**SOMERSET**

**MULTI AGENCY RISK ASSESSMENT CONFERENCE**

**(MARAC)**

**OPERATIONAL WORKING PRACTICES DOCUMENT**

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## INTRODUCTION

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

## PURPOSE

* 1. The purpose of the MARAC is to provide a confidential forum where agencies are able to share information which will increase the safety, health and wellbeing of individuals and children related to the case. This will take place through the sharing of information, expertise and resources, and the development of multi-agency plans which identify appropriate interventions or other actions to safeguard individuals and their children.
  2. The MARAC will seek to reduce the threat of further harm and repeated domestic abuse to the individual and their family members, through the agreed actions of the partner agencies.
  3. The MARAC has no authority or responsibility in statute and is intended to enhance existing arrangements rather than replace them. As the MARAC is not an official body it does not own the risk associated with any particular case, but, by discussing cases at a MARAC, all the constituent agencies hold some responsibility for that ongoing risk.
  4. The MARAC will utilise advocacy and support services within Somerset to support the individual, reducing the level of risk to said individual and maximising their safety and general wellbeing.
  5. The MARAC will identify, where possible, whether the individual engaging in abusive behaviours poses a continuing significant threat to the individual in relation to the MARAC or the wider community; making referrals where appropriate, for example to the MAPPA (Multi Agency Public Protection Arrangements) or Local Policing teams.
  6. Neither the individual experiencing, nor the individual engaging, in domestic abuse will attend MARAC meetings. The agreed lead agency representative will inform the individual experiencing the abuse regarding the MARAC meeting recommendations, the individual engaging in abusive behaviour will not be informed as to the MARAC process, as this could increase the risk of the individual experiencing the abuse.
  7. The MARAC will attempt to identify any child contact concerns between children and individuals engaged in abusive behaviour.

## DOMESTIC ABUSE DEFINITION

* 1. The Domestic Abuse Act 2021 definition of Domestic Abuse is –

behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

(a) A and B are each aged 16 or over and are personally connected to each other, and

(b) the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following—

(a) physical or sexual abuse;

(b) violent or threatening behaviour;

(c) controlling or coercive behaviour;

(d) economic abuse

(e) psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

or the purposes of this Act, two people are “personally connected” to each other if any of the following applies—

(a) they are, or have been, married to each other;

(b) they are, or have been, civil partners of each other;

(c) they have agreed to marry one another (whether or not the agreement has been terminated);

(d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);

(e) they are, or have been, in an intimate personal relationship with each other;

(f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child

(g) they are relatives.

* + 1. Child on Child under 18 within the family - Not a domestic abuse incident
    2. Adult on child under 18 within the family - Child Abuse Investigation
    3. Adult on Adult over 18 within the family - Domestic Abuse Incident
    4. Partner on Partner both aged 13 years and over - Domestic Abuse Incident
    5. Adolescent on Parent within the family – Domestic Abuse Incident

