



# Wolverhampton Over-arching Domestic Violence Protocol and Guidance

November 2013

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## Introduction and Context

In 2013 the Head of the World Health Organisation, Dr Margaret Chan labelled domestic violence and abuse as a “global health problem of epidemic proportions”.

In 2012 in England and Wales approximately 1.2 million women suffered domestic violence and abuse, over 400,000 women were sexually assaulted, 70,000 women were raped, and thousands more women were stalked. These crimes are often hidden away behind closed doors, with victims suffering in silence. Fewer than 1 in 4 people who suffer violence and abuse at the hands of their partner, and only around 1 in 10 women who experience serious sexual assault report it to the police.

Last year in Wolverhampton, there were approximately 5,000 domestic violence and abuse incidents reported to West Midlands Police. Using the British Crime Survey statistic that in England and Wales only one third of such offences are reported, it is estimated that there were in excess of 50,000 domestic violence and abuse incidents last year in our city. Based on the Home Office report in 2004, the cost of domestic violence to the public sector in Wolverhampton is estimated at £66.54 million per year across physical and mental health care, social care, housing, and criminal justice.

Domestic violence and abuse is not a one-off incident; left unchecked, domestic violence and abuse is known to escalate in frequency and severity over time. Its effects are various and far reaching, all too often resulting in serious harm and in some cases, death. In England and Wales, domestic violence accounts for two homicides a week on average, with victims being killed by a current or previous intimate partner. In 2011 The Domestic Violence, Crime and Victims Act 2004 introduced a statutory duty on community safety partnerships to conduct a domestic homicide review when a domestic homicide occurs. The purpose of these reviews is to identify any lessons that can be learned that could prevent a future domestic homicide in similar circumstances. Since the 2011 legislation and to the date of writing of this protocol, there have been 2 domestic homicides in Wolverhampton and 27 such homicides across the West Midlands.

There are a number of common themes emerging from domestic homicide reviews, some directly aligning to those arising from serious case reviews for children and vulnerable adults. Not least of all these themes include lack of appropriate information sharing, lack of approved translation and interpretation services, key front line professionals missing opportunities to identify domestic violence and abuse, mental health and mental capacity issues, and missed opportunities to put in place appropriate intervention.

**Front line practitioners from all agencies can provide a critical way for victims to disclose violence and abuse. Practitioners who have been trained in domestic violence can ask routine and specific questions about domestic violence and abuse, undertake or facilitate a common risk assessment, signpost victims to appropriate and specialist services, so empowering them to make informed decisions, so preventing repeat occurrences and escalation of violence.**

### The Purpose of this Protocol

Every organisation should have its own policy and practice documents relating to domestic violence, and this protocol should be read in conjunction with individual agencies’ own documents.



Please contact Wolverhampton Domestic Violence Forum if you would like support with your organisation's domestic violence policy on [wendy.evans@wolverhampton.gov.uk](mailto:wendy.evans@wolverhampton.gov.uk) .

This protocol has been written in response to one of the recommendations arising from Wolverhampton's first domestic homicide review that was published in October 2013. The ultimate aim of the protocol is to contribute to reducing the risk of serious harm and homicide through earlier intervention in the lives of families affected by domestic violence. The protocol is directed at managers and front-line practitioners in any profession or discipline, and aims to:

- raise awareness of domestic violence and abuse,
- share information relating to current services and how to access them,
- raise awareness of the cross-over relationship between domestic violence and abuse with child/adult abuse and neglect so that where domestic violence is recognised, practitioners also consider the possibility of child/adult abuse, and conversely practitioners confronted with child/adult abuse and neglect also consider whether domestic violence is affecting the family.
- empower and encourage practitioners to ask routine questions (safely) to identify if domestic violence is a feature in the lives of their service users,
- empower practitioners to be able to respond appropriately when domestic violence is disclosed,
- promote agencies' use of a common risk assessment tool for domestic violence, and make appropriate referrals, eg to MARAC.

### Legislative and Policy Framework

There have been major changes in policy and legislation covering domestic violence over the last 30 years, and the following policy frameworks are currently relevant.

Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) around parenting capacity.

Every Child Matters Outcomes Framework (Department for Children, Schools, Families, 2003) to ensure that children affected by DV are identified, protected, and supported.

National Service Framework for Children & Young People and Maternity Services (2004) recognising the serious effects of children witnessing DV.

A Vision for Services for Children and Young People affected by DV (LGA, ADSS, Women's Aid, CAF/CASS, 2005) with guidance focused on meeting the needs of children affected by DV through integrated children's services.

Working Together, A Guide to Inter-Agency working to safeguard and promote the welfare of children (2006, revised 2010) providing statutory and non-statutory guidance for agencies to work together to protect children, including unborn children, empower mothers to protect themselves and their children, and to hold accountable those responsible for violence.



In November 2010 the coalition Government launched its objectives for addressing violence against women and girls and was followed by the national Call to End Violence against Women and Girls Strategy and Action Plan in March 2012. The strategy together with the UK's ratification of the UN Convention on the Elimination of all Forms of Discrimination against Women enshrines women's rights to live without the fear of violence and abuse.

In Wolverhampton the Wolverhampton Domestic Violence Forum multi-agency Executive Board has taken the Government's lead and developed a local Violence Against Women and Girls Strategy and Action Plan (2012-15). The strategy follows the national template and addresses prevalence and multi-agency actions to address domestic violence, sexual violence, forced marriage, so-called 'honour based violence', and female genital mutilation.

Both the local and national Violence Against Women and Girls Strategies acknowledge the gendered nature of domestic and sexual violence and abuse, in that the majority of victims are female, but both also recognise that there are female and male victims and perpetrators in heterosexual and same sex relationships. You can access Wolverhampton's Violence Against Women and Girls Strategy and Action Plan at [www.wdvh.org.uk/](http://www.wdvh.org.uk/)

### Legislation

There is a range of civil remedies and criminal offences that protect victims and children witnessing DV. Civil Law remedies:

Family Law Act, 1996 – covering occupation orders, and non-molestation orders for violent, pestering, threatening behaviour, and harassment.

Civil Partnership Act, 2004 – applies the above remedies to civil partners.

The Protection from Harassment Act, 1997 – extends civil law remedies available under the Family Law Act to cover post-separation pestering and harassment.

The Homelessness Act, 2002 - covers all type of violence.

The Housing Act 1996 – defines homelessness and those eligible for accommodation, and specifically focuses on DV victims and their housing assistance needs.

The Children Act, 1989 – covers public and private law particularly in relation to Child in Need (S17) and Child Protection (S47) intervention requirements.

The Adoption and Children Act, 2002 – extends the legal definition of 'significant harm' to include harm to children caused by witnessing/overhearing abuse of another, especially DV.

The Children Act, 2004 – promotes closer cooperation between agencies.

The Forced Marriage (Civil Protection) Act, 2007 – gives powers to prevent such a marriage.

**Criminal Law:**

There is no criminal offence named ‘domestic violence’ but a variety of existing offences apply to DV, including but not limited to the following:

| <u>Offence</u>                      | <u>Act</u>   |
|-------------------------------------|--|
| Murder                              | Common Law   |
| Manslaughter                        | Common Law   |
| Kidnap & false imprisonment         | Common Law   |
| Common Assault                      | Criminal Justice Act, 1988   |
| Threats to Kill                     | Offences Against the Person Act, 1861                                      |
| Grievous Bodily Harm with Intent    | Offences Against the Person Act, 1861                                      |
| Grievous Bodily Harm wounding       | Offences Against the Person Act, 1861                                      |
| Aggravated Bodily Harm              | Offences Against the Person Act, 1861                                      |
| Harassment                          | Protection from Harassment Act, 1997                                       |
| Affray                              | Public Order Act, 1986   |
| Threatening Behaviour               | Public Order Act, 1986   |
| Threatening Behaviour with Intent   | Public Order Act, 1986   |
| Rape                                | Sexual Offences Act, 1956  |
| Assault by Penetration              | Sexual Offences Act, 1956  |
| Sexual Assault                      | Sexual Offences Act, 1956  |
| Breach of Bail                      | Bail Act, 1976   |
| Criminal Damage                     | Criminal Damage Act, 1971  |
| Theft                               | Theft Act, 1968  |
| Blackmail                           | Theft Act, 1968  |
| Witness Intimidation                | Criminal Justice & Public Order Act, 1994                                  |
| Criminal Trespass                   | Criminal Law Act, 1971   |
| Child Cruelty                       | Children & Young Persons Act, 1933   |
| Child abduction                     | Child Abduction Act, 1984  |
| Female genital mutilation           | Female Genital Mutilation Act, 2003  |
| Trafficking for Sexual Exploitation | Sexual Offences Act, 2003; Serious Organised Crime & Police Act, 2005      |
| Trafficking for Exploitation        | Asylum & Immigration Act, 2004; Serious Organised Crime & Police Act, 2005 |

The **DV, Crime & Victim Act, 2004** represents the biggest legislative response to DV in 30 years, criminalising breaches of non-molestation civil orders, extending the definition to include same sex couples, allowing restraining orders to be made on acquittal or conviction, and a statutory requirement to conduct domestic homicide reviews when there is a domestic violence related death.

**Domestic Violence Protection Orders** were introduced in 2014 and permit the Police to make an application to the Magistrates Court for a domestic violence perpetrator to be excluded from the victim’s home for between 14 and 28 days. The Order can be made at a contested hearing or on an *ex parte* basis,



and does not require the support of the victim. It is designed to give victims some time to evaluate their situations, and obtain information and advice about their options from specialist organisations.

The **Domestic Violence Disclosure Scheme**, also known as Clare’s Law went live on 8 March 2014. If certain circumstances are met, the scheme allows Police to disclose information about a partner’s previous abusive and violent history under the ‘Right to Know’ clause. In certain circumstances, Police can also disclose information where members of the public raise concerns about their partner or the partner of a family member or friend, under the ‘Right to Ask’ clause. Applications are made in person at a Police Station.

### Domestic Violence Definition and Values

In March 2013, and following much campaigning from specialist domestic violence services, the Government extended the definition for domestic violence and abuse to include coercive and controlling behaviour, and to encompass young people aged 16-17 years.

The **domestic violence definition** includes:

**‘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:

- psychological
- physical
- sexual
- financial
- emotional
- 

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

‘Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’

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

Domestic violence and abuse is not a one off-occurrence and left unchecked, it is known to escalate in frequency and severity over time. Its effects are various and far reaching, all too often resulting in serious harm and death. In England and Wales, domestic violence accounts for two homicides a week on average, where victims are killed by a current or previous intimate partner. In 2011 The Domestic Violence, Crime & Victims Act 2004 imposed a statutory duty on community safety partnerships to conduct a domestic homicide review when a domestic homicide occurs. The purpose of domestic homicide reviews is to



identify lessons to be learned that could prevent a future domestic homicide in similar circumstances. Between 2011 and 2013 there were 2 domestic homicides in Wolverhampton and 27 domestic homicides across the West Midlands.

There are a number of common themes emerging from domestic homicide reviews, some directly aligned to those arising from serious case reviews for children and vulnerable adults. Not least of all these themes include lack of appropriate information sharing, lack of appropriate translation and interpretation services, mental health and mental capacity issues, and key front line professionals missing opportunities to identify domestic violence and abuse and put in place appropriate intervention.

Who suffers domestic violence and abuse?

Domestic violence is a high volume, highly complex, high cost crime that transcends all normal gender, socio-economic, age, cultural, religious, and other boundaries. It can affect anyone.

It is widely accepted that the majority of domestic violence and abuse victims are female, and the majority of perpetrators are male. However it is also acknowledged that there are female perpetrators and male victims, and that domestic violence and abuse occurs in heterosexual and single sex relationships. Nationally and locally approximately 88% of domestic violence reported to the police involves female victims of male perpetrators, with approximately 12% being male victims.

Research demonstrates that women are more likely than men to be the victim of repeated and multiple incidents of abuse. It is reported that women are five times more likely to be seriously hurt or murdered at the point of leaving an abusive relationship. Women are also more likely to suffer different types of domestic abuse, such as partner or family abuse, sexual assault, stalking, post-separation abuse, and in particular sexual violence. The evidence also shows that on the whole it is women who sustain injuries requiring medical attention and emotional/psychological harm.

On average it is reported that women are assaulted 35 times by a partner or ex-partner before seeking help from agencies. Violence and abuse are not reported for many reasons including:

- acceptance of abuse as normal; not recognising that they are being abused,
- embarrassment or shame; not wanting to air dirty linen in public,
- fear of what will happen to them (and their children), where they will live, and how they will eat, etc if they are not with their partner,
- threats from the abusing partner.

In particular, people with disabilities and/or the elderly can be vulnerable to abuse by close family members or their carers as they may be reliant on those who are abusing them. Older women confirm their reluctance to report violence and abuse due to embarrassment and shame. Similarly, there are often barriers for victims in same sex relationships to disclose domestic violence and abuse as their sexuality may be something that they have not shared with family or friends. In addition, people from ethnic minority communities may also



face additional perceived and real cultural barriers to reporting violence and abuse, sometimes for fear of so-called honour based violence or being rejected by their families and communities.

Professionals need to be aware that perpetrators of domestic violence and abuse sometimes make counter-allegation of violence and abuse against their victims. This often complicates matters as the criminal justice system responds to reported single events rather than to the longer term coercive and controlling behaviour that constitutes domestic violence, but may have resulted in a single act of retaliation.

