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# Kent and Medway MARAC Hub Operating Protocol and Guidelines

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## 1. Introduction

This MARAC Hub Operating Protocol and Guidelines document has been reviewed and updated by the MARAC Steering Group and the Operating Protocol Working Group.

This MARAC Hub Operating Protocol and Guidelines document is to be read in conjunction with the Kent and Medway Information Sharing Agreement which all multi-agency partners must sign up to.

This MARAC Hub Operating Protocol and Guidelines document does not impose new obligations but reflects current regulations and legislation and is designed to enhance existing arrangements rather than replace them. The main purpose of this document is to provide multi-agency partners with a consistent framework upon which to:

- Conduct Multi Agency Risk Assessment Conferences (MARAC) for cases involving high-risk domestic abuse victims (adults and children) and perpetrators.
- Share relevant and sensitive information responsibly and proactively.
- Discuss actions put in place by multi-agency partners when fulfilling their information sharing duties.
- Establish accountability through an assurance framework to ensure responsibility and reporting structures for the MARAC.
- Outline the process of the MARAC, for multi-agency partners action planning and requirements for these actions to be completed within a timely way to ensure the victim and their family/children are safeguarded.
- Explain how the MARAC Hub Operating Protocol and Guidelines sit with other safeguarding, public protection and information sharing protocols in operation.
- Provide information and usage requirements for the Oasis Case Management System (CMS) which enables multi-agency partners to:
  - make and receive online referrals.
  - share information (MARAC research).
  - provide an action plan for the referred case in an effective and timely way.
  - track and link victims and perpetrators (adults and children).

### 1.1 What is the Multi Agency Risk Assessment Conference (MARAC) process?

MARAC is recognised nationally as best practice for addressing cases of domestic abuse that have been assessed as high risk and is a multi-agency response to tackling domestic abuse. MARAC referrals are made via an Online MARAC Referral Form into the Oasis Case Management System (CMS) following the [MARAC Referral Pathway for Kent and Medway](#). The MARAC process includes research and action planning via the CMS, MARAC Professionals' Meetings, and a Cross-system Meeting. This combines up to date risk information with a comprehensive assessment of the victim's needs and links those directly to the provision of appropriate services for all those involved in a case: victim, children, and perpetrator.



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## 1.2 What are the aims of MARAC?

MARACs are designed to achieve the following:

- Effectively safeguard victims of high-risk perpetrators (adults and children).
- Reduce the risk posed by perpetrators through support and behaviour disruption.
- Ensure multi-agency partners can share relevant and pertinent information in a timely way to ensure risk management plans are effective and contain action planning and accountability processes.
- Enable in-depth risk management discussion and creative action planning for our most complex, high-risk cases.
- Promote multi-agency partner accountability to ensure actions are completed.
- Be efficient and time effective, enabling broad multi-agency partner engagement.

*“The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to reduce the risk of the victim being subjected to further violence and increase public safety”<sup>1</sup>.*

Although the MARAC process focuses resources on high-risk victims of domestic abuse, there is anecdotal evidence that the MARAC does have an impact on victims who do not meet the high-risk threshold. The improved communication between multi-agency partners due to meeting regularly at MARAC allows practitioners to resolve issues outside the MARAC framework, in cases where MARAC is not required. The Kent and Medway MARAC process enables multi-agency partners to share information and to be accountable for actions set as part of their information sharing process.

## 1.3 Involving those experiencing abuse

The MARAC process is almost always most effective when the victim is engaged in the process and their views and desires are represented at the MARAC process. The multi-agency partner making the referral to MARAC should notify the victim that they will be discussed at MARAC and speak with the victim regarding their concerns/wishes providing it is safe to do so. Although the victim's agreement should be obtained wherever possible, it is not a requirement when making a MARAC Referral.

It is imperative that non-police agencies ascertain from the victim what their wishes are regarding police contact, and the reporting of any offences which may have been disclosed during the process of completing the MARAC Referral. This will avoid any unplanned approach being made to the victim which could increase the risk to them or undermine confidence in the police and/or multi-agency partners. Safeguarding thresholds and decisions based on risk assessments linked to escalation and professional judgement may still lead to the police making contact even if a client declines this in some cases.

## 1.4 Information Sharing

Within the context of domestic abuse, it is recognised that no one agency holds all the information required to effectively assess the needs of victims and their children or to fully

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<sup>1</sup> <http://www.standingtogether.org.uk/standingtogetherlocal/standingtogethmarac/>



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assess the risk of serious harm or murder to victims. All multi-agency partners have a duty to victims of domestic abuse to work together to provide a coherent package of support that the victim can understand and make an informed decision on their engagement with them.

By sharing information on the highest risk victims within the MARAC context, multi-agency partners will ensure their statutory duties are upheld and there will be transparency around the information available and decisions made by multi-agency partners in the event of any subsequent review.

Information Sharing at the MARAC meeting is strictly limited to the aims of the meeting. MARAC Members should share relevant and proportionate risk focused information. Wherever it is practicable and safe to do so, people should be informed of the intention to share their information – if you are unable to gain agreement still share, as being heard as a MARAC case indicates an adult/child safeguarding concern.