1. **PARTNER AGENCIES**
   1. Appendix A details all the agencies who are partners to the MARAC process and consequently signatories to the declaration specified in Appendix B.
   2. The list in Appendix A is not exhaustive. Consideration will also be given to requesting additional professional support from other specialist Agencies, as appropriate to MARAC needs i.e. – Devon and Somerset Fire & Rescue Service (where there is a risk/threat of arson, fire or chemicals), YOT, Benefits & Pensions, BME specialist Agencies, Disabilities Agencies, and any Advisory and Voluntary Service which will benefit the effectiveness of the MARAC.
   3. Each Partner Agency will identify a MARAC representative and a deputy MARAC representative in their agency (see also 9.5).
   4. Partner agencies will have clearly defined roles and responsibilities and will be accountable to the Somerset Domestic Abuse Board for ensuring that these agreed responsibilities and actions are carried out. This will be through completion of the Domestic Abuse Board Self-Assessment (currently biennial) and any other required ad-hoc reporting
   5. Partner agencies will support the principles and purpose of the MARAC, which is to promote the safeguarding of the individual experiencing domestic abuse, and their immediate family members. Partner agencies will adhere to mandatory reporting requirements in relation to adults with care and support needs who are experiencing abuse and make the relevant referrals to statutory agencies. Regarding situations of adults with care and support needs who are experiencing domestic abuse all partner agencies will work in accordance to the Care Act and the 6 safeguarding adult principles.
   6. All agencies must refer to Somerset Integrated Domestic Abuse Service in the event of making a MARAC referral; providing as much detail as possible.
   7. Partner agencies are responsible for providing relevant and up-to-date information regarding individuals experiencing domestic abuse, as per the agenda. All MARAC representatives must then coordinate and communicate with their counter parts, across agencies, to facilitate an action plan to reduce risk immediately and feed back to the relevant MARAC.
   8. The MARAC will set further actions where necessary, with a specific time frame attached, and all representatives must ensure that agreed actions are completed, and updated onto the Manta system, so that the status of agreed actions is communicated to all MARAC reps and the MARAC Case Officer by their deadline.
   9. Any outstanding actions must be clearly communicated at the next MARAC, allowing the Chair to open up the conversation to other possible actions, if the risk has not yet been reduced.
   10. Where the risk has not yet been reduced and all partner agencies have attempted contact, without success, then this will be escalated back to the referring agency for considering of other risk management plans. For example the SSAB’s ‘what to do if it’s not safeguarding’ procedure, or a multiple agency risk management meeting ?
2. **GOVERNANCE AND PERFORMANCE MANAGEMENT**
   1. The MARAC is a multi-agency meeting which has the safety of individuals at high risk of domestic abuse as its focus. It involves the active participation of all of the key statutory and voluntary agencies who might be involved in supporting a person experiencing domestic abuse.
   2. The Somerset Domestic Abuse Board will monitor the MARAC: It will :
      1. Meet Quarterly
      2. Ensure its membership includes senior representatives from each of the key agencies Appendix C
      3. Address the practical and resource implications of the MARAC
      4. Monitor and review data and performance of the MARAC, including the attendance and participation of partner agencies.
      5. Address any operational issues.
      6. Report to the Safer Somerset Partnership
3. **IDENTIFICATION OF MARAC CASES**
   1. All MARAC representatives must Somerset County Council [digital domestic abuse training modules online at somersetsurvivors.co.uk](https://practitioners.somersetsurvivors.co.uk/) before attending a MARAC. Additionally, specific MARAC Training must also be completed; pertaining to Routine enquiry, Risk Identification, Risk Categorisation, Safety Planning and Referral Pathways. This training should be completed on an annual basis, and will be provided by the Safer Somerset Partnership via Somerset County Council.
   2. It is expected that all agencies participating in the MARAC will routinely screen for domestic abuse and will have a process/written guidance for doing so or will be actively working towards this. This will be reported through the Somerset Domestic Abuse Board self-assessment. MARAC representatives will be tasked with gathering all and any relevant information they hold, in relation to any person referred to the MARAC, working closely with all frontline workers engaged with the individual in question.
   3. The first formal DASH risk assessment should be carried out by the lead agency that identifies or recognises a potential case of domestic abuse.. All referrals to MARAC should be sent to the Somerset Integrated Domestic Abuse Service.
   4. In most cases this would be the Police, given that they attend many domestic abuse incidents. However, it is known that many victims access other services without reporting to the police, particularly health services including health visitors, A&E hospital staff and Mental Health Services.

Thus, staff within these settings should ensure that they are aware of the signs and symptoms of domestic abuse and have access to risk assessment and domestic abuse advice and information. All agencies should, therefore, ensure that their staff attend Somerset County Council’s domestic abuse training including as a minimum completing the [digital domestic abuse training modules online at somersetsurvivors.co.uk](https://practitioners.somersetsurvivors.co.uk/). Unless agencies have a training programme of an equivalent standard that they have formally declared through the Domestic Abuse Board self-assessment, and provided evidence and assurance it’s been completed by all relevant staff.

