. Professional judgement should be used.
	A nominated MARAC Rep must follow the principles set out in the Data Protection Act when processing personal information or requesting information from other agencies.	
	The Data Protection principles state that personal information must be:-	
	 processed lawfully and fairly; obtained for a lawful purpose; relevant and not excessive in relation to the purpose for which it is processed; accurate and kept up to date; 	
	 retained no longer than is necessary for the required purpose; processed in accordance with the rights of data subjects; and 	
	stored securely to prevent unauthorised access.	
1.4	Decisions to refer - Risk Assessment	
	The D omestic A buse, S talking and Harassment and H onour-Based Violence (DASH) — risk assessment tool (the Risk Indication Checklist) is used to determine whether a case should be heard at MARAC. This classifies the level of risk based on professional judgement, visible signs of risk and the potential for escalation.	Appendix 2 - DASH – RIC

1.	POLICY	PRACTICE
	DASH is for all professionals working with victims of Domestic Abuse, Stalking and Harassment and Honour Based Violence. It aims to:-	
	 Help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence. 	Agencies may want to work with victims as
	 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. 	part of a single- agency approach irrespective of the risk level. It is only the
	 Offer a common tool to agencies that are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence. 	high risk cases that will be referred to MARAC.
	 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. 	
	The completed DASH identifies three levels of risk – standard, medium or high. All DASH risk assessments are submitted through the Public Protection Unit (PPU) with Cheshire Constabulary. Those indicating high risk are referred to MARAC in order that a co-ordinated approach can be taken to action planning. The Police may also make their own submissions based on being the first point of contact with a victim.	

2.1	MARAC meetings and Halton Adult Social Care	
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	A MARAC is a meeting where information is shared by a range of representative agencies such as police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors on the highest risk domestic abuse cases. They take places on a regular basis within Halton.	MARACs in Halton are held approximately every fortnight and will discuss around 10-15 cases at each meeting.
	Within these meetings relevant information is shared in accordance with the data and knowledge held by each representative agency. After sharing all relevant information, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim.	The MARAC will also make links to other forums to safeguard children and/or manage the behaviour of the perpetrator.
	The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.	
	Halton Borough Council employees may be regular members of the Halton MARAC and/or may instigate a referral as part of their interactions with victims. Those in frontline services such as care management, mental health or safeguarding are the mostly likely to encounter disclosures of domestic abuse. As such staff within these teams should have an 'awareness' level understanding of domestic violence as a minimum.	Training needs around domestic abuse and the MARAC process should be identified within the supervision or Employee Development Review process and accessed through HDAF.
	Responses to disclosure of domestic abuse or violence may include referrals to other services but should always include an assessment of the level of risk to the victim. Where staff are not trained to undertake the DASH risk assessment a referral should be made to IDVA services or to the PPU.	For example, where children are part of the household a referral may be made to Children's and Families services.
2.2	Undertaking a risk assessment and making a referral	
	It should be clear from the outset that there is not an expectation of those completing the initial risk assessment to have high levels of knowledge about domestic abuse. However all staff completing a DASH risk assessment MUST have received DASH training. If training has not been undertaken the staff member receiving a disclosure must refer the case to a specialist who can either fill in the	DASH training is available through HDAF and MUST be undertaken before completing a DASH risk assessment.

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	component to tackling the issues is that agencies identify and respond to domestic abuse concerns.	
2.2.1	Risk factors can be divided into five main categories:-	
	Nature of the abuse e.g. emotional, physical, sexual, financial;	
	Historical patterns of behaviour e.g. previous convictions or abusive/violent behaviour;	
	Victim's perceptions of risk e.g. specific fears for themselves, children, other vulnerable adults or pets and their vulnerability;	
	Specific factors associated with an incident e.g. use of weapon, threats to kill, strangulation; and/or	
	Aggravating factors e.g. drug/alcohol misuse, financial problems, mental health problems.	
	While all risk assessments should be directed to the PPU the MARAC meeting is only for victims identified as at the highest risk of domestic abuse.	
	Formal risk assessment is normally carried out by the agency which receives the initial referral/notification of the domestic abuse incident. It is open to all agencies to refer to MARAC and it will be the responsibility of each participating agency to complete a DASH risk assessment in response to the identification of domestic abuse concerns.	
	Halton Borough Council uses the CAADA DASH Risk Indication Checklist, as adopted by Cheshire Constabulary.	MARAC referrals must be made without delay to ensure timely intervention as needed.
2.2.2	Referral	
	Any front-line agency representative who undertakes a risk assessment which determines that the case meets the high risk threshold can refer it to a local MARAC. IDVAs, police and health professionals commonly refer high risk victims to MARACs as they frequently receive notice or referral of an incident.	
	The High risk case that is identified should then be referred to the PPU using the 'PPU Referral Form'. Agencies need to clearly mark the case as a referral to MARAC to ensure it is brought to the attention of the MARAC co-ordinator as soon as practicable.	Appendix 4 – PPU referral Form
	Staff must ensure that the PPU Referral Form is completed as fully as possible. This will involve a review of any case notes related to the victim on the CareFirst6 and Electronic Social Care Records (ESCR) systems.	