Multi-agency partners should be aware of relevant legislation, common law and guidelines listed in the Kent and Medway Information Sharing Agreement, which provide legal gateways for the sharing of information in certain circumstances. Specifically, the Criminal Prosecutions and Investigations Act 1996 places obligations on Police Officers to reveal relevant information discussed at the MARAC meeting to the CPS about ongoing prosecution cases.

Guidance on the legal grounds for information sharing is contained within the Kent and Medway Information Sharing Agreement.

The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA) provide a framework to support Information Sharing where practitioners have reason to believe failure to share information may result in harm. Data Protection Law facilitates data sharing when you approach it in a fair and proportionate way. Data Protection Law is an enabler for fair and proportionate data sharing, rather than a blocker. It provides a framework to help you make decisions about sharing data. You must identify at least one lawful basis for sharing data before you start any sharing.

There is more than one lawful basis that may apply when sharing information through the MARAC process. Organisations need to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm.
- Co-ordinate effective and efficient responses.
- Enable early interventions to prevent the escalation of risk.
- Prevent abuse and harm that may increase the need for care and support.
- Maintain and improve good practice in safeguarding adults.
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse.
- Help people to access the right kind of support to reduce risk and promote wellbeing.
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour.





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## 1.5 Information Governance

Information gained at the MARAC meeting cannot be used for other purposes without reference and permission from the person/multi-agency partner that originally supplied it, unless there are overriding child protection concerns, safeguarding adults at risk or the information shared might reasonably be considered capable of undermining the case for the prosecution against the accused or assist the case for the accused. This information can be shared in the event of a statutory reviews such as Safeguarding Adult Review's or Domestic Abuse Related Death Reviews.

Audit information (for example the user logons and data downloads) is available to the MARAC Hub team and are retained for the duration of the contract. If you become aware that information has been accessed other than a need-to-know basis, please notify the MARAC Hub Team.

Printing will not be required for the purposes of MARAC, however if documents are printed out for the use in other meetings, then everyone must ensure they follow their own Information Governance Policies and the MARAC Confidentiality Agreement (Appendix F) to ensure data is not lost or disclosed to unauthorised individuals.

Record management and retention follows **MoPI Categories** and is managed by the MARAC Hub Team.

MOPI Group	Minimum Retention Period	Review Period
MOPI Group 1 (serious violent, serious sexual, Child protection)	Until the subject has reached 100 years	Every 10 years
MOPI Group 2 (Other violent, other sexual, drug supply)	For a minimum period of 10 years (or until subject has reached a 10-year clear period)	Every 10 years
MOPI Group 3 (Acquisitive, Fraud/Forgery, Drug possession)	For a minimum period of 6 years (or until subject has reached a 6-year clear period)	Every 5 years

## 1.6 Seven Golden Rules for Information Sharing – (Summary of Above)

- 1) All people (adults and children) have a right to be protected from abuse and neglect. Protecting an adult or child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.



- 2) When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the adult and child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.
- 3) You do not need consent to share personal information about an adult or child and/or members of their family if they are at risk or there is a perceived risk of harm.
- 4) Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case.
- 5) When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the adult, child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser/perpetrator or one of their associates.
- 6) Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the adult or child and/or providing their family with support, and only share the information they need to support the provision of their services.
- 7) Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information.

## 2. Multi-agency Partners

It is essential to the MARAC process to have involvement from a wide range of statutory and voluntary agencies that may be involved in supporting victims of domestic abuse. It is also helpful for the MARAC if there is a consistency in the nominated representatives from the different multi-agency partners.

There is an expectation that each multi-agency partner has a system for quality assuring their MARAC referrals. This could be a nominated Point of Contact (POC) to be available for reviewing their agency's MARAC referrals if required. This could be before they are submitted using the Online MARAC Referral Form, quality assuring referrals to ensure all relevant information has been provided, to include consideration of all risk and safety factors relating to the victim, child/ren and perpetrator (where known).

Multi-agency partners in attendance at the MARAC meetings are expected to be middle managers or equivalent, so that they are able to gather and present information from colleagues and also commit to specific actions, with the appropriate resources, without having to seek further authorisation.

Each MARAC case is specific, and other statutory or voluntary multi-agency partners not currently engaged with MARAC may be invited who are directly involved as a result of the crime, or in the provision of services to the victim or their family. A multi-agency partner representative must have the ability to commit appropriate resources in order that the MARAC can deliver increased safety to all concerned.





## **Neither the victim nor the perpetrator will attend the MARAC meeting.**

Multi-agency partners that refer cases to MARAC are responsible for informing the victim that their case has been referred. That agency must be present during the MARAC Process. It is expected that referrers take part in the MARAC Process to share information and to agree other appropriate actions to address the risk and build an action plan. If they are not a licence holder this may be via liaison with the appropriate CMS licence holder in their organisation or as a MARAC 'by invite' member.

Referrers unable to take part in the MARAC Process should consult with the MARAC Co-ordinator for the Area MARAC where the case is due to be heard.