The latest statistics show that prevalence of domestic violence and abuse is greater among young women under 24 years, and those who have a long-term illness or disability. However, victims of domestic violence and abuse do not fit a particular profile and they do not wear a badge to identify themselves. They will include work colleagues, family members, service users, neighbours, etc. Victims may not feel able to tell you that they are subject to domestic violence and abuse, but many victims want professionals to ask routine questions about the abuse in order that they can disclose this information and seek help.

#### Children as victims of domestic violence

Section 120 of the Adoption and Children Act 2002 extended the legal definition of 'significant harm' to children to include harm caused by witnessing or overhearing abuse of another, especially in a context of domestic violence. This added to the legal framework for child protection set out in the Children Act 1989 and 2004, the key principle of which was that the welfare of the child is the paramount consideration. It states that children should usually be cared for within their own home, but that children should also be safe and protected if they are at risk of significant harm. Section 17 makes provision for local authorities to provide support, care and services to safeguard and promote the welfare and development of the child and can be used, even if the mother has no recourse to public funds to support mothers and their children.

#### **It is important to remember that the responsibility for the harm lies with the abuser.**

The majority of children in households where there is domestic violence and abuse witness the violence that is occurring, mostly in the same or next room. Children's witnessing of domestic violence includes getting caught in the middle of an incident in an effort to make the violence stop, hearing the abuse from the next room, seeing a parent's physical injuries following an incident of violence, being forced to stay in one room, being prevented from playing, being forced to witness sexual abuse, or being forced to take part in verbally abusing the victim. All children witnessing domestic violence are being emotionally abused.

The effects of domestic violence on children are various, and include short and long term cognitive, behavioural, and emotional effects. Each child will respond differently to trauma and some may be resilient and not exhibit any negative effects. Their responses vary according to a multitude of factors including age, race, sex and stage of development. It is equally important to remember that these responses may also be caused by something other than witnessing domestic violence, and therefore a thorough assessment of a child's situation is vital.

In England and Wales, it is estimated that there are more than 750,000 children per year witnessing and/or experiencing domestic violence and abuse, and nearly three quarters of the children on the 'at risk' register live in households where domestic violence is a significant feature.



The recently conducted Dartington Review demonstrated that domestic violence was a significant feature of all categories of cases where children were subject to child protection and child in need arrangements.

It is significant that research demonstrates a cross-over of up to 90% of domestic violence with child abuse in families. It is therefore critical that where there are children and/or pregnant women in a household where domestic violence and abuse is a feature that the effect on the children should be assessed.

Last year in Wolverhampton approximately 2000 of the 5000 domestic violence and abuse incidents reported to West Midlands Police identified children or pregnant women in the household. Where such cases are identified, they are jointly screened and assessed by a co-located multi-agency team that includes Police, Health, Social Care, and specialist domestic violence staff at the Wolverhampton Domestic Violence Forum.

#### Vulnerable Adults as victims of domestic violence

Adult safeguarding services have developed through the national policy agenda as outlined in 'No Secrets' (Department of Health 2000). 'No Secrets' defined a vulnerable adult as 'a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.' The term 'adult at risk' has replaced 'vulnerable adult' and includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse. It is defined as 'anyone with social care needs who is or may be at risk of significant harm'. A new definition in the draft Care and Support Bill 2012, currently being considered by parliament describes an adult at risk/in need of safeguarding as someone who 'has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing or is at risk of abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.' The accepted social model of disability recognises that the circumstances in which a person finds himself/herself, or the way society is organised that determines vulnerability, and refers to 'an adult at risk being a person living in vulnerable circumstances, or people with care and support needs'.

It is important to be aware of the cross-over of these subject areas and be mindful that domestic violence is a longer term pattern of coercive and controlling behaviour that escalates in severity and frequency over time.

**One significant factor to consider when dealing with adults at risk is that more than 50 per cent of UK disabled women experience domestic violence and rape, which is double the rate of non-disabled women.**

#### Who commits domestic violence and abuse?

The majority of domestic violence incidents reported involve male perpetrators on female victims. However, it is also acknowledged that there are male victims and female perpetrators, and that domestic violence occurs in heterosexual and single sex relationships.



Domestic violence can take the form of different types of abuse, and both victims and perpetrators transcend the normal gender, socio-economic, age, cultural, religious and other boundaries.

### Domestic Violence is everyone's responsibility – The Coordinated Community Response Model

The UK national model of best practice in dealing effectively with domestic violence and violence against women and girls is that of a coordinated community response model. This translates into meaning that domestic violence is everyone's responsibility, whether you are a Police Officer, a Social Worker, a Health Visitor, a GP, a Judge, a Housing Officer, a Neighbour, a Friend, a Colleague, a Brother, an Employer, etc. It means that everyone should have a perspective on and responsibility for domestic violence, and that collectively as a society, and in our communities we should **advocate that domestic violence is not acceptable, it will not be tolerated and it will be dealt with appropriately.**

To get to this position, organisations will need to have in place the following elements:

### **Expectations on Wolverhampton Safeguarding Boards organisations is that they will:**

- have in place a domestic violence policy for service users
- have in place a workplace domestic violence policy
- include a routine question about domestic violence on service user referral forms
- train staff in domestic violence to an appropriate level depending on their role
- when domestic violence is disclosed, be able to undertake a DASHH risk assessment, or have in place an agreed referral pathway for a DASHH risk assessment to be undertaken
- where the DASHH risk assessment identifies the individual as at high risk of serious harm or homicide, to have a system for referring the case to MARAC (Multi-agency risk assessment conference)
- maintain contact details of appropriate local help and information and leaflets to signpost victims to specialist support agencies

### Identification of risk – Domestic Abuse, Stalking, Harassment, & Honour based violence (DASHH) Risk Assessment

The CAADA DASHH assessment is the domestic violence risk assessment tool used across the UK to determine the level of risk to a victim of serious harm or homicide. It is an evidence based risk assessment tool designed to provide a shared and common understanding of risk in relation to domestic violence, stalking, and honour based violence. It provides a common risk assessment tool, a common language, and a shared mean of 'high risk of serious harm and homicide'. It is designed to help front line practitioners to identify high risk cases of domestic violence, stalking, and honour based violence, which must then be referred to MARAC (Multi-agency risk assessment conferences) for information sharing and joint management of risks. It enables agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near-misses' which underpins most models of risk assessment.



The CAADA DASHH risk assessment is attached at Appendix 1.

Further information can be found on the CAADA website at [www.caada.org.uk](http://www.caada.org.uk)

### Multi-agency risk assessment conferences (MARAC)

The Multi-Agency Risk Assessment Conference (MARAC) is part of a coordinated community response to domestic violence and abuse, and aims to:

- Share information to increase the safety, health and well-being of victim adults and their children
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community
- Construct jointly and implement a risk management plan that provides professional support to all those at risk
- Reduce the risk of serious harm
- Reduce repeat victimisation
- Improve agency accountability
- Provide support for staff involved in high-risk domestic violence and abuse cases.
- 

In Wolverhampton MARAC is held weekly, but between MARAC meetings high risk cases are discussed jointly at WDVf's co-located team with Police, Housing, The Haven Wolverhampton, and WDVf staff.

Wolverhampton's MARAC Protocol is attached at Appendix 2.

Wolverhampton's co-located multi-agency team model is attached at Appendix 3.

Further information can be found on the CAADA website at [www.caada.org.uk](http://www.caada.org.uk)

### Safety planning for victims

When the DASHH risk assessment suggests that there is a standard or medium risk, these cases can be referred to The Haven Wolverhampton through their single point of contact where safety planning, and discussions on options can be held with victims.

The Independent DV Adviser (IDVA) is a trained specialist whose aims are to focus on increasing the safety of high risk domestic violence victims through coordinating multi-agency work at point of crisis and providing advice and support to access a range of services and resources. IDVAs from The Haven Wolverhampton and from WDVf attend MARAC meetings representing victims' views, and participate in twice weekly co-located multi-agency team meetings in between the weekly meetings in Wolverhampton.

Further information can be found on the CAADA website at [www.caada.org.uk](http://www.caada.org.uk)

A flow process diagram for dealing with domestic violence cases is attached at Appendix 4.



### Signposting to Appropriate Help and Information

There is a variety of leaflets and resource materials available to provide to victims and perpetrators of domestic violence. To access these resources, please contact Wolverhampton DV Forum on 01902 572345 or at [forum@wdvf.org.uk](mailto:forum@wdvf.org.uk)

A contact list of specialist agencies is attached at Appendix 5.

### Training

The Safeguarding Children Board schedules multi-agency training that is available to all organisations in Wolverhampton and free of charge. Domestic violence training is one subject of this training programme. There is an online domestic violence training package designed to put in place basic awareness of domestic violence, and supplementary 1 day training programmes to give more in depth knowledge of domestic violence in families.

The Safeguarding Boards in conjunction with WDVf will also schedule train the trainer courses for conducting DASHH risk assessments.

To access the Board's training programme, use this web address in your web browser:

[http://www.wolvesscb.org.uk/user\\_controlled\\_lcms\\_area/uploaded\\_files/WSCB%20TRP%2013-15%20%284%29.pdf](http://www.wolvesscb.org.uk/user_controlled_lcms_area/uploaded_files/WSCB%20TRP%2013-15%20%284%29.pdf) or contact by email: [wscb@wolverhampton.gov.uk](mailto:wscb@wolverhampton.gov.uk) or by telephone on 01902 550645

### Information Sharing and Confidentiality

Domestic homicide reviews and serious case reviews continue to conclude that information sharing is one of the consistent failings in the lead up to serious incidents and deaths. Safeguarding is everyone's responsibility; if in doubt about sharing information, seek clarity from your line manager.

All organisations will have their own confidentiality protocols that specify that where information disclosed raises safeguarding children or adult concerns, that information must be shared appropriately in order that children and adults can be safeguarded. These protocols must be adhered to.

Wolverhampton has a tier 1 over-arching information sharing protocol that provides the framework for how, when, and why information will be shared.

Underneath the over-arching information sharing protocol there are subject specific information sharing protocols that outline specific reasons for sharing information, and identifying single points of contact in different agencies, eg the MARAC protocol.



APPENDIX 1 – CAADA DASH RISK ASSESSMENT

Name of victim:

Date:

Restricted when complete

If you are a professional working with domestic abuse and would like to know more about the Risk Identification Checklist you can find the following publications on our website:

- ✓ **CAADA-DASH MARAC Risk Identification Checklist (RIC) 2009 for the identification of high risk cases of domestic abuse, stalking and honour based violence**  
[http://www.caada.org.uk/dvservices/RIC\\_and\\_severity\\_of\\_abuse\\_grid\\_and\\_IDVA\\_practice\\_guidance.pdf](http://www.caada.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.pdf)  
This is a helpful guide for IDVAs or practitioners new to the RIC and who want to become more familiar and confident in managing the process. It takes you through the process of completing the RIC with your client and provides detail on why and how to ask each question. This guide also provides supplementary questions to gather additional detail about each risk factor and provides general safety planning advice. It includes the Severity of Abuse Grid (SAG). The SAG gives practitioners the chance to profile the domestic abuse in more detail and identify significant concerns which may be relevant to include in a safety plan or share at a MARAC.
- ✓ **CAADA-DASH Risk Identification Checklist – without guidance**  
[http://www.caada.org.uk/marac/RIC\\_without\\_guidance.doc](http://www.caada.org.uk/marac/RIC_without_guidance.doc)  
This is a basic version of the RIC to download and use in everyday practice.
- ✓ **CAADA-DASH Risk Identification Checklist – Frequently Asked Questions**  
[http://www.caada.org.uk/marac/RIC\\_FAQs.pdf](http://www.caada.org.uk/marac/RIC_FAQs.pdf)  
This addresses a number of practical questions relating to the use of the checklist.
- ✓ **We also have a library of resources and information about training for frontline practitioners at**  
[http://www.caada.org.uk/marac/Information\\_about\\_MARACs.html](http://www.caada.org.uk/marac/Information_about_MARACs.html)

### Other MARAC toolkits and resources

If you or someone from your agency attends the MARAC meeting, you can download a **MARAC Representative's Toolkit** here: <http://www.caada.org.uk/marac/Toolkit-MARAC-representative.pdf>. This essential document troubleshoots practical issues around the whole MARAC process.

Other **frontline Practitioner Toolkits** are also available from [http://www.caada.org.uk/marac/Resources\\_for\\_people\\_who\\_refer\\_to\\_MARAC.html](http://www.caada.org.uk/marac/Resources_for_people_who_refer_to_MARAC.html). These offer a practical introduction to MARAC within the context of a professional role. Please feel free to signpost colleagues and other agency staff to these toolkits where relevant:

|   |                                       |
|---|---------------------------------------|
| A&E   | LGBT Services                         |
| Ambulance Service                                   | MARAC Chair                           |
| BAMER Services                                      | MARAC Coordinator                     |
| Children and Young People's Services                | Mental Health Services for Adults     |
| Drug and Alcohol                                    | Police Officer                        |
| Education   | Probation                             |
| Fire and Rescue Services                            | Social Care Services for Adults       |
| Family Intervention Projects                        | Sexual Violence Services              |
| Health Visitors, School Nurses & Community Midwives | Specialist Domestic Violence Services |
| Housing   | Victim Support                        |
| Independent Domestic Violence Advisors              | Women's Safety Officer                |

For additional information and materials on Multi Agency Risk Assessment Conferences (MARACs), please see the [http://www.caada.org.uk/marac/10\\_Principles\\_Oct\\_2011\\_full.doc](http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc). This provides guidance on the MARAC process and forms the basis of the MARAC Quality Assurance process and national standards for MARAC.