* 1. In order for the MARAC to work effectively all MARAC representatives need to have a common understanding of risk levels which can be achieved by use of the Domestic Abuse, Stalking & Honour Based Violence (DASH) risk assessment tool and undertaking the available training.
  2. The completed DASH, will identify the level of risk to the individual experiencing domestic abuse, and highlight high risk indicators.
  3. The cases which should be referred to the MARAC are those which have been identified as **HIGH RISK.** 
     1. The definition of High Risk is ‘***that there are very clear and identifiable indicators of further risk of serious harm. The potential event could happen at any time, and the impact would be serious’***.
     2. The definition of **SERIOUS HARM** is a risk which is **life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.**

1. **THE REFERRAL PROCESS**
   1. MARAC referrals are based on a comprehensive assessment of the perceived risk of further harm to a person experiencing domestic abuse and professional judgement. Each partner agency has the authority to refer cases to the MARAC based on the appropriate actuarial assessment, **on professional judgement** or as a result of an **escalation of incidents** or the **professional judgement of the likely escalation of harm.**
   2. The threshold for referral to a MARAC will be set by the Somerset Domestic Abuse Board and will be consistent across Somerset. The current threshold for the actuarial assessment is 14+ positive responses to the DASH Risk Assessment Checklist. It is, however, **best practice to prioritise professional judgement.**
   3. Referral of repeat cases into the MARAC is essential and all agencies must develop processes whereby they can identify repeat victims.
      1. A repeat incident is an incident that has occurred within the 12 months following an individual’s case being heard at the MARAC.
         1. If this incident is categorised as high risk, then the 12 month window will start afresh. An incident that would trigger a repeat referral would be one that constitutes Domestic Abuse, under the aforementioned definition (to include, but not limited to: an act of violence, threat of violence, sexual violence/assault, coercive control, harassment or stalking).
   4. Agencies will make a referral to the MARAC via Manta. (Manta is the electronic case management system to support the effective operation of MARAC). This will be done by their in-agency MARAC representative.

1. **IMMEDIATE INFORMATION SHARING PROCESS**
   1. Each referral, including MARAC to MARAC referrals received, (which is when a victim moves from one MARAC area to live in another), will be quality assured by the named MARAC point of contact (Case Officer)to ensure that the HIGH RISK threshold is met and sufficient detail of parties involved is provided. Where the threshold does not appear to be met, the MARAC Case Officer will refer back to the referrer within 3 working days , who should provide further information within an (additional) 3 working days and if required have a discussion around the case.
   2. Following the Q.A. check, the referral will be immediately circulated within 24 hours, electronically, by the MARAC Case Officer to the identified MARAC representatives within partner agencies, via Manta. This will enable all partner agencies to be aware of the potential for serious harm, at the earliest opportunity, and will allow agencies to appropriately flag their records, gather information, coordinate and communicate an action plan with their counterparts and begin reducing risk, immediately. These referral papers will be shared with those agencies who are signatories to the information sharing agreement.
   3. The relevant MARAC representatives will then share their action plan and relevant information within 3 working days, electronically via Manta.

Partner agencies MARAC representatives will review each case including research information and any actions set prior to the meeting.

Reporting back at the MARAC what they have achieved and whether the risk has been reduced. In the event that the risk has not been reduced, the MARAC will discuss further options to address the risk and set actions accordingly.