### **2.1 Responsibilities of MARAC Member Agencies:**

- Identify victims of high-risk domestic abuse and make the appropriate MARAC Referrals.
- Identify the appropriate MARAC CMS Licence Holder for each Area MARAC (can be rota'd).
- Promptly update each accepted MARAC Case with relevant and pertinent research, this is expected to be uploaded to the CMS within 5 working days of the MARAC Referral.
- Identify Actions that multi-agency partners (your own and others) will take to reduce the risk posed to the MARAC client.
- Ensure Actions are completed - updating the CMS with additional information and any follow up Actions necessary.
- Attend the monthly Area MARAC Meeting and any requested Professionals' Meetings.

### **2.2 Role of the MARAC Manager and MARAC Chair**

The MARAC Manager roles include:

- Chairs the MARAC Process.
- Review MARAC Referrals/Cases and identify MARAC Actions (along with MARAC Members).
- Following up on Incomplete MARAC Actions.
- Co-ordinate and Deliver Training.
- Chair the MARAC Steering Group.
- Review the MARAC Processes and Reporting.
- Participate in Domestic Abuse Related Death Review (DARDR) Process and Domestic Abuse and Sexual Abuse Executive and Tactical Groups.

The MARAC Manager will be the MARAC Chair for all 6 Area MARAC Meetings: 6 MARAC Areas (North Kent, East Kent, West Kent, South-East Kent, Mid-Kent, and Medway) and 7 MARAC Area Meetings per Month (Monthly Kent x 5 and Fortnightly Medway x 2). The MARAC Manager, along with the MARAC Hub Team, will monitor completed/incomplete MARAC Actions and escalate issue to the MARAC Steering Group to ensure accountability.



The role of the MARAC Manager/Chair is to structure the MARAC Process and help to prioritise MARAC Research and MARAC Actions in such a way that all multi-agency partners taking part can use the time available as efficiently as possible. The MARAC Manager/Chair should clarify agreed MARAC Actions with the MARAC Co-ordinator.

It is the MARAC Manager's/Chair's responsibility to ensure that all multi-agency partners understand precisely what is required of them either directly or indirectly. It should be recognised that some MARAC Referrals/Cases may require longer-term involvement at MARAC than others, which will be reflected during the Action Planning Process. At the start of each MARAC Meeting the MARAC Chair will outline the confidential nature of the meeting by reading the MARAC Confidentiality Agreement.

## 2.3 Role of the MARAC Supervisor

The MARAC Supervisor will cover the MARAC Chairing in times of the MARAC Manager's absence. The MARAC Supervisor manages the MARAC Co-ordinators, and the role includes:

- Reviews MARAC Referrals.
- Deputises for the MARAC Manager.
- Compiles MARAC Data for Reporting Processes.
- Oversees the CMS (Licences, Training and Data).
- Follows up on incomplete MARAC Actions.

## 2.4 Role of the MARAC Co-ordinators

MARAC Co-ordinators administer, facilitate and co-ordinate the MARAC process. MARAC Co-ordinators work closely with multi-agency partners to ensure representatives are aware of the MARAC Process, and what their roles and responsibilities are with regards to their agency's involvement with MARAC.

The MARAC Co-ordinators will utilise and manage the CMS including the administration of MARAC Licences, allocation of MARAC Referrals into the Area MARAC Meetings, facilitating the Monthly MARAC Meetings recording attendees/apologies, additional MARAC Actions and updates via the CMS.

The MARAC Co-ordinator holds a pivotal role in the MARAC process and should be the first point of enquiry for all multi-agency partners.

## 2.5 Role of the Independent Domestic Violence Advisor (IDVA)

The victim and their children should be at the centre of the MARAC process. The IDVA role at MARAC is to represent the views and voice of the victim/survivor at the MARAC Meeting and to liaise where possible between the victim and multi-agency partners to ensure that the safety plan is indeed safe. All accepted referrals to MARAC will be contacted by the IDVA service.

## 2.6 The role of GPs in the MARAC Hub process is to:



- identify & refer people they identify to be at high risk of harm, or believed likely to cause serious harm to others, as a result of domestic abuse
- contribute research via the MARAC Hub Team coordinators
- contribute to MARAC Professionals Meetings via the MARAC Hub Team
- volunteering and accepting actions via the MARAC Hub team
- receive updates & minutes from MARAC hub team

There is no expectation on GPs to participate individually in the case management system or to attend MARAC meetings however, this will be at GPs discretion on a case by case basis depending on risk.

### 3. The MARAC Process

The process charts are available in Appendix K – these offer a working summary.

#### 3.1. Stage One: Identification of MARAC Cases

All multi-agency partners should have systems in place to recognise and identify victims of domestic abuse, including risk assessment tools and safeguarding policies. Multi-agency partners should use the SafeLives DASH RIC when a victim of domestic abuse has been identified to determine the risk posed to the victim (and their children) and whether the case should be heard at MARAC. For Police the DARA should be identified as a risk assessment tool to be used in this situation.