## CAADA-DASH Risk Identification Checklist (RIC)

### 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 MARAC<sup>1</sup> 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 Frequently Asked Questions and Answers<sup>2</sup>. These can be downloaded from

[http://www.caada.org.uk/marac/RIC\\_for\\_MARAC.html](http://www.caada.org.uk/marac/RIC_for_MARAC.html)

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 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.

<sup>1</sup> For further information about MARAC please refer to the 10 Principles of an Effective MARAC:

[http://www.caada.org.uk/marac/10\\_Principles\\_Oct\\_2011\\_full.doc](http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc)

<sup>2</sup> For enquiries about training in the use of the form, please email [training@caada.org.uk](mailto:training@caada.org.uk) or call 0117 317 8750.

Name of victim:

Date:

Restricted when complete

**CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies<sup>3</sup> 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.<br>Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer.<br>It is assumed that your main source of information is the victim. If this is <u>not</u> the case please indicate in the right hand column | Yes (tick)               | No                       | Don't Know               | State source of info if not the victim e.g. police officer |
|--|--------------------------|--------------------------|--------------------------|--|
| 1. Has the current incident resulted in injury?<br>(Please state what and whether this is the first injury.)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2. Are you very frightened?<br>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).<br>Comment:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ..... ) try to stop you from seeing friends/family/doctor or others?<br>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 (.....) 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 (.....) 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 specify behaviour.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 13. Has (.....) ever used weapons or objects to hurt you?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

<sup>3</sup> Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

| Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.  | Yes (tick)               | No                       | Don't Know               | State source of info if not the victim |
|--|--------------------------|--------------------------|--------------------------|--|
| 14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)<br>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 (.....) ever attempted to strangle/choke/suffocate/drown you?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 16. Does (.....) 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 (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)<br>Children <input type="checkbox"/> Another family member <input type="checkbox"/><br>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 (.....) 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 (.....) for money/have they recently lost their job/other financial issues?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 21. Has (.....) 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.)<br>Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 22. Has (.....) ever threatened or attempted suicide?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 23. Has (.....) 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.)<br>Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/><br>Child Contact arrangements <input type="checkbox"/><br>Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)<br>DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Total 'yes' responses  |                          |                          |                          |  |
| <p><b>For consideration by professional:</b> 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 and minimisation. 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> |                          |                          |                          |  |

What are the victim's greatest priorities to address their safety?

**Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No**  
If yes, have you made a referral? Yes/No

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do you believe that there are risks facing the children in the family? Yes / No**  
If yes, please confirm if you have made a referral to safeguard the children: Yes / No  
Date referral made .....

|                                    |              |
|------------------------------------|--------------|
| <b>Signed:</b><br><br><b>Name:</b> | <b>Date:</b> |
|------------------------------------|--------------|

Practitioner's Notes

This checklist reflects work undertaken by CAADA in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool MARAC for their contribution in piloting the revised checklist without which we could not have amended the original CAADA risk identification checklist. We are very grateful to Elizabeth Hall of Cafcass and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson, James Rowlands and Jasvinder San

Wolverhampton Domestic Violence Forum  
MULTI-AGENCY RISK ASSESSMENT CONFERENCE  
(MARAC)  
Partnership Operating Protocol

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## **Introduction**

The purpose of this Multi-Agency Risk Assessment Conference (MARAC) Operating Protocol is to:

- establish accountability
- determine reporting structures for MARAC
- outline the MARAC process
- clarify referral pathways

This protocol is designed to enhance existing arrangements rather than replace them.

Wolverhampton MARAC operates in accordance with the CAADA 'Principles to Practice Guide' dated 2010.

This protocol was agreed by Wolverhampton Domestic Violence Forum's (WDVF) Executive Board meeting on 9 September 2013, and endorsed by:

Safer Wolverhampton Partnership Police and Crime Board on xx.

Wolverhampton Children's Safeguarding Board on xx

Wolverhampton Safeguarding Adult Board on xx

## **Multi-Agency Risk Assessment Conference (MARAC) Outline and Aims**

MARAC is a multi-agency meeting focusing on the safety of victims of domestic violence assessed as at high risk of serious harm or homicide.

The aims of MARAC are to:

- share information to increase the safety, health and well-being of the domestic violence victims at high risk of serious harm or homicide, 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 that reduces the risk of serious harm
- review previous actions
- reduce repeat victimisation
- improve agency accountability, and
- improve support for staff involved in high risk domestic violence cases by sharing the burden of risk

The role of MARAC is to facilitate, monitor, and evaluate effective information sharing that enables appropriate actions to be taken to increase public safety. The responsibility to take appropriate action rests with individual agencies; the responsibility is not transferred to MARAC. For further information on MARAC, please visit

[www.caada.org.uk](http://www.caada.org.uk)

## **Wolverhampton's MARAC**

Wolverhampton's MARAC deals with high risk domestic violence cases within Wolverhampton City Council's geographical area.

MARAC meetings are held weekly on a Monday morning.

In 2012-13 Wolverhampton MARAC discussed 360 high risk of serious harm cases with 405 associated children.

### **1. Partner Agencies**

Any agency or organisation can refer a case to MARAC. A list of standing MARAC agency attendees is attached at *Appendix A*.

## **2. Governance and performance management**

Wolverhampton DV Forum (WDVF) Executive Board will:

- Monitor and evaluate MARAC data
- Ensure that effective partnerships are maintained with other public protection bodies and other MARAC areas
- Monitor and regularly assess the overall performance of MARAC and its adherence to CAADA's 'Principles to Practice Guide' dated 2010.
- Address operational issues
- Oversee efforts to raise awareness of MARAC and its outcomes with local practitioners and wider stakeholders
- Respond to changes to legislation and national guidance and best practice

WDVF Executive Board will report to Safer Wolverhampton Partnership Police and Crime Board and/or its structures.

WDVF Executive Board membership is outlined at *Appendix B*.

WDVF Executive Board representation is able to address the practical and resource implications of MARAC; and develop and maintain internal protocols and procedures in relation to public protection.<sup>1</sup>

WDVF Executive Board meets quarterly.

The MARAC Coordinator is employed and line managed by West Midlands Police, with an additional reporting line to WDVF's Domestic Violence Strategy Coordinator & Manager.

The list of MARAC attendees is attached at *Appendix A*.

---

<sup>1</sup> No MARAC co-ordinator currently in post, although this is a CAADA recommendation from the Wolverhampton MARAC Self Assessment Report, November 2013, note 5.

### **3. MARAC Process**

#### **Identification of MARAC cases**

The CAADA DASHH Risk Indicator Checklist model will be used by agencies to assess the level of risk to the victim and any children following disclosure or identification of domestic violence. Those cases that are assessed as at high risk of serious harm or homicide should then be referred to the MARAC Coordinator. Agencies should also make contact with the Independent Domestic Violence Adviser.

#### **MARAC Qualifying Criteria**

Any agency should refer cases to MARAC where:

- there are 14 ticks on the CAADA DASHH Risk Indicator Checklist
- professional judgement (this is based on training skills and experience of the person making the referral)
- escalation of incidents (increasing level of control and/or abuse)
- where professional judgment warrants a MARAC referral
- repeats, further incidents in a 12-month rolling period
- MARAC to MARAC referral

West Midlands Police can also refer cases where there have been police call outs that indicate a degree of escalation in either severity or frequency which is supported by the repeat DV Database search.

The risk factors and concerns must be documented clearly on the referral form.

The qualifying criteria will be reviewed at least annually by WDVF Executive Board.

#### **Repeat Victims**

The definition of a MARAC repeat is where a new domestic violence incident is reported to a MARAC agency for a case that has already been presented to a MARAC within 12 months. The second incident will involve:

- violence or threats of violence to the victim and/or their property, AND/OR
- where there is a pattern of stalking or harassment, AND/OR
- where rape or sexual violence or abuse is disclosed
- additionally West Midlands Police Public Protection Unit guidance is that any domestic abuse incident, including non-crime matters will also constitute a repeat and be referred to MARAC

Although the following cases will be discussed at MARAC, for data recording purposes the following are not counted as MARAC repeat cases:

- where the case reviewed at MARAC focuses on the same victim, but a different perpetrator(s)
- where a case reviewed at MARAC involves the same perpetrator, but a different victim(s)
- where an incident not involving criminal behaviour occurs and it is not reviewed at MARAC
- where the subjects of MARAC are the same victim and perpetrator, but the review takes place at a different MARAC. It is accepted that this is a repeat incident, but will not be recorded as such for the originating MARAC.
- cases that were previously reviewed at MARAC more than 12 months previously.

#### **MARAC Criteria for 16 – 17 year old victims**

Child protection processes/procedures will always take precedence for safeguarding concerns relating to 16-17 year old domestic violence victims. A discussion will take place between children and young people's services and adult services to agree the most appropriate actions, and these will be delivered in partnership.

Referral to MARAC of a 16-17 year old can be made if the case meets the MARAC threshold.<sup>2</sup>

Relevant agencies will be required to research and share their relevant information at the meeting.

### **MARAC Referral Process**

The MARAC referral form will be used by all agencies referring cases to MARAC. The form should include as much information as possible, including names, dates of birth, and address of victim(s), perpetrator(s), and children.

If the referral is based on professional judgment, all concerns should be documented on the referral form.

The MARAC referral form is attached at Appendix 3.

MARAC operates on a rolling referral system and cases are listed for the next available weekly meeting.

Referring agencies should make contact with the Independent DV Adviser for specialist support for referred victims.

### **MARAC List and Agenda**

The MARAC agenda will be circulated 6-7 days (including weekends) prior to the MARAC meeting.

A research form is available for partner agencies to assist in completing their research. The research form is attached at Appendix C and should be forwarded electronically to the MARAC Co-ordinator, Sarah Pugh at [sarah.pugh@wolverhampton.gov.uk](mailto:sarah.pugh@wolverhampton.gov.uk) prior to the MARAC meeting.

### **Actions prior to MARAC**

Where there are safeguarding needs, these MUST be dealt with immediately, and should not wait for a MARAC meeting to take place.

Referring agencies are responsible for ensuring that safeguarding concerns should be alerted to appropriate services in line with agencies' Safeguarding policies and procedures.

All agencies are expected to systematically flag and tag files involving families subject of MARAC, and to remove flags after a 12 month period if there are no repeat incidents.

All agencies should make contact with the Independent DV Adviser (IDVA) prior to MARAC. The IDVA can provide specialist crisis intervention and safety planning to domestic violence victims and their families prior to MARAC.

Within 24 hours (working days) of notification, the MARAC Coordinator will refer to the IDVA any MARAC victim cases that have not been referred to them already. The MARAC Coordinator will check and update police IT systems with risk and safety information not already recorded.

### **Victim contact prior to MARAC**

Where possible and safe to do so, the IDVA will make contact with the victim prior to the MARAC meeting in order to represent the victim's view at the MARAC.

When it is safe to do so, the referring professional or IDVA will notify the victim that their information is being shared with MARAC, and feed-back relevant actions.

Although it is preferable to have the victim's consent to share information at MARAC, in the event that it is not safe to contact or advise the victim of the MARAC referral, the case will still be presented without consent.

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<sup>2</sup> March 2013, new Domestic Abuse Definition came into force. [www.gov.uk](http://www.gov.uk)

## **MARAC Meeting**

The Wolverhampton MARAC meets every two weeks.

The MARAC Chair is a West Midlands Police Public Protection Detective Inspector. The role of the Chair is to structure the MARAC meeting, and to ensure that the aims and objectives are achieved.

## **Minutes and Administration**

The MARAC Coordinator is based and line managed at WDFV.

The MARAC Coordinator will distribute the Action List within 24 hours of the MARAC meeting, and the Minutes within 48 hours of the MARAC meeting.

The MARAC Coordinator will monitor repeat referrals and instances.

The MARAC Coordinator will use appropriated IT systems for West Midlands Police and partnership agencies to administer and report on MARAC.

## **Information shared at MARAC**

Only accurate information that is directly relevant to the safety of the victim should be shared by the attending agencies. This information falls into 4 main categories:

- Basic demographic information including victims' names, dates of birth, addresses, and any pseudonyms used, and the names and dates of birth of any children.
- Information on key risk indicators, including where appropriate, professional opinion on the risk faced. See appendix 5 for examples of risks and triggers.
- Any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim.
- The views of the victim. Typically the IDVA will represent the perspective of the victim on the risks faced and how best to address them.

Information sharing at MARAC meetings is limited to the aims of the meeting.

At the start of each MARAC meeting the Chair will read out the confidentiality statement, and partners will be asked to sign the statement.

The Information Sharing Protocol (ISP) is attached at Appendix E.

In cases where professional judgement has been used to make the MARAC referral, and consent has not been sought, it is necessary to complete the 'Information Sharing Without Consent' form. This is attached at Appendix F.

## **Action Planning**

A tailored action plan will be developed at MARAC that will increase the safety of the victims, children, perpetrator, other vulnerable parties, and any staff.

