

STANDARD OPERATING PROCEDURE MULTI-AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

Document Reference	1.0
Version Number	SOP24-008
Author/Lead Job Title	Sally Bainbridge, Specialist Safeguarding Practitioner
Instigated by:	Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding
Date Instigated:	August 2023
Date Last Reviewed:	22 January 2024
Date of Next Review:	January 2027
Consultation:	Safeguarding Learning & Development Forum Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding
Ratified and Quality Checked by:	<i>Safeguarding Learning & Development Forum</i>
Date Ratified:	<i>22 January 2024</i>
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Domestic Violence and Abuse Policy

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	January 2024	New SOP. Approved at Safeguarding Learning & Development Forum (22 January 2024).

Contents

1. INTRODUCTION	3
2. SCOPE	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES	4
4.1. MARAC Preparation	4
4.2. MARAC Information Sharing.....	4
4.3. MARAC Record Keeping	4
4.4. Storage of MARAC Minutes	5
4.5. Supervision.....	5
5. REFERENCES	5
Appendix A: Equality Impact Assessment	6

1. INTRODUCTION

A Multi-Agency risk assessment conference (MARAC) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, probation service, housing practitioners and independent domestic violence advisors and other specialises from the statutory and voluntary sectors.

The overall purpose of a MARAC is to:

- Share risk information and work undertaken to assess the needs of victims and families
- 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
- Reduce repeat victimisation
- Share information about perpetrators of domestic abuse and develop ways to address perpetrator behaviour safely
- Determine 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

Services representing Humber Teaching NHS Foundation Trust(MARAC) are expected to have a consistent approach, in regard to sharing of information and recording the outcomes of the meeting to ensure that updated information and the assessment of risk is well understood for services involved with the adult/child/family care.

The purpose of the SOP is to provide a consistent approach for all attendees at the Hull and East Riding MARAC for both information sharing and recording on clinical records.

The SOP will also highlight the arrangements for supervision for those representing Humber services due to the nature of information discussed, this will be in line with the Trust commitment to trauma informed approach.

2. SCOPE

This document is aimed at Humber Teaching NHS Foundation Trust practitioners who represent their relevant services at the Hull and East Riding MARAC either as consistent representatives or those who provide cover in their absence. This document will also be relevant to students who may have the opportunity to shadow attendance at MARAC and be familiar around the expectations and support available.

3. DUTIES AND RESPONSIBILITIES

Executive Director of Nursing, Allied Health and Social Care Professionals and Medical Director

Responsible for ensuring that this standard operating procedure (SOP) is reviewed, approved and monitored by the appropriate Trust-wide group.

Divisional Clinical Leads and General Managers

Responsible for ensuring staff adherence to the standard operating procedure and, where required, that there is Divisional representation at MARAC.

Commented [BK(TNFT1): Need to include Division leaders responsibility to ensure staff operate in line with sop, they have right representation , there are some requirements about MARAC attendees that need to be reflected

Trust Safeguarding Team

Will report, give advice and provide assurance to the Trust Board on all matters relating to MARAC, as well as conducting an audit of compliance with this SOP on an annual basis.

MARAC representatives

All MARAC representatives and those who cover in their absence, should familiarise themselves with the contents of this standard operating procedure and adhere to the recommended actions.

4. PROCEDURES

This is detailed instruction which must be followed, or steps which must be taken to implement the document.

4.1. MARAC Preparation

Administration time should be provided for each agency representative, whether this be time to search the subjects including victim, perpetrator and children linked.

4.2. MARAC Information Sharing

Decisions on information sharing by the MARAC representative must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

To assist with your decisions use the Information Commissioner's Office data sharing checklist [data_sharing_checklists.pdf \(ico.org.uk\)](#).

Considerations for information shared by Humber Teaching NHS Foundation Trust in regard to a victim, perpetrator or children linked to either victim or perpetrator can include:

- Any current and historical support and outline of any concerns (including any disclosures of abuse)
- Information regarding diagnosis and medication if relevant and proportionate to share
- Current or recent hospital admissions
- Contact with relevant health practitioner
- Child not brought for appointments or no access visits
- Non-attendance for appointments by an adult
- Information about the victim's experience of the domestic abuse and the impact it is having on them and any children (eg grandchildren)
- Child protection concerns about adolescent on parent/grandparent violence
- Information from partner agencies who do not normally attend MARAC

4.3. MARAC Record Keeping

Following the MARAC meeting; it is essential that the clinical records reflect the details of any risk and recommendations, particularly if any recommendation or action is relevant for the attending agency. The clinical records should be flagged (as stated below) according to the clinical system (reminder on system one records, alert on Lorenzo clinical records) that the service user has been discussed within MARAC as outlined below. Where there are multiple reminders/alerts, please ensure only the most up to date remains on the system (Previous reminders can be removed by clicking cancel).