Professional Judgement and Potential for Escalation should be taken into consideration and not just a DASH score of 14 and above. It is best practice to offer DASH Training to staff to ensure consistency. Safe Enquiry Training is also recommended for agencies to consistently identify domestic abuse and how to routinely ask in a safe way.

**N.B.** Risk can arise directly from the actions of the perpetrator but may also arise because of poor mental health linked to the experience of domestic abuse. Where risk is active from a perpetrator of abuse and is compounded by the effect of poor mental health this is an appropriate MARAC Referral.

All multi-agency partners should:

- Have their own domestic abuse and/or MARAC Policy and Process.
- Use a Risk Assessment Tool (DASH or DARA) to identify risk, taking into account Professional Judgement and poor mental health and risk of suicide as a compounding factor.
- Follow the [Kent Domestic Abuse Referral Pathway](#) – this is to be widely shared and followed.
- Ensure a Safety Plan is created after completion of a DASH or DARA.
- Consider attending training around how to complete DASH assessments and understanding escalation.
- Follow internal Safeguarding Policies for both adults and children when a person is identified as being at risk.
- Be aware of support services for those deemed medium or standard risk and follow these referral pathways.



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Multi-agency partners are required to clearly explain confidentiality and discuss the Information Sharing Protocols with their teams including what can be shared with who throughout the MARAC process.

Partner services should discuss with clients what will happen if they are concerned for safety as part of their Confidentiality Agreement. This should include:

- What information is likely to be shared and with who e.g.: if a MARAC Referral is made, it is the responsibility of the referring agency to complete a front door referral if there are children involved.
- What other multi-agency partners will do e.g.: what Police may do and what investigations may be undertaken (i.e. rape, strangulation), that Children's Social Care would conduct an Initial Assessment if the threshold met, etc.

The process should be as follows:

- Identify the risks and individual needs for survivor, children, perpetrator, and anyone else at risk.
- Create an initial individual Safety and Support Plan for those at risk of harm.
- Ensure appropriate Information Sharing is implemented – making a MARAC Referral if risk is identified as high.
- Identify other multi-agency partners who need to be aware or able to provide support.
- Follow internal Safeguarding and Risk Assessment processes.
- Make further referrals as appropriate and in collaboration with victim/survivor.

### 3.2 Stage Two: Risk Assessment

For a MARAC process to work effectively there needs to be a common understanding of risk and the risk assessment process among all the participants. Specific risk assessments are used to assess risk in domestic abuse cases across Kent and Medway MARACs to prompt a referral to MARAC<sup>2</sup>; i.e. the range of [SafeLives DASH Risk Indicator Checklists](#) and the DARA tool used by Police. The primary purpose of the indicator list and tool is to identify risk to victims and to be able to offer appropriate resources and support - MARAC for the most serious cases.

Where domestic abuse is current and is having a significant impact on mental health and there is high risk of harm (from the perpetrator or self-inflicted as a result of abuse) we should be sharing information by making a MARAC Referral. The response to risk posed to the person (suicide/self-harm) because of the ongoing impact of abuse should also be to make a MARAC Referral.

Practitioners must be aware that a Risk Identification Checklist (RIC) is neither a full Risk Assessment nor a Case Management Form. It is a practical tool that can help you to identify which of your clients should be referred to MARAC and how you should be prioritising the use of your resources. Consideration for Professional Judgement should

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<sup>2</sup> [http://www.SafeLives.org.uk/marac/RIC\\_without\\_guidance.pdf](http://www.SafeLives.org.uk/marac/RIC_without_guidance.pdf)



also be given where a DASH/DARA cannot be carried out e.g.: - for cases with co-occurring conditions, language barriers, counter-allegations, minimisation, etc. Staff should be aware of standalone risk factors, such as strangulation or use of weapons to inform their professional judgement.

Risk is dynamic and multi-agency partners, and their practitioners need to be alert to the fact that risk can change very suddenly. The presence of children increases the wider risks of domestic abuse. However, this RIC is not a full Risk Assessment for children (DASH Risk assessment is for age 16 and over). If a MARAC referral is made there will be a need to make a [Kent](#) or [Medway](#) Children's Services Front Door Referral if this has not already been completed. For Kent

It is not an expectation that all multi-agency partners and their practitioners identifying the initial risk indicators will have high levels of knowledge about domestic abuse and its risk assessment. If unsure speak to your safeguarding lead or local Domestic Abuse Service. However, as multi-agency partners and practitioners, we owe a duty of care to our clients since they have become our clients precisely because a propensity to harm exists. We need to make defensible rather than defensive decisions. MARAC eLearning modules produced by the MARAC Steering Group are available in the Appendices.

### 3.3 Stage Three: Meeting MARAC Referral Criteria

A professional supporting a client who considers the risk of harm to be significant and imminent should make a MARAC Referral.

There are three conditions which must be met in order to make a MARAC Referral to the MARAC Hub – the case meets the Domestic Abuse Act definition of domestic abuse<sup>3</sup>, the person experiencing abuse must be based in Kent and Medway and the abuse must be believed to be high-risk.