The following types of actions will be agreed:

- flagging and tagging of files
- referral to other appropriate multi-agency meetings, and
- prioritising of agencies' resources to MARAC cases

It is essential that actions are completed in a timely manner. Confirmation of completion and action updates should be submitted to the MARAC Coordinator within the set timescales. Incomplete actions will be circulated prior to the next meeting, and reviewed at the next meeting.

If actions are incomplete, the responsibility and accountability remains with the named agency and not the MARAC or Chair.

If the victim moves to another area, best practice includes that MARAC agencies should inform their counterparts in the relevant area that the victim is high risk and subject of MARAC.

MARAC is a national model. A MARAC referral form should still be completed for any high risk victims who are re-locating away from Wolverhampton. The referral should be submitted to the MARAC Coordinator with details of the re-location address. This information will then be forwarded to the relevant MARAC. See section below 'Referrals to and from other MARACs'.

For further information on the types of actions agreed at MARAC, refer to [www.caada.org.uk](http://www.caada.org.uk)

### **Emergency MARAC**

The co-located multi-agency domestic violence team holds twice weekly meetings to discuss high risk cases that are referred in between weekly MARAC meetings. This is to put in train safety plans and crisis intervention plans without the delay of having to wait for the weekly meeting. Referrals should be made to the MARAC Coordinator in the same way as to the MARAC meeting.

In exceptional circumstances it may be necessary to hold an emergency MARAC meeting. If an agency feels this is the case, contact should be made with the MARAC Coordinator as soon as possible. The relevant forms must still be completed by the referring agency. A MARAC meeting is only called if the risk of harm is so imminent that statutory agencies have a duty of care to act at once.

### **Multi-Agency Public Protection Arrangements (MAPP) & One Day One Conversation (ODOC)**

MARAC has established links with MAPP and ODOC processes.

The MARAC agenda is shared with the MAPP and ODOC Administrators who check for their past and present involvement. Any relevant information is shared with the MARAC Coordinator who brings it to the meeting.

All new MAPP subjects are forwarded to the MARAC Coordinator who checks for MARAC and IDVA involvement. Any relevant information is forwarded to the MAPP Coordinator.

Where the victim is subject of MARAC and the offender is managed at a Level 2 or 3 MAPP meeting, the MAPP meeting will take priority and the IDVA must be invited to the MAPP meeting. The MAPP meeting will ensure that the risk management plan effectively identifies and puts into place actions to protect the victim.

CAADA also give guidance about the management of domestic abuse perpetrators, see [www.caada.org.uk](http://www.caada.org.uk)

### **Referrals to and from other MARACs**

If a victim has re-located outside of Wolverhampton, agencies should still make the referral as normal to the MARAC Coordinator with all the necessary information, and clearly state the re-location address and when the move took place.

Referring agencies are also responsible for ensuring their counterparts in the appropriate re-located area have received the relevant referral.

When a MARAC referral is received from another area, the MARAC Coordinator will inform the IDVA and West Midlands Police, and the case will be heard at the next MARAC.

#### **4. Equality**

Agencies will have policies relating to their approach and access to translation and interpretation services. Specific and additional support and advice can be accessed for cases identified as being from diverse communities through the following services:

- The Haven Wolverhampton Referral Helpline on 08000 194 400
- National Domestic Violence Helpline 0808 200 0247
- Men's Advice Line (advice and support for male victims of domestic violence) 0808 801 0327
- Broken Rainbow (advice and support for LGBT victims of domestic violence) 0845 260 4460
- Karma Nirvana (Forced marriage and honour crime) 0800 599 9247
- IKWRO (Forced marriage and honour crime) 0207 920 6460
- Doli Project (Forced marriage and honour crime) 0845 658 1057
- Navjeevan Project (support for South Asian women with mental health problems) 01902 312234

#### **5. Evaluation**

MARAC data is collected by the MARAC Coordinator and is submitted to WDVF Executive Board regularly.

Data is also submitted to:

- PBSG
- Home Office
- CAADA

If agencies require data to assist in training, funding applications or resource management, the MARAC Coordinator should be contacted in the first instance.

#### **6. Complaints & Accountability**

Complaints about how a professional or agency is working within the MARAC process should be submitted in writing to the MARAC Chair or DV Strategy Coordinator & Manager in the first instance. If not resolved, this will be escalated to WDVF Executive Board.

#### **7. Breaches**

A breach of this MARAC Operating Protocol may increase the risk of harm to a high risk victim of domestic violence.

Breaches of the protocol should be provided to the MARAC Chair or DV Strategy Coordinator & Manager, and these may be escalated to the WDVF Executive Board.

#### **8. Withdrawal**

The strategic lead for any agency who wishes to withdraw from the MARAC process must inform the MARAC Chair in writing of their intention. The Chair will forward this to WDVF Executive Board for discussion.

Withdrawal from this protocol will result in a withdrawal from MARAC.

All information shared at MARAC that is no longer relevant should be destroyed in accordance with individual agencies' guidelines in order to meet the requirements of The Data Protection Act.

#### **9. MARAC Chair Resilience**

The MARAC must implement appropriate measures around MARAC Chair resilience. The MARAC will need to identify an appropriate MARAC Chair and that Chair should be a partner agency or individual who understands the risk of threat and harm.

### **10. Review**

This protocol will be reviewed annually from the date of signature by WDVF Executive Board. Requests for additions/changes should be made in the first instance to the MARAC Coordinators.

### **11. MARAC Development**

Through joint co-ordination of the MARAC Chair and strategic domestic abuse partnerships, there is an appropriate response put in place to deal with emerging trends and issues of domestic abuse which will impact on MARAC processes.

### **12. Training and Induction Process**

New MARAC representatives, as part of their induction will receive a MARAC guidance pack and the opportunity to observe the MARAC meeting.

MARAC Chair and partner agencies will together identify any gaps which might require further formal training. The MARAC would seek appropriate training facilitators to address these issues and share any financial costs and/or resources.

### **13. Signatories**

#### **14. List of Appendices**

|            |  |
|------------|--|
| Appendix A | MARAC attendees                          |
| Appendix B | WDVF Executive Board Members             |
| Appendix C | MARAC Referral Form                      |
| Appendix D | MARAC Research Form                      |
| Appendix E | List of Risks and Triggers               |
| Appendix F | Information Sharing Protocol             |
| Appendix G | Information Sharing Without Consent Form |

## Appendix A – Attendance List - Wolverhampton

| <b>AGENCY / ORGANISATION</b>   | <b>NAMED REPRESENTATIVE</b>                      | <b>E-MAIL</b>  | <b>TELEPHONE</b>                       |
|--|--|--|--|
| West Midlands Police   | Lydia Mason<br>(MARAC Chair)                     | <a href="mailto:lydia.mason@west-midlands.pnn.police.uk">lydia.mason@west-midlands.pnn.police.uk</a>   |  |
| West Midlands Police   | Erina Morris<br>Gillian Allen<br>Rumendeep Bains | <a href="mailto:e.morris@west-midlands.pnn.police.uk">e.morris@west-midlands.pnn.police.uk</a><br><a href="mailto:gillian.allen@west-midlands.pnn.police.uk">gillian.allen@west-midlands.pnn.police.uk</a><br><a href="mailto:rumendeep.bains@west-midlands.pnn.police.uk">rumendeep.bains@west-midlands.pnn.police.uk</a> | 01902 649032                           |
| WDVF   | Sarah Pugh<br>(MARAC<br>Coordinator)             | <a href="mailto:sarah.pugh@wolverhampton.gov.uk">sarah.pugh@wolverhampton.gov.uk</a>   | 01902 554244                           |
| IDVA, The Haven, Wolverhampton   | Gail Riggs                                       | <a href="mailto:advocacy@havenrefuge.org.uk">advocacy@havenrefuge.org.uk</a>   | 01902 556209                           |
| Criminal Justice IDVA  | Dawn Corbett                                     | <a href="mailto:dawn.corbett@wolverhampton.gov.uk">dawn.corbett@wolverhampton.gov.uk</a>   | 01902 555276                           |
| IDVA, The Haven Wolverhampton  | Asha Jhali<br>Bhupinder Sandhu                   | <a href="mailto:ct2@havenrefuge.org.uk">ct2@havenrefuge.org.uk</a><br><a href="mailto:ct7@havenrefuge.org.uk">ct7@havenrefuge.org.uk</a>   | 07720669065<br>07720669062             |
| ISVA, The Haven Wolverhampton<br>(All attending on quarterly rota basis) | Bridget Hickman                                  | <a href="mailto:ct5@havenrefuge.org.uk">ct5@havenrefuge.org.uk</a>   | 07720669063                            |
| ISVA   | Stephanie O'Dell                                 | <a href="mailto:stephanie.odell@sandwellwomensaid.co.uk">stephanie.odell@sandwellwomensaid.co.uk</a>   | 01902 554598                           |
| A & E IDVA   | Jennie Stensland                                 | <a href="mailto:jennie.stensland@nhs.net">jennie.stensland@nhs.net</a>   | 01902 307 999 ext 8559<br>07825 530205 |
| Wolverhampton Adult Social Services                                      | Emma Harris                                      | <a href="mailto:emma.harris@wolverhampton.gov.uk">emma.harris@wolverhampton.gov.uk</a>   | 01902 553446                           |
| WCC Housing Options (Team Leader)  | Debbie Thompson                                  | <a href="mailto:debbie.thompson@wolverhampton.gov.uk">debbie.thompson@wolverhampton.gov.uk</a> non secure<br><a href="mailto:debbie.thompson@wolverhampton.gcsx.gov.uk">debbie.thompson@wolverhampton.gcsx.gov.uk</a> secure   | 01902 554759<br>07919626084            |
| Wolverhampton Homes  | Jo Patel   | <a href="mailto:jo.patel@wolverhamptonhomes.org.uk">jo.patel@wolverhamptonhomes.org.uk</a>   | 01902 554765                           |
| BCPFT Mental Health  | Jayne Austin                                     | <a href="mailto:jayne.austin@bcpft.nhs.uk">jayne.austin@bcpft.nhs.uk</a> non secure email<br><a href="mailto:jayne.austin1@nhs.net">jayne.austin1@nhs.net</a> secure email   | 01902 446721<br>07815706830            |
| Recovery Near You  | Ruth Spencer                                     | <a href="mailto:ruth.spencer4@nhs.net">ruth.spencer4@nhs.net</a>   |  |
| Probation Services   | Heather Cooper<br>Richard Smith<br>Becky Green   | <a href="mailto:heather.cooper@swm.probation.gsi.gov.uk">heather.cooper@swm.probation.gsi.gov.uk</a><br><br><a href="mailto:rebecca.Green3@probation.gsi.gov.uk">rebecca.Green3@probation.gsi.gov.uk</a>   | 01902 576053                           |
| West Midlands Police Offender<br>Management Unit                         | Nick Cotterill                                   | <a href="mailto:n.cotterill@west-midlands.pnn.police.uk">n.cotterill@west-midlands.pnn.police.uk</a>   |  |
| Health, named children's nurse   | Sara Jones                                       | <a href="mailto:sarajones@nhs.net">sarajones@nhs.net</a>   | 01902 444348                           |

|   |   |  |              |
|---|---|--|--------------|
| Health, midwife                             | Marie Davis<br>Tracy Kean                     | <a href="mailto:marie.davis1@nhs.net">marie.davis1@nhs.net</a><br><a href="mailto:tracy.kean@nhs.net">tracy.kean@nhs.net</a>   | 07970146014  |
| Education Welfare (MAST)                    | Hannah Hill                                   | <a href="mailto:hannah.hill@wolverhampton.gov.uk">hannah.hill@wolverhampton.gov.uk</a>   | 01902 550850 |
| Safeguarding Children – named nurse (CAMHS) | Barzda Davina                                 | <a href="mailto:davina.barzda@bcpft.nhs.uk">davina.barzda@bcpft.nhs.uk</a> non secure email<br><a href="mailto:davina.barzda@nhs.net">davina.barzda@nhs.net</a> secure email   | 01902 444916 |
| WCC Children & Young Persons Services       | Rachael Knight<br>Samantha Swan<br>Sue Wesley | <a href="mailto:racheal.knight@wolverhampton.gov.uk">racheal.knight@wolverhampton.gov.uk</a><br><a href="mailto:samantha.swan@wolverhampton.gov.uk">samantha.swan@wolverhampton.gov.uk</a><br><a href="mailto:sue.wesley@wolverhampton.gov.uk">sue.wesley@wolverhampton.gov.uk</a> | 01902 553261 |
| Children’s Centres                          | Ruth Richards                                 | <a href="mailto:ruth.richards2@wolverhampton.gov.uk">ruth.richards2@wolverhampton.gov.uk</a>   | 01902 553945 |