The following statements should also be recorded within each MARAC clinical entry and as part of any attached minutes.

'Discussed at multi-agency risk assessment conference on (insert dates) recorded victim/perpetrator, strictly confidential information, take care on disclosure'

If the subject is a recorded perpetrator:

'This person has been discussed at MARAC as a PERPETRATOR of domestic abuse, STRICTLY CONFIDENTIAL, NOT TO BE SHARED WITH THE PATIENT'

Any repeat episode within 12 month period, including any breach of order, such as a text message where an injunction is in place to prevent contact, should be referred back into MARAC. Any specific risks including potential risks to staff, such as known firearms risk should also be flagged clearly as an alert as per Alert Policy (IG) and the Lone Worker Policy followed.

It would not be appropriate to record in the records of a service user in the following circumstances;

- A child who has no contact with the recorded perpetrator
- A child who is no longer in the care of either victim/perpetrator as they are looked after by foster carer/family member and no unsupervised contact takes place

4.4. Storage of MARAC Minutes

MARAC minutes should be forwarded to the relevant agency administration team to be attached to the clinical records. It must be clear that any requests for clinical records by the service user, the minutes must be redacted.

- Minutes **should be** attached to the victims records if they are open to Humber services
- Minutes **should be** attached to the recorded perpetrators records if they are open to Humber services
- Minutes **should not** be attached to linked individuals such as a child linked to either perpetrator/victim (any risk information will be documented within the summary)
- Minutes are held by Humber safeguarding team and can be requested as required

4.5. Supervision

It is important that all MARAC representatives are supported in their role and have access to both clinical/professional supervision as well as safeguarding supervision. Such arrangements can be agreed separately and may be delivered by the representatives clinical team or by the Trust Safeguarding Team.

5. REFERENCES

[data_sharing_checklists.pdf \(ico.org.uk\)](#).

[disability_guidance.pdf \(safelives.org.uk\)](#)

[MARAC_FAQs_for_MARAC_practitioners_2013_FINAL.pdf \(safelives.org.uk\)](#)

[Legal_Grounds_for_Sharing_Information_Guidance.pdf \(safelives.org.uk\)](#)

[Supporting_16_&_17_Year_Olds_-_MARAC_FINAL_0.pdf \(safelives.org.uk\)](#)

Appendix A: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name:
2. EIA Reviewer (name, job title, base and contact details):
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

Main Aims of the Document, Process or Service

This document is aimed at Humber Teaching NHS Foundation Trust practitioners who represent their relevant services at the Hull and East Riding MARAC either as consistent representatives or those who provide cover in their absence. This document will also be relevant to students who may have the opportunity to shadow attendance at MARAC and be familiar around the expectations and support available.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	Little or no evidence that this SOP would impact this inequality target group
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	Little or no evidence that this SOP would impact this inequality target group, where a person with a disability needs support with writing or recording MARAC minutes reasonable adjustments should be in place
Sex	Men/Male Women/Female	Low	Little or no evidence that this SOP would impact this inequality target group
Marriage/Civil Partnership		Low	Little or no evidence that this SOP would impact this inequality target group
Pregnancy/Maternity		Low	Little or no evidence that this SOP would impact this inequality target group
Race	Colour Nationality Ethnic/national origins	Low	Little or no evidence that this SOP would impact this inequality target group

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Little or no evidence that this SOP would impact this inequality target group
Sexual Orientation	Lesbian Gay men Bisexual	Low	Little or no evidence that this SOP would impact this inequality target group
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Little or no evidence that this SOP would impact this inequality target group

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

Little or no evidence that this SOP would impact the inequality target groups. Where a person with a disability needs support writing and recording information such as MARAC minutes, reasonable adjustments should be in place to support this.

EIA Reviewer: Rosie O'Connell

Date completed: 15/03/2024

Signature: *Rosie O'Connell*