A case must also be referred to MARAC if it has previously been referred to MARAC and in the 12-months from the date of the last referral a further incident is identified which, if reported to Police, would constitute criminal behaviour. More information on Repeat MARAC Cases can be found in the appendices.

There are three ways to identify risk to meet the criteria for referring a case to a 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, the impact of poor mental health, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour' based violence. This judgment 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 3 below. Or,

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<sup>3</sup> Please see the Appendices for the Domestic Abuse Act definition





2. **Visible High Risk:** as determined by SafeLives DASH RIC an assessment based on actuarial data, involving the use of risk indicators to assess the probability of serious harm or homicide. For domestic abuse cases, the number or 'yes' answers on the DASH usually determines the level of risk. SafeLives recommends that 14 'yes' answers on the DASH should result in a referral to MARAC. However, completing the DASH is not a simple 'tick box' exercise and, even where there is a lower number of ticks, professional judgement should be used to inform the overall assessment of risk. In addition, professional judgement should not be used to 'downgrade' an actuarial risk assessment.

As Police use the longer version of DASH with 27 questions, the referral threshold for Police is raised to 16 ticks. The DARA relies on professional judgement rather than visible risk.

3. **Potential Escalation:** the potential for escalation can be assessed by looking at the frequency and/or severity of abuse. MARAC also take cases under this criterion where there is an increase in severity of incidents, not just number of incidents, and there is no hard and fast rule about the numbers of incidents which would trigger this. Services should consider that there is a potential for serious harm or homicide when three domestic abuse events have been identified in a 6-month period. For example, three attendances at A&E, three Police call outs or three calls to make housing repairs. This should alert professionals to the need to consider a referral to MARAC.

If a DASH/DARA cannot be completed Professional Judgement should be used and then the MARAC Referral Form be completed.

**Victimless Referrals:** MARAC Referrals completed by multi-agency partners who predominantly work with the perpetrator, where the concern has been raised around the person causing harm only and no discussion or information has been gathered for the victim will be considered. The four criteria for referring a case to MARAC (Professional Judgement, Risk Indicator, Visible High Risk, Potential Escalation) will be used to assess the referral before accepting it, this is particularly relevant for MARAC Referrals from Probation for example. Through MARAC research it the aim should be to identify and safeguard the victim.

### 3.4 Stage Four: Making a MARAC Referral

If, following completion of the Risk Assessment, the case is assessed as high-risk, the MARAC Referral should be completed in accordance with your agencies internal Policies. A MARAC Referral does not mean the transfer of responsibility to MARAC, you remain responsible for safeguarding those at risk.

All multi-agency partners can make a MARAC Referral via the Online Referral Form and should include a completed SafeLives DASH RIC or DARA if possible. Once submitted a copy will automatically be sent to you and to the MARAC Hub Team to review and approve.

Incomplete MARAC Referrals or referrals that don't meet MARAC criteria (area or risk) will not be accepted and will be returned to the referring agency by the MARAC Co-ordinator; a





referral will not be processed, and the Case will not be listed. You should liaise with your Safeguarding Lead to put in place a plan for the person experiencing abuse, this may be resubmitting a referral more clearly identifying the risk factors, arranging a Professionals Meeting or making referrals to appropriate domestic abuse support if you have consent from the client.

The referrer should explain the MARAC process to clients and gain consent for the MARAC Referral wherever possible. If consent is not given, the person experiencing abuse should still be informed (if safe to do so) that the MARAC Referral will be made. The referrer should inform them that an IDVA will contact them to discuss support and explain that the IDVA Service is independent from Police and Social Services. The referrer should explain why a MARAC Referral is being made, especially if the client has not given consent. Confirmation and clarification should be shared that the person using abusive behaviour will not be informed, and that the MARAC Referral/Case will be handled sensitively by all multi-agency partners.

**Incorrect referrals** – Where a referral to MARAC is made outside of the CMS referral process this should be returned to the referrer alongside the MARAC referral form link, cc'ing the MARAC Hub team.

### 3.5 Stage Five: MARAC Research

MARAC Research should be completed by the MARAC representative. The MARAC representative should share relevant and proportionate risk focused information. MARAC representatives should not contact the victim prior to the MARAC to support any MARAC Research. All MARAC representatives have a vital role to play in sharing information as no one agency holds all the information/complete picture of the risk.

The MARAC representative should record on the CMS the research information or indicate that the client (victim, children, or perpetrator) is either not known to the organisation or that the organisation does not hold any information that is relevant to understanding the dynamics of the abuse and creating risk reduction plans.

### 3.6 Stage Six: Action Planning

Once MARAC Research has been submitted, Action Planning Conversations happen via the CMS or in the MARAC Professionals Meetings and recorded via the CMS. MARAC Professionals Meetings should be considered for complex cases where lots of agencies are actively involved, and cases where the risk to the victim or other involved party is so urgent that a meeting must be held to resolve imminent safeguarding risks.