## APPENDIX B - WDVF EXECUTIVE BOARD MEMBERS

|                         |   |
|-------------------------|---|
| Anthony Walker          | Wolverhampton City Council, Housing Options   |
| Andrew Brownsword       | Staffordshire & West Midlands Probation Services  |
| Cllr Ms Susan Constable | Wolverhampton City Councillor Representative  |
| Dawn Williams           | Wolverhampton City Council, Safeguarding  |
| Gerald Thorne           | Thornes Solicitors, Trustee   |
| Helen Kilgallon         | NACRO (Recovery Near You), Trustee  |
| Hilary Williams         | Chair of WDVF Trustees & Royal Wolverhampton NHS Trust  |
| Jane Fowles             | Wolverhampton City Council, Public Health   |
| Jayne Austin            | Black Country Partnership NHS Foundation, Adult Safeguarding within Mental Health and Learning Disabilities |
| Jo Patel                | Wolverhampton Homes, Diversity  |
| Karen Samuels           | Safer Wolverhampton Partnership   |
| Lesley Roberts          | Wolverhampton Homes, Trustee  |
| Marie Davis             | Wolverhampton NHS Trust, Maternity  |
| Michaela Kerr           | West Midlands Police  |
| Penny Darlington        | Independent Trustee   |
| Poppy Kaur              | The Haven, Wolverhampton  |
| Sandra Ashton-Jones     | Wolverhampton City Council, Safeguarding Adults   |
| Sara Jones              | Wolverhampton NHS Trust, Safeguarding Children  |
| Sarah Hay               | Eastfield Primary School<br>Children's Social Care  |



**CONFIDENTIAL WHEN COMPLETE**

|                                     |  |                   |  |
|-------------------------------------|--|-------------------|--|
| DATE OF RIC:                        |  | DATE OF REFERRAL: |  |
| REFERRING AGENCY:                   |  |                   |  |
| NAME OF PERSON COMPLETING REFERRAL: |  |                   |  |
| POSITION:                           |  |                   |  |
| CONTACT TELEPHONE NUMBER:           |  |                   |  |
| EMAIL ADDRESS:                      |  |                   |  |
| CRIME / NON CRIME NO:<br>OFFENCE:   |  |                   |  |

**VICTIM DETAILS**

|  |   |   |   |
|--|---|---|---|
| HAS VICTIM BEEN HEARD AT MARAC BEFORE ?        | YES <input type="checkbox"/> NO <input type="checkbox"/>  | DATE(S) OF LAST MARAC (REQUIRED)          |   |
| HAS VICTIM CONSENTED TO BE DISCUSSED AT MARAC? | YES <input type="checkbox"/> NO <input type="checkbox"/><br>IF NOT, WHY? :  | RISK INDICATOR CHECKLIST SCORE (REQUIRED) |   |
| NAME   |   | NO. OF TIMES AT MARAC                     |   |
|  |   | DATE OF BIRTH                             |   |
| ADDRESS  |   | AGE                                       |   |
|  |   | GENDER                                    |   |
|  |   | DISABILITY                                |   |
|  |   | ETHNICITY                                 |   |
|  |   | SEXUAL ORIENTATION                        |   |
|  |   | SAFE CONTACT TELE NO:                     |   |
| POSTCODE                                       |   | SIG MARKER                                | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
| INJURY CODE                                    | FATAL <input type="checkbox"/> SERIOUS <input type="checkbox"/> SLIGHT <input type="checkbox"/> NONE <input type="checkbox"/> WEAPONS <input type="checkbox"/> THREATS <input type="checkbox"/> |   |   |

**CHILDREN(S) DETAILS      ADULT CHILDREN (OVER 18)?    YES     NO**

| CHILD'S NAME | DATE OF BIRTH | AGE | RELATIONSHIP TO VICTIM | RELATIONSHIP TO OFFENDER | CHILDREN'S ADDRESS | SCHOOL (IF KNOWN) |
|--------------|---------------|-----|------------------------|--------------------------|--------------------|-------------------|
|              |               |     |                        |                          |                    |                   |
|              |               |     |                        |                          |                    |                   |
|              |               |     |                        |                          |                    |                   |
|              |               |     |                        |                          |                    |                   |

INJURED     WITNESSED     USED AS SHEILD

**OFFENDER DETAILS**

|   |   |   |   |
|---|---|---|---|
| <b>NAME</b>   |   | <b>DATE OF BIRTH</b>                          |   |
|   |   | <b>AGE</b>                                    |   |
| <b>ALIAS?</b>   |   | <b>GENDER</b>                                 |   |
|   |   | <b>DISABILITY</b>                             |   |
| <b>ADDRESS</b>  |   | <b>ETHNICITY</b>                              |   |
|   |   | <b>LIVING AT SAME ADDRESS AS VICTIM?</b>      | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
| <b>POSTCODE</b>   |   | <b>ARRESTED?</b>                              |   |
| <b>DISPOSAL :</b>   | CAUTION <input type="checkbox"/>  | COMMUNITY RESOLUTION <input type="checkbox"/> |   |
|   | NFA <input type="checkbox"/>  | DVPO/DVPN <input type="checkbox"/>            |   |
|   | CHARGED/REMANDED <input type="checkbox"/>   |   |   |
| <b>PNC MARKERS :</b>  | IOM : YES <input type="checkbox"/> NO <input type="checkbox"/> SCORE: LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH |   |   |
| <b>DV OFFENDER MANAGER NAME:</b>  |   |   |   |
| <b>DETAILS:</b>   |   |   |   |
| <b>SUMMARY OF CIRCUMSTANCES &amp; REASON FOR REFERRAL:</b>                                      |   |   |   |
| <b>DOES HELPING THE OFFENDER WITH HIS/HER ISSUES POSE A RISK TO THE VICTIM AND/OR CHILDREN?</b> | YES <input type="checkbox"/> NO <input type="checkbox"/><br>Please explain :  |   |   |
| <b>HAVE POLICE OR PARTNER AGENCIES ASKED THE QUESTION OF THE VICTIM?</b>                        | YES <input type="checkbox"/> NO <input type="checkbox"/><br>Please explain :  |   |   |

**POLICE USE ONLY**

**OFFENDER DV HISTORY /OFFENCES**

**Information shared at the meeting:**

*(Information sharing should be relevant and proportionate. The minutes should make a clear distinction*

*between fact and professional opinion)*

|                        |   |
|------------------------|---|
| POLICE                 | <b><u>Charge(s), Bail Conditions, Court &amp; Date / Sentence</u></b><br><b><u>Current Information (Stating from whom)</u></b><br><b><u>Police Information / DV History:</u></b><br><b><u>Safeguarding:</u></b> |
| IDVA Haven             |   |
| IDVA CJ                |   |
| ISVA                   |   |
| IDVA A &E              |   |
| IDVA Haven/WDVF        |   |
| Housing Wolverhampton  |   |
| Wolverhampton Homes    |   |
| DV Specialist Midwife  |   |
| Health                 |   |
| Children's Centres     |   |
| MAST Education         |   |
| Children's Social Care |   |
| Adult Social Care      |   |
| Probation              |   |
| Mental Health          |   |
| Recovery Near You      |   |
| Probation              |   |
| ASB Housing            |   |
| OMU                    |   |
| CAMHS                  |   |

| Risks  | Triggers   | Agency to feedback to IP                               |
|--|--|--|
| <b>VICTIM:</b>                               | <b>Alcohol</b> <input type="checkbox"/>                | <b>Police</b> <input type="checkbox"/>                 |
| <b>Physical</b> <input type="checkbox"/>     | <b>Drugs</b> <input type="checkbox"/>                  | <b>Haven IDVA</b> <input type="checkbox"/>             |
| <b>Emotional</b> <input type="checkbox"/>    | <b>Child contact</b> <input type="checkbox"/>          | <b>WDVF IDVA</b> <input type="checkbox"/>              |
| <b>Threats</b> <input type="checkbox"/>      | <b>Controlling behaviours</b> <input type="checkbox"/> | <b>CJ IDVA</b> <input type="checkbox"/>                |
| <b>Intimidation</b> <input type="checkbox"/> | <b>Jealousy</b> <input type="checkbox"/>               | <b>Health</b> <input type="checkbox"/>                 |
| <b>Sexual</b> <input type="checkbox"/>       | <b>Mental Health</b> <input type="checkbox"/>          | <b>Children's Social Care</b> <input type="checkbox"/> |
| <b>Isolation</b> <input type="checkbox"/>    | <b>Bereavement</b> <input type="checkbox"/>            | <b>Adult Social Care</b> <input type="checkbox"/>      |
|  | <b>Loss of employment</b> <input type="checkbox"/>     | <b>MAST Education</b> <input type="checkbox"/>         |
|  |  | <b>Adult Safeguarding</b> <input type="checkbox"/>     |
|  |  | <b>Probation</b> <input type="checkbox"/>              |
|  |  | <b>Mental Health</b> <input type="checkbox"/>          |
|  |  | <b>Substance Misuse</b> <input type="checkbox"/>       |
| <b>CHILDREN:</b>                             |  | <b>Children's Centres</b> <input type="checkbox"/>     |
| <b>Physical</b> <input type="checkbox"/>     |  | <b>DV Specialist Midwife</b> <input type="checkbox"/>  |
| <b>Emotional</b> <input type="checkbox"/>    |  | <b>ASB Housing</b> <input type="checkbox"/>            |
| <b>Threats</b> <input type="checkbox"/>      |  | <b>OMU</b> <input type="checkbox"/>                    |
| <b>Intimidation</b> <input type="checkbox"/> |  | <b>CAMHS</b> <input type="checkbox"/>                  |
| <b>Sexual</b> <input type="checkbox"/>       |  |  |
| <b>Isolation</b> <input type="checkbox"/>    |  |  |



## APPENDIX D

This is not a definitive list, but a guide and an aide memoire

### TRIGGERS

- Child contact
- Relationship breakdown
- Finances
- Job loss/unemployment
- Bereavement
- Drugs
- Alcohol
- Mental health
- Controlling behaviours (power/control/jealousy)
- Pregnancy

### RISKS

- Emotional
- Physical
- Threats
- Intimidation
- Emotional to child
- Psychological
- Sexual
- Weapons (use of weapon in offence / DA incident)
- Non-engagement with agencies
- Retraction

### OFFENDER

(KIV does helping offender with his/her issues pose a risk to the victim and/or children? Have police/partner agencies asked the question of the victim?)

- Pathways: employment; education; family issues; relationship issues; drugs; alcohol; housing; finances/debts (mental health)\*
- Statutory engagement
- Voluntary engagement
- Criminal justice processes
- Civic orders
- Offender management tactics (eg PPU/LPU – joint problem solving)  
\*Offender has to recognise mental health issues and self-refer to GP

### VICTIM

- Engagement with Police and partner agencies – signposting and support)
- Supporting criminal prosecution?
- Restraining order considered?
- Civil orders
- Non-molestation order considered?

**WEST MIDLANDS  
DOMESTIC VIOLENCE  
PARTNERSHIP**

**INFORMATION SHARING PROTOCOL**

## **CONTENTS**

1. Introduction
2. Purpose
3. Benefits
4. Powers
5. Process
6. Constraints on the Use of Information
7. Roles and Responsibilities
8. Specific Procedures
9. Review, Retention and Disposal of Shared Information
10. Review of the Information Sharing Protocol
11. Indemnity
12. Signatories

## **APPENDICES**

- Appendix i Overarching Information form for MARAC Partner Agencies
- Appendix ii Signatures

## 1. INTRODUCTION

- 1.1 The West Midlands Domestic Violence Partnership (WMDVP) provides a co-ordinated and mutually supportive approach to reducing the harm caused by 'domestic violence' in the West Midlands. The central aims of the partnership are:
- (a) to improve the safety of survivors of domestic violence and their children or other dependents
  - (b) to hold perpetrators accountable for their actions and support them to change their behaviour
  - (c) to educate young people concerning the support available to help prevent them becoming involved with, or a victim of, domestic violence
- 1.2 For the purpose of this agreement, term "**domestic violence**" is defined as "any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality". This also includes issues of 'honour crimes', forced marriage and female genital mutilation.

### The Partners

- 1.3 Wolverhampton City Council, Dudley Metropolitan Borough Council, Walsall Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Birmingham City Council, Solihull Metropolitan Borough Council and Coventry City Council are 'local authorities' empowered by Part 1 of the 'Local Government Act 2000' to take any steps which they consider are likely to promote the well-being of their area or their inhabitants. The promotion of well-being includes reducing incidences of, and harm caused by, domestic violence.
- 1.4 West Midlands Police, Police Crime Commissioner, Crown Prosecution Service West Midlands, HM Clerk to the Justice for each court in the West Midlands region and Staffordshire and West Midlands Probation Service are organisations within the Criminal Justice System charged with duties involving controlling criminality, including addressing domestic violence, and protecting the people of the West Midlands.
- 1.5 West Midlands NHS Trusts, Healthcare Trusts, Community Healthcare Trusts, Mental Healthcare Trusts are the lead organisations for healthcare in the West Midlands with responsibilities including identifying any specific health needs as they arise, and providing primary and community services across the county. These services currently include all of the hospital provision across the West Midlands regional, all of which provide medical and other support to victims of domestic violence.

### Need For Information Sharing

- 1.6 In order to achieve its aims, reduce domestic violence and protect individuals from harm as effectively as possible, the partners within the WMDVP recognise the benefit of working in partnership to help inform and support each other and that information needs to be shared between them in some cases. The partners agree that the benefits of information sharing are particularly prevalent with regard to 'high risk' cases, which may involve individuals being further referred to the Multi Agency risk Assessment Conference (MARAC) framework.
- 1.7 MARAC meetings are information sharing conferences attended by agencies which engage both with each other and directly with victims and offenders involved in domestic violence. MARAC attendees sign a confidentiality agreement regarding what is discussed and 'risk management strategies' are agreed on a case-by-case basis after all the information has been shared. MARACs are chaired by the Detective Inspector from the Public Protection Unit of West Midlands Constabulary, or their deputy.
- 1.8 Subjects can be referred to MARAC for discussion by any of the participating agencies but only if a certain risk threshold is met, and after a careful assessment process. This assessment is intended to ensure that the 'highest risk' victims are given priority. Normally, victims will be aware that they have been referred for discussion to the MARAC, but this does not have to be the case if there is any additional risk posed to the victim by disclosing the fact of the referral.