PROCEDURE	PRACTICE
If the risk is identified as Medium or Standard , a PPU referral form should be completed for information purposes only and sent to the appropriate support services, with victim consent. These cases do not need to be referred to the MARAC.	
The deadline for referrals to the MARAC meeting is one week prior to the scheduled meeting to ensure there is adequate time for research to be conducted on cases to be presented. Any cases provided after this deadline will be included on the following MARAC meeting agenda. Exceptions may be made to this if the risk posed is considered to require immediate response. In these instances, cases should be brought to the attention of the MARAC co-ordinator.	See Section 2.7
Halton's adult social care referral process:	
1. Upon disclosure of domestic abuse or risk of abuse, (where it is safe to do so) obtain the consent of the victim to share the information (there may be instances where consent is not required – see Section 2.6.1).	Additional referrals should be made to Children's and Families Services
 Obtain background information about the victim, children and perpetrator including names, dates of birth, occupation and addresses if known. 	where there are children (under 18 years of age) living in the household. Where the victim is either pregnant or has children within the household under five years of age a referral should also be made to the relevant NHS Trust.
 Conduct a DASH risk assessment (or make a referral to another agency to undertake this where DASH training has not been accessed). 	Where the risk is identified as high immediate measures may be considered in
4. Complete the PPU Referral Form and send together with risk assessment. Where this risk has been identified as high a referral must also be made to IDVA (unless already done so).	conjunction with other agencies (e.g. police powers to issues a
5. The PPU will log and forward the MARAC referral to the MARAC co-ordinator. The staff member bringing the case may then be called to MARAC (where not a usual member) to present information and be part of the action planning process for ensuring the safety of the victim.	Domestic Violence Protection Order or Notice). Where possible the victim should be supported to remain in their own home. Where this is not possible refuge may be sought.
	If the risk is identified as Medium or Standard , a PPU referral form should be completed for information purposes only and sent to the appropriate support services, with victim consent. These cases do not need to be referred to the MARAC. The deadline for referrals to the MARAC meeting is one week prior to the scheduled meeting to ensure there is adequate time for research to be conducted on cases to be presented. Any cases provided after this deadline will be included on the following MARAC meeting agenda. Exceptions may be made to this if the risk posed is considered to require immediate response. In these instances, cases should be brought to the attention of the MARAC co-ordinator. Halton's adult social care referral process: 1. Upon disclosure of domestic abuse or risk of abuse, (where it is safe to do so) obtain the consent of the victim to share the information (there may be instances where consent is not required – see Section 2.6.1). 2. Obtain background information about the victim, children and perpetrator including names, dates of birth, occupation and addresses if known. 3. Conduct a DASH risk assessment (or make a referral to another agency to undertake this where DASH training has not been accessed). 4. Complete the PPU Referral Form and send together with risk assessment. Where this risk has been identified as high a referral must also be made to IDVA (unless already done so). 5. The PPU will log and forward the MARAC referral to the MARAC co-ordinator. The staff member bringing the case may then be called to MARAC (where not a usual member) to present information and be part of the action planning process for

2.	PROCEDURE PRACTICE			
	There are seven steps involved in the MARAC process and each is essential to the effectiveness of the approach.	Appendix 5 – Steps in the MARAC Process		
2.2.4	Confidentiality			
2.2.4	Confidentiality is an essential part of employee conduct and is everyone's responsibility. Halton Borough Council staff have entered into a contract of employment that binds then to this. Adult social care staff are additionally required to adhere to codes of professional boundaries, as laid out in council policy and the standards, ethics and values of their vocation.	See: Professional Boundaries Policy, Procedure and Practice – March 2015.		
2.3	Prior to a MARAC			
	Dates for the MARAC are pre-arranged by the meeting Chair. The meetings usually take place on the 2 nd and 4 th Wednesday of every month and usually take place at Runcorn Police Station.	Those involved in the MARAC will receive notice of dates and venues from the PPU.		
	The agenda for the MARAC is co-ordinated by Cheshire Police Public Protection Unit (PPU).	Halton currently do not receive any funding from the Home Office to run the MARAC. The lead agencies co-ordinate the process on a voluntary basis as part of their responsibilities for public safety.		
	The agenda and minutes of the last meeting, together with any relevant information already collated, will be circulated by secure email, where possible at least six days before the meeting. If secure email is not available, the information will be sent by registered post marked 'Private and Confidential' and addressed to the nominated representative.	Private and confidential mail should not be opened by any other person than the recipient. Exceptions may occur during long-term absence, in which case a manager should be consulted.		
	Administrative support within the PPU hold a list of Halton Borough Council's nominated representatives in adult social care services, and their deputies. If there are staff changes, the administrator should be notified by a relevant adult social care Divisional Manager.	Deputies may be called upon in the absence of nominated representatives. Please also see Section 1.2.		