Action Planning should be carefully considered as part of the MARAC process, not just by the MARAC Chair, but by all multi-agency partners attending the MARAC Meeting, with consideration given to each attendee's part of the business and their remit. The IDVA Service will get the clients view's and wishes to represent during the MARAC process. MARAC multi-agency partners should make client-centred, creative risk reduction plans that are tailored to the people they aim to protect. A rationale for decisions should also be recorded. Actions should be proportional, concise, and relevant, and end dates for completion of Actions should be assigned.



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A tailored Action Plan will be developed ensuring all available information is considered when making decisions about MARAC Actions and recording the rationale for these decisions. The Action Plan will aim to increase the safety of the victim, children and other at-risk parties, including staff working with high-risk domestic abuse clients as well as aiming to support the perpetrator in order to reduce risk and to hold them to account.

This Action Plan must be SMART:

- Specific
- Measurable
- Achievable
- Relevant
- Timely

Most of the actions that arise from MARAC reflect an increased understanding of risk because of the information shared and thus provide a more tailored response for the victim. With additional information, multi-agency partners can prioritise actions, to support the victim and to support their staff. This process does not remove accountability from multi-agency partners, it aims to make the process of delivering safety transparent.

If a multi-agency partner agrees an action, it is their responsibility to ensure it is undertaken or that the MARAC Hub Team are made aware that it has not been completed. In the CMS the Action Plan is created on the relevant case file. All actions allocated are available to view in the Action Manager.

For those multi-agency partners who do not regularly attend the MARAC Meetings or attend by invite, the MARAC Co-ordinator will raise cases and escalate actions and updates accordingly. If the MARAC Action is not feasible or not possible to be completed i.e. for legal reasons, remit or change of circumstances this will be recorded in the action update field.

It is important that multi-agency partners are active in the MARAC process and CMS as often as possible as actions can only be volunteered by persons active in the process; the MARAC Chair is not able to task actions to any multi-agency partner that is not active in the process. This should prevent any MARAC Actions being assigned that are unachievable.

There are however a range of tools at the MARACs disposal which can be used to achieve this. These may include:

- Specific Police actions that may be taken to ensure a victim is made safe in their home during the MARAC process.
- Child and Family Assessments undertaken by Children's Social Care.
- 'Op info' put on the address.
- Consideration of DVDS.
- Welfare checks.
- Panic alarms and referrals to SAFER for property security enhancements.
- Protective Orders including DVPO, and bail conditions considered and reviewed.
- Onward referrals or review of previous referrals into MAPPA, MASIP, MATAC, and other Vulnerability Panels.



- Potential MARAC to MARAC Referral.
- Housing Support Letters – these will usually be sent to the relevant multi-agency partner, such as the IDVA or housing, not directly to survivors. No leaflets should be given to survivors, this is not safe practice or protocol.

It will always be expected that multi-agency partners will put a 'flag' or 'marker' where possible in their own systems to highlight practitioners to the victim's experience of domestic abuse and that these flags will remain on systems for 12-months following the MARAC Referral and MARAC Meeting.

### 3.7 Stage Seven: MARAC Meeting

MARAC Meetings take place on Microsoft Teams. At the beginning of the MARAC Meeting, the MARAC Chair asks attendees to introduce themselves, the agency they are representing and their role. The Chair will remind all attendees of the Confidentiality Statement (available in the Appendices).

The MARAC Chair will introduce each Referral/Case is to be discussed as presented in the CMS MARAC Meeting List. Each Referral/Case is called for the discussion of incomplete actions, to identify any necessary further action and are reviewed for closure to MARAC. The MARAC Chair should ask Area MARAC members whether:

- all actions have been completed?
- the risk posed by the perpetrator has reduced.
- the risk experienced by the adult/children reduced?
- there is a need for additional actions?

The MARAC Co-ordinators record any additional up to date information, actions, or action updates on the CMS.

If additional actions are identified and the Referral/Case is unable to be closed it should be kept open for 2 weeks for additional actions to be completed. Once actions have been completed this will be reviewed by MARAC Hub Team for closure. If the Referral/Case is unable to be closed at this point an additional multi-agency Professionals Meeting may be considered.

It is expected that a CMS Licence Holder from each standing MARAC Agency will always be represented at a MARAC Meeting. If this is not possible, it is expected that a CMS Licence holder will liaise with the MARAC Co-ordinator prior to the MARAC Meeting to share whether they believe the risk has been adequately managed in each Referral/Case, whether they believe there has been any additional information, escalation and whether they support closure to MARAC. The MARAC Co-ordinator will share this during the meeting. MARAC Actions cannot be allocated to those multi-agency partners not in attendance at the MARAC Meeting without prior agreement of this.

### 3.8 Stage Eight: After the Meeting

**Updating the victim:** It will be agreed at the MARAC Meeting who will report back to the client and the remit of the feedback. This will usually be undertaken by the IDVA if they have had some engagement. This should be in the action plan within the CMS.



They are representing the MARAC Members and all Confidentiality Agreements within the ambit of the MARAC process should be adhered to, therefore informing the individual of any information relating the alleged perpetrator, including any health information, personal data, relationship, or criminal history, must not be disclosed unless specifically agreed and directed by those directly involved in the MARAC.