## **2. PURPOSE**

- 2.1 The partners acknowledge and recognise that legislation already exists which provides them with statutory powers to share information in some cases, for example, pursuant to the power(s) contained in Section 115 of the Crime and Disorder Act 1998. However, this information may also be shared within the WMDVP in circumstances where statutory powers are not available.
- 2.2 It will also set out how the information sharing process will be conducted and recorded and set minimum standards for preserving information securely so that it is protected from compromise, but is available to those with a professional need to know.
- 2.3 It is also intended to clarify partner agencies' roles, responsibilities and duties towards each other in relation to sharing personal information.
- 2.4 Adherence to this agreement will also ensure that only information that is relevant and proportionate is shared, and that it is delivered in a timely and controlled fashion, thus minimising any risk to potential victims of harm, including personnel engaged in supporting the victims (or offenders) involved.

## **3. BENEFITS**

- 3.1 Benefits of information sharing to all partners include:
  - to help risk assessment and decision making between the partners to be as fully informed as possible, by enabling a full picture to be gained of the background and events leading up to incidents of domestic violence and their resultant harm and for underlying reasons to be understood
  - to support decision-making with regard to whether cases should be referred to the Multi Agency risk Assessment Conference (MARAC) process
  - to better inform decision-making with regard to whether there is any ongoing risk of exposure of individuals (including children) to domestic violence
  - to support decision-making about actions which may be appropriate with regard to alleged offenders
  - to inform partners of case outcomes, enabling lessons to be learned
  - to support the review of previous decisions taken by the partners and decision-making procedures, where opportunities are identified to tackle problems in other ways, or to 'do things differently next time'
  - helping WMDVP staff and personnel to make properly informed and balanced decisions in relation to their own safety, by alerting them to any known potential risks which may arise during their contact with people involved in domestic violence incidents and especially where the information may not be available from any other source.
- 3.2 Benefits of information sharing to partners providing medical services include:
  - helping protect medical staff (and other patients) from exposure to (or fear of) harm, violence or verbal abuse, when individuals (possibly including alleged offenders) are receiving medical attention as a result of a domestic violence incident, especially where the incident was alcohol or drug related.
  - information sharing may assist in the discharge of a hospital's Health and Safety responsibilities to their staff, patients and visitors, for example by indicating whether individuals being brought for treatment from a domestic violence incident have been acting violently, or whether any distressing or other circumstances are involved which may be visible and possibly upsetting to onlookers or children.
  - in addition to their collaborative working as part of the WMDVP, participation in information sharing will help preserve and foster good working relationships with the Police, Local Authorities, the Probation Service and the Courts in relation to supporting the management of known offenders who have been placed under any form of parole, curfew or other conditions concerning their actions, movements or behaviour, especially involving substance misuse. For example, where such a person

requires medical treatment following a domestic violence incident, a breach of such conditions concerning drug use may be detectable and give a positive indication of possible future harm arising, either as self-harm to themselves or as potentially violent harm, in the form of domestic violence to others.

- promoting public reassurance in the effectiveness of medical services provided by WMDVP partner organisations.

### 3.3 Benefits of information sharing to partners within the Criminal Justice System include:

- supporting core functions of the Police to reduce potential harm to people or property as a result of domestic violence through a partnership approach.
- supporting the monitoring and management of:
  - o persistent offenders
  - o persons on curfews, or with relevant bail conditions
  - o persons wanted by the police
  - o persons issued with a banning order by the courts
  - o persons who have been issued with an Anti Social Behaviour Order (ASBO/CRASBO) or who have signed an Acceptable Behaviour Contract (ABC)
  - o persons subject to detention under Part III of the Criminal Justice Act 2003 with Community Orders with mental health and/or drug and alcohol treatment conditions attached

where these are relevant to the work of the WMDVP

### 3.4 Benefits of information sharing to victims of domestic violence include:

- medical staff will be better informed about any known additional factors which may be relevant to injuries sustained by victims of domestic violence when they go (or are taken) for treatment, for example if drugs are discovered at the scene of an incident. This may help avoid unnecessary delay in diagnosing and treating symptoms in circumstances where the patient may not be capable of communicating their medical needs themselves.

### 3.5 Benefits to the public include:

- promoting public reassurance in the multi-agency, mutually supportive, partnerships approach to the WMDVP in relation to addressing domestic violence in the West Midlands
- greater confidence in the monitoring/management of known offenders with a history of domestic violence who may be at large in the community, for example through management under the MARAC framework.

## 4. POWER(S)

4.1 As noted in Section 2.1 above, the partners are aware that statutory powers exist which include widespread provision for information sharing, both between themselves and with others, in different circumstances. The partners agree that any decision to share information will first and foremost be based on these powers in all cases where they are able to be applied.

4.2 However, in circumstances where statutory powers do not apply, the partners agree that information may still be shared based on an assessment of the risk involved – that is, balancing the risks of possible consequences if information is shared against the risks if it is not shared.

This will include taking into account the requirements of any additional national guidelines concerning the management of sensitive information which may be relevant to a particular partner organisation, including (but not limited to) the following.

4.3 Where medical information is involved, the partners note and agree that the principles known as the 'Caldicott Principles' will be fully considered in all cases.

- 4.3.1 In December 1997 the Caldicott Report identified weaknesses in the way parts of the NHS handled confidential patient data and recommended that a senior person should be nominated in each NHS organisation, including the Department of Health and associated agencies, to act as Caldicott ‘Guardians’, with a responsibility to ensure patient data is kept secure.
- 4.3.2 The recommendations advised that the ‘Guardian’ should normally be a senior health professional or be closely supported by such a person. The NSH IM&T Security Manual (section 18.4) requires each organisation to oversee all procedures affecting access to person-identifiable health data. This role and that of the ‘Guardian’ may be combined, providing there is no conflict of interest.
- 4.3.3 The requirements to protect the confidentiality of patient information as set out in the Caldicott provisions will therefore be considered as part of the assessment as to whether the interests of the patient are best served by the sharing of information or whether they are best served by not sharing. Where information is shared, provision to secure, protect and preserve the confidentiality of any patient information whilst it is in the hands of another partner will be as set out in Section 9 below.
- 4.4 Where police information is involved, information will be shared by West Midlands Constabulary under this agreement through the Common law power of supporting the policing purposes defined by the Code of Practice on the Management of Police Information (2005), specifically:
- protecting life and property
  - preserving order
  - preventing the commission of offences
  - bringing offenders to justice.

In these instances, the decision by the Constabulary to share (or withhold) any information that they may have is therefore also based on risk and will depend on whether the benefits of supporting one or more of the policing purpose(s) above outweighs the rights of the individual under the Data Protection Act 1998 or the Human Rights Act 1998.

Only information which is relevant and proportionate to these policing purposes will be shared, and as required to allow the appropriate joint management, monitoring and assessment of risk by the WMDVP.

4.4.1 Protecting Life and Property:

- through informing the WMDVP decision-making processes concerning the behaviour of people with a history of allegedly causing domestic violence, including where this may be a symptom of mental illness and enabling the likelihood of harm to be considered alongside the possible consequences to potential victims.

4.4.2 Preserving Order:

- by providing a lawful conduit through which decision-makers within WMDVP organisations may be forewarned of persons with whom the constabulary reasonably expect they may come in to contact and who they have reason to believe may cause harm based on the history of previous offences of this type which they have committed in the past, or other indicators
- through providing published and visible support to the partner organisations to help them reduce the potential for domestic violence to be caused in the future.

4.4.3 Preventing the Commission of Offences:

- by reducing, through supporting and re-educating offenders and making them accountable for their actions, the likelihood or opportunity for further offences to be committed in the future
- by educating (in conjunction with the other WMDVP partners) young people to understand the danger of domestic violence, to help them be confident about the support available to them and their family members, and also to encourage them to tell an adult who they trust if anyone is hurting them, or about anything else which may be frightening or concerning them.

#### 4.4.4 Bringing Offenders to Justice:

- by helping ensure that information is gathered and recorded appropriately when incidents of domestic violence are alleged to have taken place
- by identifying individuals and sharing information with the other partners in any circumstances where the common law power of supporting the policing purpose of bringing offenders to justice outweighs the rights of the individual(s) involved.

## 5. **PROCESS**

- 5.1 This agreement has been formulated to facilitate the exchange of information between partners. It is however, incumbent on all partners to recognise that any information shared must be justified on the merits of each case.
- 5.2 Where sharing of information is not provided for under legislation, it will be risk based, balancing the possible consequences of sharing against the consequences of not sharing.
- 5.3 In all cases, the central guiding principles of whether information should be shared will be that it will place the best interests of the victim, or potential victim, at the heart of both the sharing decision and any subsequent sharing process.

### When Will Information Sharing Be Considered?

- 5.4 The partners agree that information will be shared on the basis of three possible scenarios, or sets of circumstances:

(a) As a result of a domestic violence incident, or alleged incident, where in the opinion of any WMDVP organisation involved, either:

- someone has been harmed, or is at risk of being harmed in the future
- there is evidence that a crime or offence has been committed
- there is an indication of either of the above, which is deemed by the partner as constituting sufficient reason for a request to be made to the other partners for information in support of any of the purposes listed in Section 4 above.

(b) As a consequence of information coming into the possession of one of the partners (including from a source outside the WMDVP) such that a potential risk of domestic abuse or violence is identified, and that in the opinion of the partner sufficient reason exists for asking whether any relevant additional information concerning the risk may be held by another partner

(c) Where a partner recognises that information that they hold may potentially be of significance to another organisation and which in the opinion of the partner owning it would be likely to help protect someone, or reduce a potential risk of harm if it was to be shared.

### Consent

- 5.5 Consent to contact and seek the support of partner organisations should be sought from all victims of domestic violence (or their carer, parent or guardian where appropriate) in order to ensure that the best possible specialist and professional support can be resourced to help anyone who has suffered harm as a result of abuse or attack.
- 5.6 Consent should be both explicit and informed and should be freely given by the person involved. It should provide consent for information to be both requested from other organisations as appropriate and for it to be provided by the responder. It should always include provision for information to be shared with an Independent Domestic Violence Advisor (IDVA) and/or Victim Support wherever possible.

Where the support of more than one organisation is to be sought, it is sufficient for these to be listed on the same consent form and a single signature obtained.

- 5.6.1 In certain circumstances, it may not be appropriate for consent to be sought, for example, where this might compromise an individual's safety, or the effectiveness of a police investigation. In such circumstances, an assessment of the vulnerability of anyone who might be placed at risk by asking for consent, and the impact of any subsequent disclosure, must be made before making a decision of whether to seek consent.
- 5.6.2 Where the seeking of consent is not available or practicable (or consent is not forthcoming) the partners must balance the risk of sharing information against the possible consequences of not sharing it.

In addition to the circumstances outlined in 5.6.1 above, the partners therefore agree that information may also be shared, without consent, at the discretion of the partner owning it:

- in matters of life and death, or to prevent serious harm to any individual
- for the administration of justice
- in order to comply with another statutory power or obligation
- for the prevention or detection of crime, or the apprehension or prosecution of offenders
- for the purpose of protecting a child or other vulnerable person. Even where consent has not been given to share information, or there is no disclosure required by a court order, information may still be shared if the public interest in safeguarding the child or vulnerable person's welfare overrides the need to keep the information confidential.

#### Volunteering Information

- 5.7 Where a partner decides to make information available or 'volunteer' it to another partner (or partners) without being asked and based on any circumstances arising as set out in 5.4 above, this will be done as outlined in Sections 5.17 and 5.18 below, depending on the urgency and seriousness of the situation.

#### Requests for Information

- 5.8 Where a request for information is to be made arising out of circumstances set out in 5.4 (a) or (b) above, the Request Form attached as Appendix A will be used.
- 5.8.1 Details of the individual who is the subject of the request must be accurate and sufficient to uniquely identify the person concerned.
- 5.8.2 It must be indicated on the form whether the consent of the person to request and supply the information has been obtained, a photocopy of the consent document must be attached to the form.
- 5.8.3 A requested timescale for a reply should also be stated on the form, or otherwise agreed between the partners on a case by case basis.