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

1. **MARAC PROCESS AND MEETING**
   1. Meetings will be held on a weekly basis and these will be organised by the MARAC Case Officer. The meetings will be to discuss cases from across the whole county, and will be held on the same day each week. In the event of exceptional risk posed to an individual the option of an emergency MARAC is available. This is to be organised by the relevant MARAC representative and the MARAC Case Officer. A MARAC Chair and relevant representatives will be required to attend at short notice.
   2. A confidentiality statement will be read out at the beginning of each MARAC and where appropriate, attendees may be required to sign a confidentiality statement.
   3. The MARAC chair will briefly outline current risks, vulnerabilities and protective factors of the abused person, abusive person, children and affected others.
   4. The MARAC Chair will discuss and agree with the MARAC representatives assigned actions that will show for all affected parties

* How risk can be reduced
* How vulnerabilities can be managed
* How protective factors can be supported and developed
  1. Partner agencies will endeavour to achieve consistency in representation at the MARAC. As such, we recommend 2 members of staff, as a minimum, attending the MARAC training, to ensure all representatives are fully informed and able to make commitments on behalf of the agency.
  2. The MARAC Chair will rotate from a pool established by the Somerset Domestic Abuse Board consisting of Chairs from multi-agencies; representatives will be of appropriate seniority and qualification.
  3. The Chair’s role will be to structure the MARAC conversations and ensure agency representatives understand their agreed responsibilities for undertaking actions. In addition, the MARAC Case Officer will ensure that agency representatives new to the process receive a satisfactory induction to the process and responsibilities.
  4. MARAC representatives will be responsible for offering actions which will assist in securing greater safety for the individual experiencing abuse and their children/family/associates.
  5. The Chair must make sure that safeguarding concerns regarding any child or young person living in the household are considered and appropriate actions are recorded, including the most appropriate representative making any specific referrals to Children Services. Likewise any safeguarding concerns regarding an adult with care and support needs should be referred by the most appropriate representative to Adult Social Care.
  6. The MARAC will operate as a referral portal; no referral will need to go through any additional pathway. This will ensure a timely response to serious risk of harm.
  7. The Chair will be responsible to ensure that all actions offered by the MARAC representatives are, specific, measurable, achievable, realistic and have a completion date. These will be recorded by the MARAC Case Officer onto the Manta system.
  8. The MARAC actions and meeting will be recorded in audio form, for the purpose of audit trails, DHRs, Freedom of Information requests and best practice.

1. **EMERGENCY & CLOSED MARAC MEETINGS.** 
   1. **An emergency MARAC** meeting is an exceptional event and is only called when an individual is assessed as being at a “High Risk” level, and the risk of harm is so imminent that statutory agencies have a duty of care to act at once, rather than wait for the next MARAC meeting.
   2. It is expected that the referral agency will have in place an interim safety plan agreed with the individual at risk, prior to the emergency MARAC meeting, to ensure that immediate safety issues have been addressed. This is the responsibility of that relevant referring agency.
   3. All Administrative updates can be completed immediately onto Manta by either MARAC Case Officer or MARAC Chair for recording purposes.
   4. The process for calling an emergency MARAC Meeting is as follows –
      1. An initial phone call referral by any Agency to the MARAC Case Officer (MARAC point of contact).
      2. The lead Agency is to contact other relevant statutory agencies and make them fully aware of the current situation, and to arrange the emergency meeting as soon as possible and this could be via conference call.
      3. The referral agency must attend the meeting, to confirm (and update where appropriate) the accuracy of information being provided.
      4. Urgent actions should be agreed and executed immediately to safeguard the individual.
      5. As in every case, basic target hardening, appropriate home security measures, a SIG marker and an individual safety plan should be carried out as soon as possible to ensure the continued safety of the individual.
      6. The case details and agreed actions of the emergency MARAC meeting should be recorded, so that it can be further reviewed at the next MARAC meeting, and brought to the attention of all other agencies.
      7. **Closed MARACs** may also be called where the case is a very sensitive one. For example:

* any party involved in the case is employed by one of the MARAC participating agencies
* in some cases of Honour Based Violence, where by the referring agency of the Chair deem it to be inappropriate to discuss said case in an open MARAC meeting
* any case that has links to Organised Crime Groups
* any case that either the referring agency or the Chair deem to be inappropriate to discuss in an open MARAC meeting