The update will primarily be the agreed MARAC Actions that are going to be taken to keep the individual and any appropriate family members safe, which may include:

- Additional Safeguarding Referrals being made.
- The proposed loan of any devices to improve safety.
- Any Housing Support Letter or a DVDS.

## 4. Frequency of MARAC Process and Summary of Stages

### 4.1 MARAC Referral

Anyone who identifies someone at high-risk of harm related to domestic abuse can complete an Online MARAC Referral.

- The MARAC Hub Team review the MARAC Referral within **24 hours** and if accepted this is allocated to the upcoming Area MARAC Meeting in the CMS (or if referred within a week of the scheduled meeting to the subsequent meeting to allow for adequate research and action planning).
- A new MARAC Referral Notification is sent to all MARAC Members of that Area MARAC.
- The expectation is for the IDVA to make contact with the victim **within 24/48 hours** of the MARAC Referral being accepted by the MARAC Hub Team.

### 4.2 MARAC Research

Once approved, the MARAC Referral will be assigned to an Area MARAC and a MARAC Referral Notification will be sent to MARAC Members for MARAC Research completion.

- All participating multi-agency partners will gather and submit relevant, proportionate, and necessary information regarding the victims, including children, and the perpetrator(s).
- MARAC Research from multi-agency partners should reveal any other person who could be deemed at risk of harm, including if the perpetrator poses a threat to other members of the community. This information can then be shared within the MARAC Arena and relevant MARAC Actions assigned to specific agencies.
- All MARAC Research will be visible to all MARAC Members of the Area MARAC via the CMS.
- MARAC Research must be submitted by multi-agency partners **weekly, within working 5 days of a referral**.

### 4.3 Action Planning



Once multi-agency partners MARAC Research has been submitted MARAC Action Planning Conversations happen via the CMS (**5 working days**) or are undertaken in a MARAC Professionals meeting if one is held earlier.

- MARAC Actions are identified and suggested by all multi-agency partners of the Area MARAC.
- At any point a Professionals Meeting to discuss the Referral/Case can be suggested, particularly for:
  - Complex cases where lots of agencies (4+) are actively involved, and
  - Cases where the risk to the victim or other involved party is so urgent that a meeting **must** be held to resolve imminent safeguarding risks.
- SMART Actions are logged on the CMS and progress/completion is updated on the CMS **weekly**.

#### 4.4 MARAC Meeting

MARAC Meetings will be held via Microsoft Teams and are for the discussion of Incomplete Actions and to identify any necessary further action.

- There are 6 Area Meetings held across Kent and Medway, **Kent areas will be monthly, and Medway will be fortnightly (7 MARAC Meetings a month in total)**.
  - North Kent (Dartford & Gravesend)
  - East Kent (Thanet & Dover)
  - Mid-Kent (Maidstone & Swale)
  - Medway (Medway)
  - West Kent (Tonbridge & Malling, Tunbridge Wells & Sevenoaks)
  - South-East Kent (Ashford, Canterbury & Folkestone)

## 5. Extraordinary MARACs and Meeting Links

### 5.1 Emergency MARACs

In extreme cases, where the risk of harm is imminent and statutory agencies have a duty of care to act at once, rather than wait for the next MARAC Meeting, an Emergency MARAC Meeting may be called. The MARAC Co-ordinator will contact the multi-agency partners with details and agree times to meet as soon as is practical. The MARAC Manager will decide whether to accept the request for an Emergency MARAC.

### 5.2 Closed MARACs

In exceptional cases, where requested by the victim or in agreement with the referring multi-agency partner, a Closed MARAC Meeting may take place. A request for a Closed MARAC should be made clear on the MARAC Referral so that this can be managed by the MARAC Coordinators.

Specific multi-agency partners will be invited to a Closed MARAC Meeting. The MARAC Manager will decide whether to accept the request for a Closed MARAC.





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### 5.3 MARAC-to-MARAC Referrals

MARAC-to-MARAC Referrals should be made via the online referral form, or if the case is internal and has yet to be heard at a meeting can be reallocated to a new Area MARAC Meeting.

The aim of MARAC-to-MARAC Referrals is to promote the safety of high-risk victims, regardless of where they live, and to ensure that all multi-agency partners at MARAC are clear about their roles and responsibilities at each stage of the transfer process. Referrals should be made via the online MARAC Referral form.

A MARAC-to-MARAC Referral should be made when a victim/survivor moves between areas, either on a temporary or permanent basis.

The following information should be shared when completing a MARAC-to-MARAC Referral:

- Previous MARAC Minutes relating to the previous MARAC Meeting case discussion.
- The original MARAC Referral Form.
- Any other documentation that is relevant to the new MARAC.

A MARAC-to-MARAC Referral should always be accepted regardless of local thresholds for the MARAC to be able to identify and safeguard those people moving into the area. Without a consistent process, it is possible that victims will move into new areas where the MARAC and multi-agency partners are unaware of them and their circumstances.