#### What Information May Be Shared

- 5.9 Information about persons involved in domestic violence incidents (whether as offenders, victims, witnesses or otherwise) which may be considered to be shared under this agreement includes:
- name(s), including aliases where appropriate
  - date of birth
  - contact and home addresses and telephone numbers
  - special requirements of any parties involved, eg translator

- parent/carer/guardian name and contact details
- where relevant, any known medical history of people involved, including recent or ongoing treatments, anticipated side effects of any prescribed medication or 'over the counter' products, or other factors where these could impact on any perceived risk of harm, whether to the data subject him/herself or others
- any other known (or suspected) medical conditions which might have a behavioural impact, such as illnesses which can cause irrational behaviour, or any conditions which could pose an increased risk of vulnerability, such as pregnancy
- any symptoms, injuries or other issues which could be an indicator of possible domestic abuse or violence having taken place, for example, heavy bruising or and indicators of substance misuse or doping
- any behavioural concerns or mental health issues identified by the partners (including any identified outside the domestic environment)
- domestic circumstances
- be mindful of potential sexual exploitation
- sexual orientation
- racial or ethnic origin (honour based violence/forced marriage)
- political or religious beliefs
- information about any actions of the individual (including reported or alleged actions) believed to be connected with domestic violence incidents)
- information about any current or previous **relevant** offences or proceedings which could have a bearing on, or be an indicator of, future behaviour (but see 5.14 below). This should include any crimes or offences that a person has been involved in, including subsequent disposals where applicable, for example Acceptable Behaviour contracts, Anti-Social Behaviour Orders, Curfews, Banning Orders or Fixed Penalty Notices.
- information about terms and conditions of bail or probation.

- 5.10 Where a criminal prosecution for domestic violence is pending and a local authority wishes to pursue civil proceedings against the same individual in advance of a prosecution, information requested to be shared by West Midlands Constabulary can only be based on factual information and shared with the prior consent of the Crown Prosecution Service. The police cannot provide opinion evidence.
- 5.11 Where a complaint of anti-social behaviour has been made against a tenant who is under investigation for domestic violence offences, partners can still share information (providing that it meets a policing purpose and satisfied the principles of the Data Protection Act) to help decide what course of action, if any, to take against the tenant. However, such disclosures will only deal with the incident or offences that have occurred in or in the immediate vicinity of the premises concerned.
- 5.12 In addition to the types of information listed in 5.9 above concerning individuals, information may also be shared about events or 'incidents', which may not necessarily be 'person-based' including (but not limited to):
- events witnessed by any member of a WMDVP organisation
  - information concerning a domestic violence incident, which is reasonably believed to have taken place either at the address of the incident, **or in the immediate locality**, for example at a public house, but which is also reasonably believed to be directly connected to the incident
  - warrants executed at an address
- 5.13 **In all instances**, the decision about exactly what information will be shared and what will not, will be taken on a case by case basis.
- (a) Where information has been requested by another partner, information which is not relevant to the request or which is disproportionate in relation to the reasons for the request will not be shared.

(b) As stated in Section 4.4 above, the decision about whether to share must balance the benefits of supporting one or more of the policing purpose(s) above against the legal rights of the individual as provided for under the Data Protection Act 1998 or Human Rights Act 1998. However, it should also consider whether any potential harm could be unduly occasioned to anyone else involved, for example patients, witnesses, sources, victims, or in the case of police information, **including if it would create an undue or inappropriate risk of harm for alleged offenders.**

- 5.14 Concerning police information, care must be taken not to disclose convictions that are spent within the meaning of the Rehabilitation of Offenders Act 1974 (as amended), unless there are exceptional and compelling reasons to consider otherwise, for example, where serious crimes or offences have been involved and there is evidence to suggest that whilst the past offence is technically spent, a potential risk of the person causing future harm may still exist.
- 5.15 The signatories agree that a partner may consider it relevant, in certain circumstances, to provide information that falls outside a stated request. For example, it might be considered appropriate to share information about a person who resides or associates with an individual that may help build a more complete picture for the partner agencies, such as whether a child is living at the same address as a convicted sex offender.

#### Non-Personal Information

- 5.16 De-personalised or 'non-personal' information for example statistics, may be shared at any time and in any format, immediately upon request, without regard to any restrictions place on the sharing of personal or sensitive information described in this agreement.

#### How Will Information Be Shared

- 5.17 The principal method which will be used by the partners to share information will be through use of appropriate IT systems within their respective organisations and current MARAC referral processes.
- 5.18 In addition to the IT systems within respective organisations, requests for information may also be passed, and information shared between the partners, using any of the means below as may be agreed between the partners involved, as befits the sensitivity of the information, and the urgency with which it is required.
- I. during WMDVP and MARAC meetings
  - II. face to face or by hand, at any meetings held by two or more partners
  - III. 'secure' e-mail, using such technology as is available to the partners involved
  - IV. telephone
  - V. internet e-mail
  - VI. fax
  - VII. post
- 5.18.1 The partners agree that the preferred formats for exchanging information are i-iii above, on the grounds of improved security during transmission.
- 5.18.2 However, where necessary, methods (iv-vii) may be considered on a case by case basis, at the discretion of the partner who owns the information and based on the urgency of the circumstances.
- 5.18.3 Where methods (iv) to (vii) are used the signatories jointly accept responsibility for the risk of harm arising out of the possibility of compromise of the confidentiality of the information during transmission.  
Whilst the partners accept that there are risks associated with sending personal information via insecure methods such as fax or internet-based email, it is felt that these risks are outweighed by the benefits of being able to progress matters efficiently and expeditiously in cases of urgency.
- 5.19 Whilst information may be shared using any of the permitted methods set out in 5.17 or 5.18, in the normal course of events, information to be volunteered will first be brought to the attention of the other

partners at scheduled WMDVP or MARAC meetings and then further disseminated (including non-attendees of the meeting) using the system set out in 5.17.

- 5.20 where a request for information is being made and is supported by having the consent of the data subject involved, the request may be made by email provided that, either:
- it is accompanied by a copy of the consent form which evidences the presence of the signature, for example a scanned document attachment, or
  - that it confirms that a copy of the signed consent form is being provided by separate means, for example by post.

### What Happens to the Information?

- 5.21 Information is required by individual partners to be stored securely by the recipients (whether in electronic format or hard copy), to prevent unauthorised access (see also Section 9 below)
- 5.21.1 Information stored on electronic systems must be protected by user authentication and password logon.
- 5.22.2 Paper or other hard copy records must be securely stored in a locked cabinet when not in use, or when left unattended.
- 5.22.3 All records of information shared must be deleted or destroyed when the information is no longer required for the purpose for which it was provided.

## **6 Constraints on the Use of Information**

- 6.1 Information shared under the terms of this agreement must not be disclosed to any third party or organisation outside the WMDVP without the written consent of the organisation that originally provided it.
- 6.1.1 Where such permission to further share information about a victim is given, it may only be shared with the victim's (or carer/parent/guardian where appropriate) informed consent.
- 6.2 Where the WMDVP agree to publish information about any incident of 'case file', or place it in the public domain for example by giving information to the media;
- I. any information provided to the public must be accurate and fair to partner agencies
  - II. each agency will respect the professionalism and integrity of its partners
  - III. statements must reflect the partnership decision-making process
  - IV. the consent of all relevant partner organisations will be sought prior to release of any statements
  - V. individuals involved will be consulted beforehand if the media coverage is such that it may identify them
  - VI. where there are differences of opinions between partners these should not be published or commented on without prior notice and discussion.
- 6.3 Information shared and received under the terms of this agreement may only be made accessible across the partnership and within each recipient organisation for the purpose for which it was requested or provided, and only to those individuals or role-holders with a professional 'need to know'.
- 'Need to know' is a security principle which states that the dissemination of classified information should be no wider than is required for the efficient conduct of business. A balance must be struck between making information as widely available as necessary to maximise potential benefits, and restricting it to protect the security of sources, techniques, and the confidentiality and integrity of the information itself.
- 6.4 Information shared between the partners must not be transferred to CD or USB flash drive (memory stick) or other portable memory device except with the permission of the partner who originally provided the information.
- 6.4.1 The partners note that policed information shared by West Midlands Constabulary will not be permitted to be stored on these devices other than in exceptional circumstances.

## **7. Roles and Responsibilities Under This Agreement**

7.1 Signatories are responsible for ensuring that adequate resources are available within their respective organisations to fulfil the commitments made to the other WMDVP partners under this agreement.

This includes ensuring that all personnel and staff who may be involved in sharing information under this agreement are suitably trained and qualified with regard to its requirements and that sufficient resources are in place to cover absences and leave.

7.2 The partners recognise that there will frequently be a need for different parts of their respective organisations to become involved in a particular case, depending upon the circumstances at hand and the potential for harm.

7.2.1 Therefore, in order that the most appropriate resources can be brought together as quickly as possible, each signatory will identify one or more individual role-holders to act as 'single points of contact' (SPoCs) within the different departments of the respective organisations. The nominated role-holders appointed to act as SPoCs for each organisation will be listed alongside the signatory details at the end of Section 12 below.

7.2.2 SPoCs will have responsibility to manage, co-ordinate and disseminate requests for information and responses within their own sections or departments, to ensure that those with a professional need to know for the case concerned are fully and properly informed about the case they are involved in, so that they are as fully equipped as possible to support and protect the interests and welfare of the individuals under their care.

7.2.3 SPoCs must also ensure that shared information received and passed to their staff (as in 7.2.2 above) is only used for the purposes for which it is requested or supplied and that any requests initiated from personnel within their section or department for information from the other partners meet a statutory obligation, statutory power or other authorised purpose as set out in Section 4 above.

7.3 Where a number of SPoCs have been nominated within different parts of an organisation, each of these will also be responsible for ensuring that procedures within their section are in place to support the decision-making and information sharing processes set out in this agreement, as necessary to make it effective.

7.3.1 This will include ensuring that their contact details are made available to the other partner organisations and that they are kept up to date.

7.3.2 The partners agree that for security reasons, contact details of all SPoCs or other nominated representatives will be exchanged privately between the partners and not published as part of this agreement.

7.4 SPoCs are also responsible for ensuring that any information shared by their organisation or department is accurate and in line with existing national or local standards where applicable. If inaccuracies or errors are later found to exist in information that has already been shared, this is to be notified by the partner discovering the error to the originator, who must then further advise all relevant recipients to whom the incorrect information has also been sent, as appropriate.

7.5 Where information that has been requested also identifies a victim or witness, it is the SPoCs responsibility to ensure that their written consent is obtained prior to the information being shared.

7.6 The partners note that it is a requirement of West Midlands Constabulary Information Sharing Policy that the SPoC for the Constabulary must:

- (i) Keep a record of any victims consent to the sharing of personal data where police information is involved
- (ii) Ensure that any request for police information meets one or more of the purposes set out in Section 4.4

- (iii) Maintain a record of all information shared by the Constabulary, including with whom, when and why it was shared, and in such a format that it can be reviewed and audited at a later date.

## **8. SPECIFIC PROCEDURES**

8.1 If a partner which owns information that they are contemplating sharing considers that special circumstances exist in relation to it, for example in unusually sensitive cases, such that normal arrangements for sharing information are insufficiently insecure, then an alternative method may be selected at the discretion of the partner owning the information.

For example, such case may arise where the Caldicott principles concerning patient confidentiality, or some types of police information, are involved.

- In such cases, due regard to the urgency of the need for the information by the intended recipient(s) will also be taken into account.
- In addition, special terms or conditions relation to the handling, storage, destruction, or any other matter relation to the information may also be imposed on a case by case basis.

8.2 Requests for personal information may be made by telephone in cases of emergency, for example, where there is an imminent risk of violence or harm. Where this occurs, the request for the information must be recorded on the Request Form as outlined in Section 5.8 above and the form submitted retrospectively.

8.3 When information is shared during a WMDVP or MARAC meeting, details of any decision to share and information disclosed during the meeting itself, must be recorded in the minutes.

8.4 Information owned by West Midlands Police and HM Prison Service is required to be marked and protected from compromise in accordance with their respective internal policies and procedures based on the Government Protective Marking Scheme (GPMS). However, where information carrying a protective marking under this scheme is shared, West Midlands Police and HM Prison accept that none of the other partners to this agreement recognise the GPM and that the decision of who may have access to this information is therefore risk-based.

8.5 The partners agree that they will undertake no additional 'vetting' checks in respect of those who will be involved in the information sharing processes, other than are already provided for within the existing arrangements for handling sensitive information within their respective organisations. They jointly, therefore accept the risk arising from the absence of such additional checks being made.

## **9. REVIEW, RETENTION AND DISPOSAL**

9.1 The signatories undertake that information received under the terms of this agreement will be retained securely, will only be used for the purpose for which it is requested or supplied and will be securely disposed of when it is no longer needed.

9.2 Files containing information shared by other partners will be reviewed in accordance with each organisation's own internal policies and procedures. The signatories each accept responsibility on behalf of their respective organisations for ensuring that all such policies and procedures comply with all relevant legislation concerning its storage, processing and retention, including the Data Protection Act 1998, the Human Rights Act 1998 and any other legislation which may be applicable.

9.3 However, in all cases, information shared may not be retained (independently of the System referred to in Section 5.17) by the partner(s) receiving it for longer than 2 years after it was provided, unless approved in writing by the partner who originally provided it.

MOPI

Information has been sought from the MARAC representatives across the 7 local authorities on their review, retention, disposal policies of MARAC information and those replies have been retained by DI Bean.

- 9.4 Information shared by partners may be stored electronically, as described in Section 5.17, and/or in paper form for example as part of 'case files', depending on the organisation involved.
- 9.5 Paper records will have access limited to those with a professional need to know, be stored in a locked cabinet in a locked room when not in use and be destroyed by cross-cut shredding or incineration when they are no longer required.
- 9.6 Electronic records will be protected by user authentication processes to include user id's and password protection, with access controls to the files managed or supervised by the partner signatory or designated SPoC. When electronic records are no longer required, they must be deleted electronically and the system storage devices themselves securely disposed of when they are replaced or taken out of service.
- 9.7 Where electronic back-up systems are in place, there is no need for these back-up records to also be deleted provided that their continued use will cause the data to be overwritten within a six month timescale.
- 9.8 Any partner may withdraw from this Protocol upon giving written notice to the other signatories. Information which is no longer relevant must then be destroyed or returned. The partner must continue to comply with the terms of this Protocol in respect of any information that the partner has obtained through being a signatory.