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

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

1. **ACTIONS BEFORE THE MARAC**
   1. All MARAC representatives will appropriately flag their records, gather information, coordinate and communicate an action plan with their counterparts and begin reducing risk, immediately. These referral papers will be shared with those agencies who are signatories to the information sharing agreement.
   2. All agencies will seek to systematically flag case files when heard at the MARAC, facilitating the identification of repeat incidents/escalation and referral to the conference.
   3. The IDVA service will be advised of all referrals that meet the criteria into the MARAC, so that IDVA support can be offered to the victim.
   4. All agencies which initially identify a MARAC case through completing a DASH are responsible for taking appropriate immediate actions to safeguard any person at risk from serious harm and should not wait until the MARAC to put such procedures in place. Including, but not limited to, making referrals where required to safeguard children and adults.
2. **CONTACT WITH PERSON AT RISK OF HARM**
   1. Generally the IDVA will have responsibility to bring the views of the person experiencing abuse, including family members and children impacted, to the meeting and notify the victim of the conference and feedback relevant actions. In some cases, however, this role may be undertaken by another agency, if the service user has a better relationship with another agency worker.
   2. Wherever possible the person experiencing abuse should be informed that their case is being discussed at MARAC, however in exceptional cases where the views of the person experiencing abuse are not available or the person experiencing abuse is unaware of the conference, then the referring agency will provide information as to why this is the case which must be recorded in the MARAC meeting minutes.
   3. Any contact with the person experiencing abuse should be done via the agreed safe contact details and no letter or other communication should be made unless it is safe to do so.
3. **MINUTES AND ADMINISTRATION**
   1. The MARAC will be supported by a Case Officer who will circulate the MARAC actions within 24 hours of the meeting.
   2. The MARAC Case Officer will maintain data in respect of the cases heard at the MARAC and ensure repeat incidents, within a 12 month period, are noted as such.
   3. The MARAC Case Officer will inform MARAC reps of cases that are out of their 12 month repeat window and de-flag via Electronic Case Management System, or advise MARAC rep to de-flag
   4. In the event of an individual experiencing abuse moving out of the jurisdiction of the local MARAC, a MARAC to MARAC referral will be made by the administrator. The MARAC Case Officer will ensure that all relevant information is shared with the appropriate MARAC, pertaining to the individuals involved in the case.
   5. In the event of an external MARAC referring into the local MARAC, the MARAC Case Officer will receive the MARAC to MARAC referral; ensuring that they have received all relevant information pertaining to individuals involved in the case. The administrator will also ensure that a referral has been made to the local IDVA service.
   6. In the event of a Domestic Homicide Review, the MARAC Case Officer will be responsible for gathering any and all relevant information held within the MARAC and assist in the preparation of evidential reports.
4. **INFORMATION SHARING AT THE CONFERENCE**
   1. Proportionate information sharing is essential for a successful MARAC, facilitating effective safety planning while protecting the rights of the individual. Safer Somerset Partnership will review the Information Sharing Agreement and signatory process.
   2. All key agencies will be signatories of the Information sharing agreement which will be reviewed annually. Information that is shared must be proportionate, up to date, accurate and relevant to the case.
   3. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children or adults at risk of abuse or neglect. All MARAC cases that identify any additional risks of harm to adults or children must be referred to adults or children’s safeguarding, respectively, with all the relevant information from the MARAC discussion and any other relevant information held by any agency. Each agency should follow its own child and adult safeguarding procedures in doing so.
   4. The Government (Home Office) legislation that guides these agreements are – GDPR, Data Protection Act 2018, Care Act 2014 and all up to date Child Protection Legislation.
   5. MARAC representatives will attend meetings to discuss only relevant and current matters relating to individuals experiencing high risk domestic abuse. The shared information gained through these MARAC meetings can only be used for official MARAC purposes, and cannot be used for any other purpose without prior and authorised approval from the appropriate Agency providing the specific information.
   6. The Human Rights Act requires public agencies to act within their powers only, and to respect the individual’s right to privacy. Any disclosure of appropriate information must be seen as being both legal and fair.
5. **ACTION PLANNING**
   1. A tailored action plan using the Safe Lives template will be developed prior to the MARAC, to immediately increase the safety of the individual at risk of harm, their children and any other vulnerable parties, this action plan will be discussed, added to and escalated, when necessary at the MARAC. There will be clarity of agency responsibility in respect of each action and its time frame for completion.
   2. Each MARAC representative with responsibility for an action will advise the MARAC when it is completed or provide reasons why it could not be completed. Actions will also be updated via Manta. These updates should be within the specified timescale agreed at the meeting.
   3. The MARAC Case Officer will maintain a record of actions planned and completed.
   4. In the event of failure to notify of a completed action, the MARAC Case Officer will contact the MARAC representative concerned and ensure completion as appropriate. Continued failure to update a specified action will be raised with the MARAC Chair who, if unable to resolve, will refer it to the Somerset Domestic Abuse Board (which fulfils the role of MARAC Steering Group).
6. **OWNERSHIP OF RISK**
   1. A MARAC is not a corporate body and does not own risk associated with any case. The risk remains with individual agencies in accordance with the scope of their service. The MARAC does not make a person safer, it is the actions and efforts of the individuals and agencies involved.
   2. MARACs will not hold a caseload under review or undertake monitoring of specific cases. The principle of a MARAC is that cases are discussed & action plans developed to promote the safety of individuals at risk of harm and any associated children. The ‘repeat referral’ process is the safety net which ensures that victims at continuing risk are returned to the MARAC.
   3. If a person is not engaging with any agency or services, despite repeated and vigorous efforts to initiate/maintain contact, then the lead agency (this will be who referred the case to MARAC, unless an alternative lead agency is identified at MARAC) r will utilise the [“What do if it’s not safeguarding” procedures](https://ssab.safeguardingsomerset.org.uk/information/practice-guidance/)