2.	PROCEDURE	PRACTICE	
2.3.1	Upon receipt of the MARAC list, nominated MARAC representatives within the Council should establish what information is known about any cases identified. The 'MARAC Research Form' (Appendix 6) should be used as guidance by each agency for each case where they have identified relevant information. This form will aid agencies to share information in a consistent and time-efficient way.	Consideration must be given to the sensitive nature of some information e.g. if the victim/perpetrator is an employee or relative of an employee of the agency concerned. This should not lead to failure to bring information on the case to the MARAC but any interests should be declared.	
	All nominated MARAC representatives are to be given sufficient time within their job role to adequately research MARAC lists to ensure that on attendance of the MARAC they have been able to gather their agency's information. Lack of preparation for attendance at a MARAC meeting is not acceptable given the high risk nature of proceedings.	This should be achieved in liaison with line managers.	
	The nominated MARAC representative will decide whether information should be shared as per relevance, proportionality, professional judgement and the council's information governance protocols.		
2.4	What happens at a MARAC?		
	The MARAC Chair will provide structure to the meeting and prioritise cases in such a way that all those attending are able to use the available time as efficiently as possible. At the start of each meeting the Chair will outline the confidential	The victim, the perpetrator and the Crown Prosecution Service do not attend the meeting.	
	nature of the meeting and attendees will sign the confidentiality declaration . A review of outstanding actions will then be conducted.		
	Each agency in attendance should formally identify themselves and which service they represent.		
	If it transpires, that the victim being discussed is known to the nominated representatives in a personal capacity this must be declared to the Chair.	Should a nominated representative from Halton Borough Council feel it fundamentally inappropriate to attend a meeting on	

2.	PROCEDURE	PRACTICE
		the basis of any conflicting interests with individual MARAC cases they must raise their concerns in advance of the meeting within lines of management. Where it is felt necessary an alternative representative may be required to attend.
	Each agency will, in turn, share information they have identified in relation to the cases being reviewed. The IDVA or lead contact agency will present information on the victim's behalf. After information is submitted, the group will discuss the case in terms of the risks identified. Information must be shared in-line with any relevant information sharing policy.	Relevant information sharing policy is available from Halton Borough Council's Information Governance department. Also via HDAF in direction relation to MARAC.
2.4.1	Action Planning	
	After each case is discussed a risk management plan will be formulated to identify key means of increasing the safety - victim, children, perpetrator and other vulnerable persons or staff. This plan will highlight the actions required on behalf of each agency. Actions will typically relate to safety increasing measures such as flagging of cases, critical markers, sanctuary measures etc. All MARAC agencies have a responsibility to identify contributions they can make to assist the MARAC to reduce the risk experienced by victims. Those attending the MARAC should have the authority within their agencies to prioritise the actions that arise from the	Sanctuary measures relate to those actions taken to keep the victim (and their children) in the family home. This could include, for example, new locks or other security measures.
	MARAC and to be able to make an immediate commitment of resources to those actions. The action list is summarised after each case by the Chair of the meeting so that all attendees are clear what they are committing to do on behalf of their agency. This list should be circulated within three working days of the MARAC meeting. The action plans identify the issues which need intervention and determine interventions to control, mitigate, reduce or eliminate the recognised risk. These are assigned to appropriate agencies and given a timescale for completion.	It is good practice for each agency to make a note of their own actions within the meeting so that they are able to take steps towards them immediately following the meeting.

2.	PROCEDURE	PRACTICE
2.5	Follow-up	
	If victims, their children or other vulnerable adults are at high risk of being seriously harmed, the nominated MARAC representative from each agency must agree to prioritise the actions assigned and deliver them within a defined and agreed time scale as determined at the MARAC.	See Appendix 7 - MARAC Flow Chart for Social Services
	If the nominated MARAC representative needs other colleagues to undertake any tasks, they should liaise by email, using an Information and Outcome Form, Appendix 8.	It is good practice to follow up emails with a phone call to ensure the message has been received and
	The MARAC co-ordinator at the PPU will need to be updated regarding actions assigned no later than <u>seven working days</u> after the MARAC meeting. The MARAC Information and Outcome Form (Appendix 8) should be completed and returned by secure email. Where the action is being undertaken by another worker other than the nominated Halton Borough Council representative the worker must copy in the rep to ensure they are kept up-to-date of progress on actions.	understood.
	Any outstanding actions will be recorded at the outset of the following MARAC by the Chair and will be used for MARAC performance review purposes.	
	It is ESSENTIAL that those who have been asked to complete tasks ensure that actions are complied with and reviewed within defined time scales.	The purpose of MARAC is to safeguard those at high risk of abuse.
2.6	Information sharing and confidentiality	
	All agencies should be aware of the confidential nature of information discussed at the MARAC. All written information must be stored securely in accordance with relevant legislation and as per the protocols on information sharing set out by the Halton MARAC.	
	The nominated MARAC representatives, along with relevant agencies (on a need to know basis) will have access to information and data of a private and personal nature and must not share any information relating to domestic abuse to any unauthorised person.	
	In the interest of security no information of this nature must be left visible for others to view.	
	It must be noted that even if the Data Protection Act is not relevant, the common law presumption of confidentiality will still apply. Civil	