## **10. REVIEW OF THE INFORMATION SHARING AGREEMENT**

- 10.1 This agreement will be reviewed six months after its implementation and annually thereafter. The nominated holder of the original signed agreement on behalf of the partners will be West Midlands Constabulary, with copies of the signed agreement to be made available to all partners upon request.
- 10.2 The agreement is based on the national template for Information Sharing which forms part of the guidance issued on the Management of Police Information by ACPO and the Home Office.

## **11. INDEMNITY**

- 11.1 In the event of any partner receiving a complaint concerning the information sharing process, they will notify the other partners in writing as soon as practicable, in order that a collective decision can be made on how to respond.
- 11.2 All WMDVP partners, as receivers of police information will accept total liability for a breach of this Information Sharing Protocol by then, should legal proceedings be served in relation to the breach.

## **12. SIGNATORIES**

- 12.1 The signatories agree that the procedures laid down in this document provide an acceptable framework for the sharing of information between themselves, and that it is in a manner compliant with their statutory and professional responsibilities.
- 12.2 The signatory for West Midlands Constabulary has been delegated by an ACPT rank officer as the Chief Information Officer.
- 12.3 The signatory for the partner agencies should be a senior member of staff who can be held accountable for the processing of information.
- 12.4 The signatories to this agreement undertake to:
- Implement and adhere to the procedures and structures set out in this agreement

- Ensure that where these procedures are complied with, then no restriction will be placed on the sharing of information other than those specified within this agreement
- Engage in a review of this agreement six months after its implementation and annually thereafter.

12.5 The signatories accept responsibility for implementation of the terms of this agreement within their own organisations, and agree that staff will be trained so that requests for information and the information sharing process itself will be managed to ensure that the purposes of the agreement can be met.

12.6 Signatories must ensure that they comply with all relevant legislation.



Overarching Information Form for MARAC Partner Agencies

**Restricted when complete**

Please supply the following information if held:

The information is required for one of the following purposes:

Please tick all that apply

- The protection of life
- The prevention of detection of crime
- The apprehension or prosecution of offenders
- Preserving order
- To support any duty of responsibility of the police arising from common or statute law
- The protection of property
- Other – please give details below

A reply within        hours / days is requested.

|            |  |            |  |
|------------|--|------------|--|
| Signed     |  | Date       |  |
| Print name |  | Rank/Title |  |
| Agency     |  | Tel No     |  |





## Overarching Information Form for MARAC Partner Agencies

**Restricted when complete**

Please supply the following information if held:

The information is required for one of the following purposes:

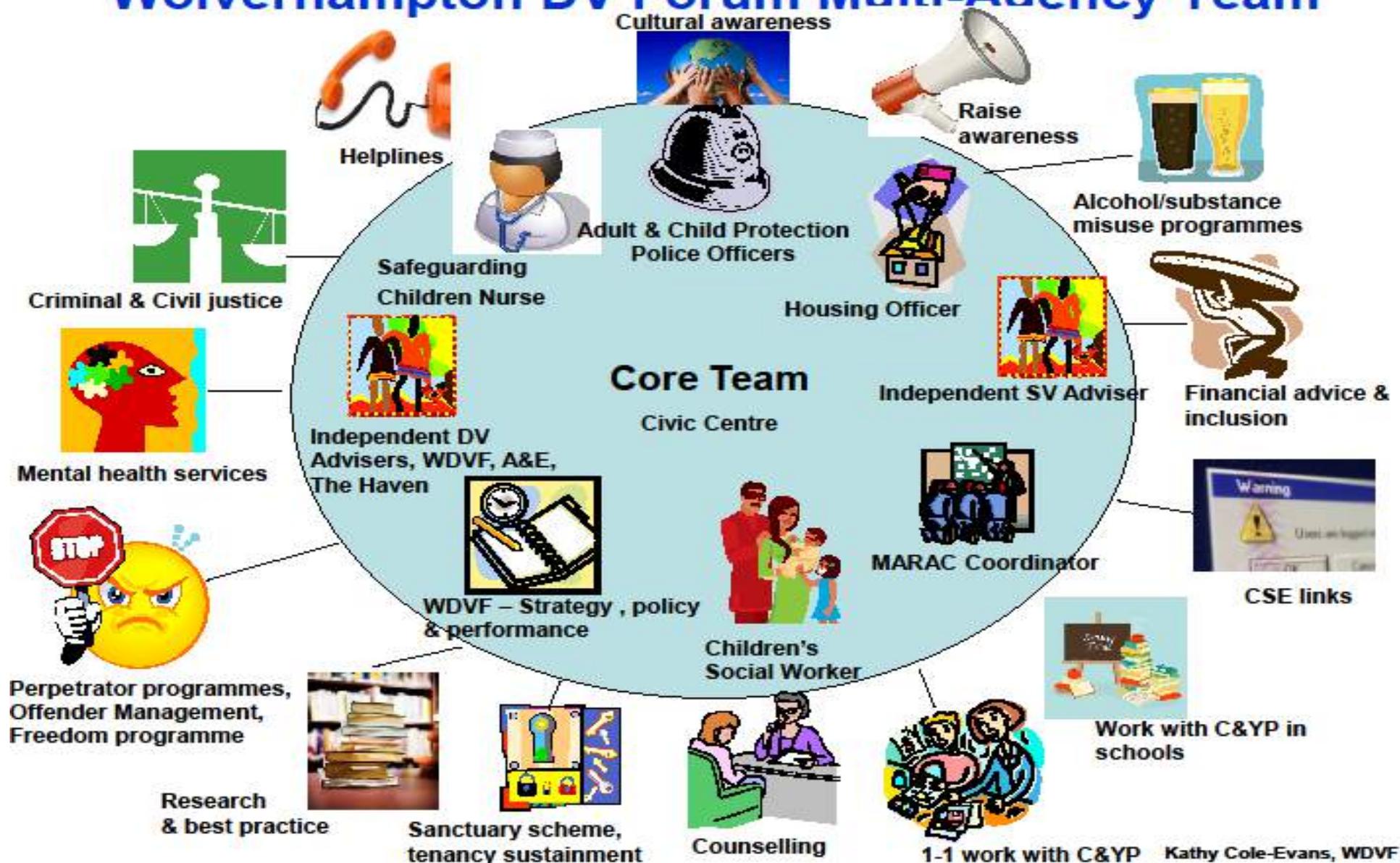
Please tick all that apply

- The protection of life
- The prevention of detection of crime
- The apprehension of prosecution of offenders
- Preserving order
- To support any duty of responsibility of the police arising from common or statute law
- The protection of property
- Other – please give details below

A reply within            hours / days is requested.

|            |  |            |  |
|------------|--|------------|--|
| Signed     |  | Date       |  |
| Print name |  | Rank/Title |  |
| Agency     |  | Tel No     |  |

# Wolverhampton DV Forum Multi-Agency Team





**Useful contact numbers to help support victims of domestic violence and abuse**

**Single Point of Contact through The Haven, Wolverhampton: 0800 0194 400**

For specialist domestic abuse services for women and men in Wolverhampton. Together with their partners, they offer a range of advice and support (eg with solicitors, at Court, or with housing, etc), undertake safety planning, provide financial advice, and/or assist with accessing a refuge if appropriate. Translation and interpretation services are available.

**National Domestic Violence 24 hour Advice-line run by Women's Aid: 0808 2000 247** Provides advice, support, and signposting to women victims of domestic abuse.

**Men's Advice Line: 0808 801 0327**

Provides advice and support for men experiencing domestic abuse.

**The Mankind Initiative: 01823 334 244**

Can assist male victims of domestic abuse to access a refuge.

**Broken Rainbow: 0300 999 5428 – 0800 999 5428**

Can assist domestic abuse victims specifically in gay, lesbian, transgender, and bi- sexual relationships.

**Wolverhampton Domestic Violence Forum (WDVF): 01902 555643**

Hosts the co-located multi-agency domestic violence team in the city, and can provide signposting and advice to agencies dealing with domestic abuse situations, to victims suffering domestic violence and abuse, and to perpetrators of domestic abuse. WDVF also has a Criminal Justice DV Adviser and an Independent Sexual Violence Adviser who will accompany and support victims of DV and SV at criminal court hearings. Translation and interpreting services are available.

**Karma Nirvana: 0800 5999247**

A national organisation based in Derby providing advocacy support to professionals and victims of forced marriage and honour based violence. They also provide education, training, and roadshows raising awareness.

**Respect: 0808 802 4040**

A national membership organisation that develops, delivers, and supports effective services for male and female perpetrators of domestic violence, young people who use violence and abuse at home and in their relationships, and male victims of domestic violence.

**SAYA Multi-Lingual helpline: 01922 491619 (9-5) or 0800 389 6990 24 hour.**

This Walsall based agency provides domestic abuse information and support in Bengali, Gujarati, Hindu, Punjabi, and Urdu.

**Citizens Advice Bureau (CAB): 01902 572211.**

CAB offers support and guidance, debt advice, and independent legal advice.

**Wolverhampton Council Supported Emergency Accommodation: Out of office hours - 01902 552999, office hours 01902 554747**

Can assist with refuge accommodation, and provides a supportive environment which is safe and secure.

**Accord Housing Association Phone: 0121 568 3965 Fax: 0121 526 6207**

Provides floating support services to a wide range of people, intended to help people maintain their tenancy and independence. Accord will support all with a housing support need. Address: Housing Support Team, The Innovations @ Rubery Owen, Queen Street, Darlaston, WV10 8JD Email: [rachaelc@accordha.org.uk](mailto:rachaelc@accordha.org.uk) Website: <http://www.accordha.org.uk>

### **Bromford Housing Group**

Provides floating support services to a wide range of people including those with mental ill health, and young families. Bromford will support all those who have a housing support need. **Address:** Regional Office, 1 Venture Court, Broadlands, WV10 6TB. Head Office, 9 Shaw Park, Business Village, Shaw Road, Bushbury, WV10 9LE

**Website:** <http://www.bromfordgroup.co.uk> **General Support:** Suki Kaur, **Phone:** 01902 421527/07796 335 978 **Email:** [suki.kaur@bromford.co.uk](mailto:suki.kaur@bromford.co.uk) **Mental Health:** Catherine Ashley **Phone:** 01902 731089/07841 800 331 **Email:** [catherine.ashley@bromford.co.uk](mailto:catherine.ashley@bromford.co.uk)

**Young Families:** Rachael Skelson **Phone:** 01902 421527/07734 857 157

### **Heantun Housing Association**

Provides floating support services to a wide range of people in Wolverhampton, including people with a learning disability, mental ill health, older people from black or minority ethnic groups, offenders and young families. Heantun will support all those who have a housing support need.

**Address:** Heantun Housing Association, 3 Wellington Road, Bilston, Wolverhampton, WV14 6AA **Phone:** 01902 571100 **Website:** <http://www.heantun.co.uk> **Learning Disability:** Lynne Sayers **Phone:** 01902 571121 **Email:** [lynne.sayers@heantun.co.uk](mailto:lynne.sayers@heantun.co.uk) **Mental Health:** Kerry Coley **Phone:** 01902 571122/571132

**Email:** [kerry.coley@heantun.co.uk](mailto:kerry.coley@heantun.co.uk) **BME Older People:** Janet Humphries or Wendy Roberts **Phone:** 01902 571284/571134 **Email:** [janet.humphries@heantun.co.uk](mailto:janet.humphries@heantun.co.uk) / [Wendy.roberts@heantun.co.uk](mailto:Wendy.roberts@heantun.co.uk)

**Offenders:** David Loon or Ray Vaughan **Phone:** 01902 571154/557233 **Email:** [david.loon@heantun.co.uk](mailto:david.loon@heantun.co.uk) / [ray.vaughan@heantun.co.uk](mailto:ray.vaughan@heantun.co.uk) **Young Families:** Sue Gosnold **Phone:** 01902 571153

**Email:** [sue.gosnold@heantun.co.uk](mailto:sue.gosnold@heantun.co.uk)

### **Midland Heart 01902 459070**

Provides floating support services to young people and people with mental ill health.

**Mental Health:** Claire Anderson **Address:** 5(a) Hinks Street, Ettingshall, Wolverhampton, WV2 2JZ.

**Young People:** **Address:** 1(a) First Avenue, Low Hill, Wolverhampton, WV10 9SA

**Phone:** 01902 736772 **Website:** <http://www.midlandheart.org.uk>

### **Wolverhampton City Council - Housing Outreach Team 01902 553176**

Provides floating support services to a wide range of people including older people, those with a disability, an addiction, and/or mental ill health, young people, women affected by domestic violence and people renting in the private sector. The Housing Outreach Team will support all those who have a housing support need.

**Address:** Housing Outreach Team, Ground Floor, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT

**Email:** [housing.outreach@wolverhampton.gov.uk](mailto:housing.outreach@wolverhampton.gov.uk)

**Website:** <http://www2.wolverhampton.gov.uk>