Consultee response: Change to “Take steps to identify, reduce and manage the presenting risk by escalating to partners who may be able to assist. This may include holding a risk management meeting with multiple agencies to discuss the concerns”. Does Somerset need a high risk panel?

1. **EQUALITY**
   1. The MARACs will recognise the need to adequately address the needs of all individuals at risk of harm from domestic abuse, including those from minority communities and where English is not their first language. Conferences will seek to include information on the ethnicity, age, religion or belief, sexual orientation, disability or gender of individuals referred to the conference. Specialist organisations and interpreters will be engaged as appropriate by the conference to ensure an effective response to all individuals at risk of harm can be offered.
2. **EVALUATION**
   1. Data from the MARAC will be collated and maintained by the Somerset Integrated Domestic Abuse Service “MARAC Team” for onward provision to Safe Lives as part of the national monitoring system and also to the Somerset Domestic Abuse Board.
3. **COMPLAINTS & DISCLOSURE**
   1. Where a complaint arises against another signatory agency, this will first be brought to the attention of the MARAC Chair, if appropriate, and then raised formally with the agency concerned. In the event that the complaint is not satisfactorily resolved, or it is not appropriate to refer to the Chair, the matter will be referred to the Somerset Domestic Abuse Board.
   2. Where a complaint is received from a member of the public, regarding the MARAC process or these working processes, then the complaint will be initially forwarded to the Somerset County Council Public Health Specialist (Community Safety) to allocate an appropriate Investigating Officer.

Where any request for disclosure of information discussed at a MARAC is received by a signatory to these working practices, they should follow their own freedom of information procedures.

1. **BREACHES OF THE WORKING PRACTICES**
   1. It is recognised that breaches of these Working Practices may increase the risk posed to an individual at risk of harm, the wider public and any professional working with said person. All partner agencies will seek to work within the principles outlined.
2. **WITHDRAWAL**
   1. Should any partner agency decide to withdraw from this ‘Working Practices Agreement’ they will advise Somerset County Council Public Health Specialist (Community Safety), in writing.
3. **REVIEW**
   1. This Working Practices document will be reviewed after 6 months of operation and annually thereafter through the Somerset Domestic Abuse Board.