2.	PROCEDURE	PRACTICE
	Proceedings for defamation can also be instigated and complaints will be investigated.	
	All information in Halton Borough Council is stored electronically on a secure server. Appropriate systems should be utilised for the recording of data, in consideration of what needs to be logged for other worker's attention. Any paper copies of MARAC-related information MUST be destroyed as confidential waste as soon as possible.	
	The MARAC co-ordinator will act as the single point of contact and the data controller for all participating agencies. Only accurate information that is directly relevant to the safety of the victim (and other vulnerable adults or children where applicable) should be shared by the attending agencies.	
	Information sharing at MARAC conferences is strictly limited to the aims of the meeting and attendees should sign the declaration to that effect at the start of each conference. Information gained at the meeting cannot be used for other purposes without reference to or permission from the agency that originally supplied it unless there is overriding child protection or adult safeguarding issues; or information shared might reasonably be considered capable of undermining the case for prosecution against the accused or assist the case for the accused.	Victims may be subject to coercion and control which undermines their ability to consent to information sharing.
2.6.1	Victims involvement and Information Sharing Without Consent	
	It is important that the victim is informed of the MARAC. Co- ordinated Action Against Domestic Abuse (CAADA) recommends that it is good practice to work in partnership with victims where possible, in order to obtain the most up-to-date information directly from the victim. It is relatively unusual but in cases where the victim doesn't want to be referred, practitioners must assess whether it is proportionate and defensible to share information, depending on the level of risk which the victim is facing.	
	Referring agencies should enter into discussion with the victim (where it is safe to do so) with a view to obtaining their consent to share information and completing the PPU referral form . If consent cannot be obtained then an Information Sharing Without Consent (Appendix 9) must be completed with the reasons for refusal noted alongside reasons behind the decision to disclose.	
	If the requirements for information sharing cannot be met then the case cannot be referred to MARAC. Where guidance is required the MARAC co-ordinator and/or Chair of the MARAC should be consulted. However, the final decision to exercise discretion remains with the agency making the referral.	

2.	PROCEDURE	PRACTICE
2.7	Emergency MARAC	
	An emergency MARAC is an exceptional event. It is only called when the risk of harm to the victim or any children or vulnerable adults is so imminent that statutory agencies have a duty of care to act at once, rather than waiting for the next MARAC.	
	The process for calling an emergency MARAC is as follows:-	
	Initial phone call notification by any agency to the MARAC co- ordinator/PPU.	
	2. This call should be documented by both agencies and details completed on the PPU Referral Form (Appendix 4) as soon as possible.	
	 The MARAC co-ordinator/PPU should contact all the other relevant statutory agencies at once and make them aware of the situation. 	
	4. Non-statutory agencies are not normally expected to attend the meeting unless they are the notifying agency. However, they may be contacted by phone during the meeting to check both what information they have about the case and whether there are specific actions that they can take to address risk.	
	5. The MARAC should be held as soon as practicable.	
	6. The identifying agency must attend so that the details presented at the meeting are accurate.	
	7. Urgent actions must be executed immediately and the emergency MARAC case should be prioritised on the next MARAC agenda so that the chair can review the action list and present the case to all the attending agencies.	
	8. Agencies will report on the completion of their specific actions via the chair as soon as practicable.	
2.8	Training	
	As stated through this policy relevant training is an important part of understanding the MARAC. All staff working in direct contact with adults should have at least an awareness level understanding of domestic abuse. Those directly involved in the MARAC should identify and attend relevant training. Training should be accessed primarily through HDAF but specialist training may need to be sourced in discussion with line management. Identification of training should be achieved through the supervision process or within the Employee Development Review.	

2.	PROCEDURE	PRACTICE
2.9	Complaints	
	Should issues arise within the MARAC between signatory agencies or from victims referred to the conference then specific procedures have been outlined for appropriate action. Any complaints within partnership agencies should be dealt with via their own existing complaints procedures.	
2.9.1	In the case of grievance between signatory agencies the following process is to be utilised.	
	All initial complaints are to be outlined to the MARAC chair in writing and then will be dealt with as follows:	
	The complaint will be formally acknowledged in writing to the complainant, normally in two working weeks.	
	The MARAC Chair will investigate the complaint.	
	 The findings of the investigation will be communicated to the complainant and relevant signatory and if appropriate redress may be agreed. 	
	 MARAC partners will then review procedures in light of the complaint to identify any necessary changes or learning to be made. 	
2.9.2	In the case of a complaint from a MARAC client the following procedures will be followed:	
	Initial complaints are referred to the Chair in writing.	
	 A letter will be sent to the complainant informing them the investigation is to be undertaken, normally within 2 working weeks. 	
	All MARAC signatories are to be informed.	
	MARAC chair will then investigate the complaint and inform the partners of his/her decision and considered response.	
	 Results of the investigation will then be communicated to the client and any appropriate redress agreed/made. 	
	 MARAC partners will then review procedures in light of the complaint to identify any necessary changes or learning to be made. 	

Recognising the early warning signs of Domestic Abuse

As many victims of domestic abuse may not seek help when the abuse first starts, it is vital that we are able to identify early warning signs rather than waiting for someone to make a disclosure, or until obvious physical signs of violence are displayed.