**APPENDIX A**

**LIST OF AGENCIES WHO SUPPORT MARAC AND ARE SIGNATORY TO THIS WORKING PRACTICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | Post | **Address** | **Email** |
| Abri Housing |  |  |  |
| Aster Communities |  |  |  |
| Avon & Somerset Constabulary |  |  |  |
| Probation Service |  |  |  |
| Homes In Sedgemoor |  |  |  |
| Livewest Housing |  |  |  |
| Mendip District Council |  |  |  |
| Royal Military Police |  |  |  |
| Sedgemoor District Council |  |  |  |
| SHAL Housing |  |  |  |
| Somerset Clinical Commissioning Group |  |  |  |
| Somerset County Council (Children’s & Adult Services) |  |  |  |
| South Somerset District Council |  |  |  |
| Somerset NHS Foundation Trust |  |  |  |
| Somerset West and Taunton Council |  |  |  |
| Somerset Drug & Alcohol Service |  |  |  |
| The You Trust |  |  |  |
| Yeovil District Hospital NHS Foundation Trust |  |  |  |
| Youth Offending Service |  |  |  |

**APPENDIX B**

**Somerset**

**Multi-Agency Risk Assessment Conference**

**Working Practices**

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

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

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

The working practices are a living document, which will be reviewed and changed to meet the needs of the MARAC function. All changes are to be agreed and approved by the Somerset Domestic Abuse Board and individual members informed prior to the changes taking place.

All changes to these working practices are to be recorded in the Somerset Domestic Abuse Board minutes.

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

Signed on behalf of:-… … ……………………………………………………….

Signature:-……… ………………………………………………………………..

(insert role title):-…………………………………………………………………

Date:-…… …………………………………………………………………………

**APPENDIX C**

**MEMBERSHIP OF Somerset Domestic Abuse Board (who act as MARAC Steering Group)**

|  |  |
| --- | --- |
| Agency/Service | Who |
| Somerset County Council (Community Safety/ Public Health) | Service Manager |
| Somerset County Council (Community Safety/ Public Health) | Senior Commissioning Officer (Interpersonal Violence) |
| Somerset Strategic Housing Group  + Mendip DC  + Sedgemoor DC  + South Somerset DC  + SWATC | Sedgemoor DC (Domestic Abuse Lead on SSHG)  & Community Safety/DA leads |
| Somerset County Council (Children’s Social Care) | Strategic Manager (Operations) |
| Somerset Domestic Abuse Services | Area Manager |
| SARSAS (Somerset and Avon Rape and Sexual Abuse Support) | Director |
| SDAS (Somerset Drug & Alcohol Service) | Senior Operations Manager |
| The Nelson Trust | Head of Women’s Community Services |
| Somerset Clinical Commissioning Group | Lead for Safeguarding Children & DA |
| Somerset Clinical Commissioning Group | Lead for Safeguarding Adults & DA |
| Somerset NHS Foundation Trust | Lead for Safeguarding Adults |
| Somerset NHS Foundation Trust | Named Nurse for Safeguarding Children |
| Yeovil District Hospital NHS Foundation Trust | Head of Safeguarding |
| Avon and Somerset Police –  (Lighthouse Safeguarding Unit Southern) | LSU Manager |
| Community Rehabilitation Company (BGSW) | Probation Manager |
| Crown Prosecution Service | Area Manager |
| Probation Service | Probation Manager |
| Barnardo’s | Service Manager |
| Registered Social Landlord (Safeguarding Lead) | Livewest Housing (Safeguarding Lead) |
| Royal Navy/Royal Marines Welfare (RNAS Yeovilton & 40 Commando) | Manager |
| Somerset County Council (Adult Social Care) | Adult Safeguarding |
| Somerset County Council (Children’s Commissioning) | Troubled Families Co-Ordinator |
| Somerset Safeguarding Children’s Partnership | Business Manager |
| Somerset Safeguarding Adults Board | SSAB Manager |