Don't ignore your intuition if you suspect someone is suffering from abuse.

Asking the Question

Many people may be afraid to ask someone if they are suffering domestic abuse, whether they are a client, colleague, friend or family member. Remember that anyone who is a victim of domestic abuse is often crying out to be asked the right questions. The following questions could be used as prompts:-

- Is everything alright at home? How are you feeling?
- Are you getting support from your partner at home?
- I noticed some bruising/cuts/scratches/burn marks, how did they happen?
- Do you ever feel frightened or have you ever felt frightened of your partner?
- Everyone has rows at times, what happens when you and your partner fight or disagree?
- Does your partner ever treat you badly/call you names/push you around/threaten you?
- Have you ever been in a relationship where you have been hit or hurt in some way? Is this happening now?
- Many people tell me that their partners are cruel, both emotionally and physically. Is this happening to you?
- Does your partner get jealous of you seeing friends or talking to other people? If so, what happens?
- Does your partner ever stop you seeing family or friends, or restrict you in any other ways?
- Do you ever feel bullied or belittled by your partner?
- Your partner seems anxious. Sometimes this happens when someone is feeling guilty or worried. Were they responsible for your injuries?
- You mentioned that your partner uses drugs/alcohol. How do they act when drinking or on drugs?

Advice for practitioners

Practitioners working with victims of domestic abuse can help in someone's safety strategies by doing the following:-

- Do not hold joint sessions with the victim and alleged perpetrator of domestic abuse
- If the victim has left the relationship/family home, do not give the alleged perpetrator the address/telephone number of where the victim is staying, whether it be with friends, family or in a refuge
- If living in a refuge, the address and location must be kept confidential in all circumstances to protect both the victim as well as other residents and workers in the refuge
- Do not agree to pass on a letter or message, or help facilitate contact unless the victim requests this. This demonstrates to the alleged perpetrator that you know how to contact the victim, putting the victim, any children, yourself and other colleagues at risk
- If the victim decides to return to the relationship, ensure that they have a safety strategy in place
- Ensure that you have 'safe' contact details for the victim and these are up to date
- If you have to write down a victim's contact details on any file or paperwork, only do so if essential. Mark as confidential to ensure that this cannot fall into the hands of the alleged perpetrator
- Ensure that you document any encounters and act on any disclosures as per your agency's policies. Documentation should include time, date, place, witnesses, and size, pattern, age, accurate description and location of any injuries seen. If available, take photographs and use body maps to record injuries. Also record other evidence of abuse such as torn clothing and damaged property. All records could help in future legal action
- Ensure that you have provided the victim with as much help and support as
 possible, whether this is short or long-term support. If offering to make
 referrals to other agencies, remember that the consent of the victim must
 be obtained before making referrals, unless there are serious concerns for
 the victim and their child(ren). Encourage medical support if necessary
 whether this is for physical injuries or mental health, for example
 depression, self-harm. Do take responsibility when referring someone
 elsewhere

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DASH 2009 RISK MODEL

(Domestic Abuse, Stalking and Harassment and 'Honour Based Violence')

This Risk Assessment forms a baseline assessment only. It is a guide to practitioners to indicate appropriate referral to MARAC and a tool to identify service intervention requirements. Risk assessment is a dynamic process and practitioners should be alert to sudden changes in circumstances which impact on Risk Levels

IF YOUR CONCERNS RELATE TO AN IMMINENT SERIOUS RISK OR THREAT TO YOUR CLIENT OR FAMILY MEMBERS INFORM THE POLICE WITHOUT DELAY (Emergency 999 or Non-Emergency 101)

Name of Client

CURRENT SITUATION		
The context and detail of what is happening is very important. The questions highlighted in		
bold are high risk factors. Tick the relevant box and add comments where necessary to		
expand.	Yes	No
1. Has the current incident resulted in injury?		
(Please state what and whether this is the first injury)		
2. Are you very frightened?		
Comment:		
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)		
Kill: Self		
Further injury		
or Violence Self		
Other		
(please clarify): Self		

4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/Dr or others?		
5. Are you feeling depressed or having suicidal thoughts?		
6. Have you separated or tried to separate from (name of abuser(s)) within the past year?		
7. Is there conflict over child contact? (Please state what)		
8. Does () 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: Harassment History. Criminal Damage. Following the victim/ loitering/ turning up unannounced. Aggression, Violence, Harassment or use of any third party).		
CHILDREN/DEPENDENTS (If no children/dependents, please go to next section)	Yes	No
9. Are you pregnant or have you recently had a baby (within 18 months)?		
10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the household (i.e.older relative)?		
11. Has () ever hurt the children/dependents?		
12. Has () ever threatened to hurt or kill the children/dependents?		
DOMESTIC VIOLENCE HISTORY	Yes	No
13. Is the abuse happening more often?		
14. Is the abuse getting worse?		
15. Does () try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)		
16. Has () ever used weapons or objects to hurt you?		
17. Has () ever threatened to kill you or someone else and you believed them?		
18. Has () ever attempted to strangle/choke/suffocate/drown you?		
19. Does () do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)		
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who)		
21. Do you know if () has hurt anyone else? (Children/siblings/elderly relative/stranger. For example. Consider HBV. Please specify who and what) Children		

22. Has () ever mistreated an animal or the family pet?		
ABUSER(S)	Yes	No
23. Are there any financial issues? For example, are you dependent on () for money/have they recently lost their job/other financial issues?		
24.Has () had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what)		
Drugs Alcohol Mental Health		
25. Has () ever threatened or attempted suicide?		
26. Has () ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify)		
Bail conditions		
Child contact Arrangements		
27. Do you know if () has ever been in trouble with the police or has a criminal history? (If yes, please specify)		
DV Sexual Violence Other violence Other Other		
Other relevant information (from victim) which may alter risk levels. Describe: (consider for ex victim's vulnerability – disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests – does this give unique access to weapons i.e. ex-military, police, pest control of the con	•	
is there anything else you would like to this.		

In all cases an initial risk classification is required: 28. RISK TO VICTIM:
STANDARD MEDIUM HIGH If your client is at HIGH RISK i.e. 14+ ticks relating to questions 1 – 9 and 13 – 27. 0R 3 or more Domestic Abuse Incidents in the last 12 months. OR Professional concern (noted above) Refer to local referral pathway Medium and Standard Risk are identified according to professional judgement in each individual case.
Client Consent Signature: Date: Date:
Practitioner Signature: Date: Date:
Referring Practitioner Details: Name of Referring Practitioner & Agency
Telephone
Mobile
Email Address

Halton Domestic Abuse Referral Pathways:

- <u>ALL</u> levels of risk → Complete PPU Referral Form and submit to Cheshire Police PPU Referral Unit (Tel: 01244 614 878) *High Risk / Request for MARAC referral will be assessed by MARAC Co-ordinator for inclusion on MARAC
- High Risk where crisis intervention is required → Complete additional Halton Domestic Abuse Service Referral Form and submit to Halton IDVA Service (Tel: 0151 422 1708) *Client consent required for onward referral where there are no children in household or vulnerable adult concerns.
- Medium / Standard Risk → Consider completion of Halton Domestic Abuse Service Referral Form and submit to Halton Domestic Abuse Lead Floating Support Worker (Tel: 0151 422 1704) or telephone referral to Victim Support (0151 424 2785) Ensure essential safety planning and signposting completed in all cases. *Client consent required for all onward referrals

Adapted from NPIA Guidance – ACPO / CAADA Domestic Abuse, Stalking and Harassment and 'Honour Based Violence' (DASH 2009) Risk Model. Please do not cite or amend without prior permission from ACPO / CAADA and HDAF. Please ensure HDAF Partnership is appropriately acknowledged where permission is given.

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Information Sheet for Clients

What is DASH and why is it being done?

DASH is the Domestic Abuse Stalking and Harassment and Honour-Based Violence Risk Indicator Checklist. It is designed to identify the risk level posed to any individual suffering domestic abuse. It is used as a guide to identify what responses and support services are required. It aims to make sure that all victims of Domestic Abuse are identified so the necessary support is made available to them.

It is hoped that using this tool we will be able to help you find support to address the risks you currently face. No one should have to live with abuse and suffer in silence.

What Happens to my information?

Once completed your DASH form will be shared with the Public Protection Unit (the Police) and any support services identified as useful to you. If your form has placed you between standard and medium risk then your details will only be shared with support services that you agree to meet with.

If your form has placed you at high risk you will be referred to the Independent Domestic Violence Adviser (IDVA) to ensure you receive the support necessary to keep you and, if appropriate, your children safe. This step is taken to ensure that you are given the information you need to stay safe. You cannot and will not at any time be forced to accept support, the service simply want to make sure you have access to the support you need. However, given the level of risk identified you are strongly urged to meet with the support services offered.

High risk assessments will also lead to a referral to the MARAC. This is the Multi Agency Risk Assessment Conference. It is a group of agencies that meet regularly to see what support and protective measures they can offer to victims of Domestic Abuse. This is a co-ordinated approach which puts your safety needs at the heart of their activity. This could lead to access to services including housing, fire prevention or substance misuse, to name a few. As stated above you cannot be forced to accept any support offered – this remains your choice to accept or decline.

What do I do now?

You are not required to take any action as a result of this assessment. You will be contacted shortly by any support services you have been referred to who will guide you through steps to make yourself safer.

If you are unsure at any point you can contact the service listed below:

IDVA 0300 11 11 247

Women's Aid Outreach 0151 422 1703

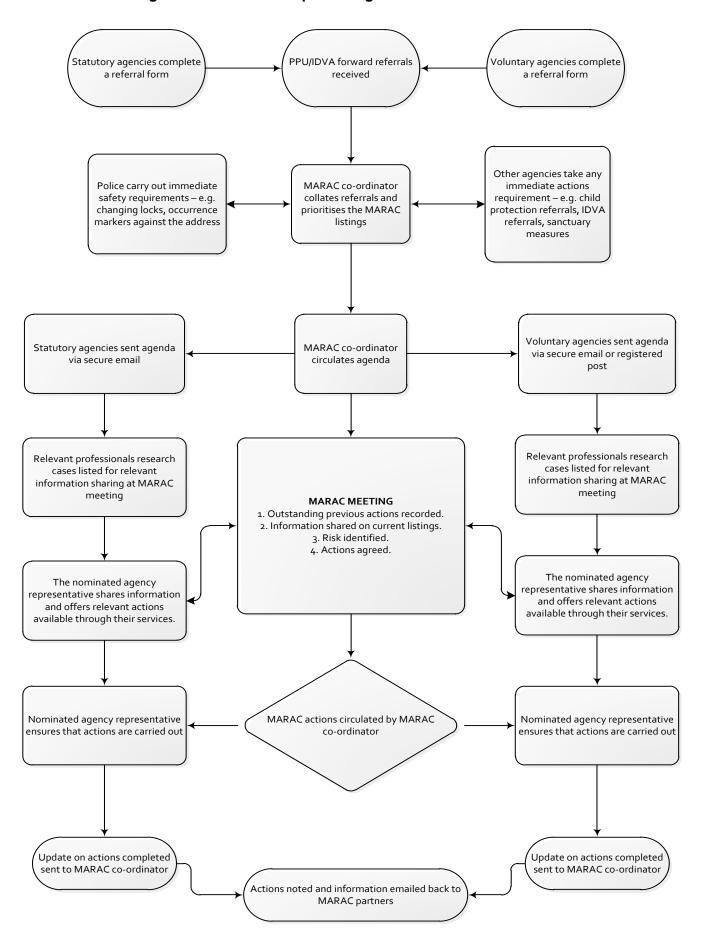
Women's Aid Refuge 0151 495 2778

Floating Support 0151 422 1704

Cheshire Victim Support 0151 424 2785

You can contact these services at any time should you wish to receive support.

Information exchange flowchart between partner agencies and MARAC



Public Protection Unit Referral and MARAC notification Form



HALTON PPU REFERRAL FORM

Completed ACPO / CAADA DASH 2009 Risk Model to be submitted with referral form

CI	ien	ŧΓ) _D t	ail	e-
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Name & Date of Birth

Ethnicity

Address

Tel No: (Please indicate which is the safest method of contact)

Home Mobile Work

Perpetrator(s) Details:

Name(s) & Date(s) of Birth Address of Perpetrator(s)

Children Details:

Name(s) & Date(s) of Birth Address of children

Reason for Referral (please include as much detail as possible):

Background and Risk Issues (please include as much detail as possible):

Request for MARAC Referral? Yes / No

Is the Client referred aware of the MARAC / PPU Referral? Yes / No

If so, have they given their informed consent to share information about themselves or their children? Yes / No

Referring Practitioner Details:

Name of Referring Practitioner & Agency

Telephone

Mobile

Email

Address

Please forward completed PPU Referral Form <u>and</u> completed ACPO / CAADA DASH 2009 Risk Model to Cheshire Police Public Protection Unit:

Email: northern.ppu@cheshire.pnn.police.uk

Tel: 01606 36 4826/4878

Steps to the MARAC Process

- MARAC agencies should have systems in place to identify victims of domestic abuse
- Many services now have some form of routine enquiry questions that are agreed for use with all service

Step One

RISK ASSESS

- Once domestic abuse is identified a DASH risk assessment should be carried out to establish the level of risk
- Carry out immediate measures required to support the victim, any children involved and the perpetrator. Step Two
 - If the risk assessment shows high risk refer to IDVA services

Step Three

REFERRAL

- Whichever agency identified the case completes and sends the PPU Referral Form
- Inform colleagues that a referral has been made (those involved in the case)
- IDVA service contacts victim to offer support and identify key risks and fears

Step Four

• RESEARCH

- All agencies receive MARAC meeting agenda from MARAC co-ordinator
- All agencies research all cases on the agenda and complete the MARAC Research Form.
- •IDVA gathers information from the victim and other agencies not represented at MARAC about the abuse

Step Five

Step Six

MEETING AND INFORMATION SHARING

- MARAC representatives present information at the meeting on their agency's behalf
- Identification of risks are made to the victim, any children involved, to the perpetrator and any others
- IDVA service presents information on behalf of the victim

ACTION PLANNING

- Volunteer actions on behalf of own agency and offer what you could do that would increase safety
- Ensure actions are SMART (Specific, Measurable, Achievable, Realistic, and Time Bound)
- · Identify opportunities to co-ordinate actions with other partners
- IDVA service confirms that in their opinion the proposed actions are as safe as possible

- FOLLOW UP Inform colleagues of actions requirements and complete in time agreed
- Confirm when actions are completed with MARAC co-ordinator
- Keep IDVA informed of relevant progress
- Step Seven • IVDA service keeps victim informed of plans, where safe to do so
 - •IDVA service liaises with partner agencies to co-ordinate action plan

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Research Form for MARAC Case

Strictly private and confidentially

Name & Agency

Telephone/Email

Date

Victim Name

Victim DOB

Victim Address

MARAC case number (from agenda)

Strictly private and confidentially

Victim DOB

CareFirst6
No.

Research all information, files and databases using NAME, DOB OR/AND ADDRESSES of ALL individuals concerned. Confirm basic contact information/ages of all concerned/number of children.

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

Note records of last sighting,	
meeting 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 MARAC-RIC (e.g.	
the patterns of abuse, isolation,	
escalation, victim's greatest fear,	
etc.)	
Other information (e.g. actions	
already taken by agency to address	
victim's safety)	
What is known about the victim's	
greatest priorities to address their	
safety?	
Who is the victim afraid of? To	
include all potential threats, and not	
just the primary perpetrator	
Who does the victim believe it safe	
to talk to?	
Who does the victim believe it NOT	
safe to talk to?	

Strictly Private and Confidential

Prior to MARAC

Nominated representatives receive 'listings' of cases to be discussed at MARAC.



Information Gathering

The representative gathers information from case files (including electronic systems - CareFirst6 and ESCR) and completes a 'Research Form for MARAC Case' for each listing. Information gathering may include conversations with other colleagues in order that a full picture of the Council's involvement with the victim (and their child(ren)) is captured.



Attendance at MARAC

Nominated representatives attend MARAC (regular and consistent attendance is required). Where an additional representative needs to present information (e.g. the Social Worker involved in the case) it may be negotiated for them to additionally attend.



Contribution to MARAC

Information held by the council on the victim, their child(ren), the perpretrator or any other parties involved in any listed case should be shared. The nominated representative should contribute to discuss and will commit relevant resource to actions identified. Actions should be noted.



Progressing Agency Actions

On return from a MARAC all identified actions should be undertaken. Where support is required from other colleagues an 'Information and Outcome Form' should be completed in relation to each case requirement. This should be emailed and followed up with a phone call to check receipt and understanding.



Monitoring and Reporting Progress

The nominated MARAC representative is responsible for ensuring that the actions identified for the council are fulfilled. They should ensure that Information and Outcome Forms are completed and the returned to the MARAC co-ordinator within seven working days.

MARAC - Information and Outcome Form

Nominated MARAC representative:	MARAC case number:	CareFirst ID:
Name of worker assigned task:		Reason for allocation:
Ivallie of worker assigned task.		Reason for anocation.
Date of MARAC Meeting: (Actions should be completed within 7-working d	avs of the MARAC)	
Name:	Date of Birth:	
Address:		
No. of children involved:		
Notes:		
MARAC identified actions	Date completed	Outcomes
Return completed form to:		
Deadline for completion:		
Worker line manager:		

This form contains <u>sensitive information</u> and should only be seen by the nominated MARAC representative, the MARAC co-ordinator and the worker assigned the task

Information sharing without consent form

Victim Name					Victim DOB		
Address							
Children		DOB	Address		School (if known)		
(e.g. children, risk fro client, family, (e.g. pa		. partner, ex- ner, family,	concerns around		What are the immediate risks to this victim?		Risk identified through risk assessment
Risk Identification Checklist (if it has been possible to complete a DASH RIC show the results here and submit together with this form			/ number of ticks out of 24				
Details of incident / information causing concern (include source of information							
Legal authority to		L					
Protocol relevant Y / N		If yes, please detail					
Or:	/00 F	loogo tiek ene	or mere =	rounds ka	low)		Tick for YES

Legal grounds (if yes, please tick one or more grounds below)	Tick for YES
Prevention / detection or crime and/or apprehension or prosecution of offenders	
(DPA, sch 29)	
To protect vital interests of the data subject; serious harm or matter of life or death	
(DPS, sch 2 & 3)	
For the administration of justice (usually brining perpetrators to justice (DPA, sch 2 &	
(3))	
For the exercise of functions conferred on any person by or under any enactment	
(police / Social Services) (DPA, sch 2 & 3)	
In accordance with a court order	
Overriding public interest (common law)	
Child Protection – disclosure to social services or police for the exercise of functions	
under the Children and Families Act, where the public interest in safeguarding the	
child's welfare overrides the need to keep the information confidential (DPA, sch 2 &	
3)	
Right to life (Human Rights Act, art. 2 & 3)	
Right to be free from torture, of inhuman or degrading treatment (Human Rights Act,	
art. 2 & 3)	

Balancing considerations Tick as Tick as applicable applicable Pressing need Risk of not disclosing Respective risks to those involved Interest of other agency / person in receiving it Public interest of disclosure Human rights Duty of confidentiality Other Comments (Names/Dates/Advice/Decisions) External consultations (Home Office, Information Sharing Helpline) **Client notification** Client notified Y/NDate notified If not, why not? Review Date for review of situation (review to include feedback from the agencies informed as to their response) Name of person responsible for ensuring the situation is reviewed by this date Record the following in the case file Date information shared Agency & named person informed Method of contact (by email, letter or phone call) Legal authority for each agency Signature of case worker Date (as signed by case worker) Signature of manager

Date (as signed by manager