If the MARAC Co-ordinator is advised a victim/survivor has moved after a MARAC Referral has been made and accepted but before the action planning has taken place, the case will still be heard in the original MARAC area. The MARAC Co-ordinator will take an action for a MARAC-to-MARAC transfer to be made and ensure that referrals to and from MARAC are referred to the appropriate IDVA service.

In some cases, a victim/survivor may experience an incident in another MARAC area when they have not moved there either temporarily or permanently. In these circumstances, a MARAC-to-MARAC Referral is not required, although the multi-agency partners working with that victim/survivor should liaise with their counterparts in the other area as appropriate. The new incident may require a repeat referral to be made within Kent & Medway. Refer to **Appendix G - MARAC Repeat Cases** for detail on making a repeat MARAC referral if necessary.

### 5.4 MARAC to MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are a set of statutory arrangements to assess and manage the risk posed by certain sexual and violent offenders. MAPPA bring together the Police, Probation and Prison Services to form the MAPPA Responsible Authority for each MAPPA Area.

Many domestic abuse incidents will not result in the offender being eligible for management under MAPPA. To ensure these offenders are still discussed in a multi-





agency format the MARAC is utilised. However, there will be cases where there are links to be made between MARAC and MAPPA.

The perpetrator may have previous convictions and may be a current MAPPA offender. Where the Police or Probation Service are actively managing the offender but not necessarily within MAPPA (through Offender Management Units), they can use information provided by the MARAC to reassess the level of risk that the offender presents to assist in active management of that individual. This may in some cases lead to a referral being made to a Level 2 or 3 MAPPA Meeting. This will support the effective management of the offender and reduce the potential risk of harm to the victim.

Where an offender is already being managed at MAPPA Level 2 or 3, there are local arrangements in place should both processes need to run alongside each other. If there is an IDVA engaging with the victim, that IDVA should be invited to the MAPPA meeting as well as the MARAC Meeting to ensure the victim is represented at both meetings. More information can be found in the appendices.

### 5.5 MARAC Meeting Links

All involved agencies must ensure that information from MAPPA, MATAC and MASIP comes into MARAC. Links should be made at both the Research and Action Planning stages.

## 6. The MARAC Case Management System (CMS)

The Oasis CMS is used to manage the MARAC process. This will allow inputting of information by all multi-agency partners involved allowing for swift action setting and clear accountability. The CMS is a web hosted 'cloud' solution provided by an external system provider (IT Works Ltd). The CMS is hosted in secure data centres in the UK and is accessible from any device or location (other than countries that pose an increase cyber security risk – please ask the MARAC Hub team for an up to date list). There is no integration with any other Kent Police system or partner system.

Each multi-agency partner must identify who is best placed within their organisation to be members of the MARAC process and therefore receive a CMS licence. An agency representative must have the ability to commit appropriate resources in order that the MARAC can deliver increased safety to all concerned.

### 6.1 CMS Licence Allocation

In order for a CMS Licence to be allocated to a multi-agency partner they must:

- Be signed up to the Kent and Medway Information Sharing Agreement.
- Be a signatory of the Kent and Medway MARAC Hub Operating Protocol and Guidelines.
- Have up to date Policies and Procedures covering Safeguarding and Data Protection.
- Ensure that the individual licensee has completed CMS Training and has access to the MARAC eLearning.



- Provide the MARAC Hub Team with contact details for primary licence holder(s), approved delegates and a senior responsible for escalation contact.

Access will be granted only to official organisation email addresses; for example, @Kent.police.uk, @nhs.net. No Gmail, Hotmail or other personal accounts will be used to create a CMS licence.

It will be the responsibility of each multi-agency partner organisation to ensure that vetting levels of those who have access is appropriate as detailed within this Kent and Medway MARAC Hub Operating Protocols and Guidelines, and Kent and Medway Information Sharing Agreement.

Licence holders are granted access to Area MARAC Meetings and the Action Manager and then be limited within these areas to manage their own agency information e.g. information shared and actions.

### 6.2 Managing CMS Licence Holders

The joiners, movers and leavers will be managed through requests made to and evaluated by the MARAC Hub Team.

When the access to the CMS is no longer required the MARAC Hub Team will deactivate the CMS licence. This can be to facilitate a rota or to permanently remove the user from the system.

The MARAC Hub Team will complete a quarterly audit of CMS Licences ensuring that those allocated are being utilised. If a CMS Licence has remained unused for the quarter the CMS Licence will be deactivated, and the CMS Licence holder and escalation contact alerted.

If the MARAC Member Agency feels a CMS Licence needs to be reallocated this should be discussed with the MARAC Hub Manager.

### 6.3 Password Management

Passwords are 'standalone' from the user's computer or network logons. Passwords must be reset every 90 days and can be done independently by the users. Users locked out of their account must request a password reset from the MARAC Hub Team.

All user accounts will be set up to require Multi Factor Authentication (MFA). The available MFA options enabled in OASIS are Email or the Authenticator App.. The MFA guide is available in the appendices.

The Password Policy Password Criteria specifies that passwords must be at least 12 characters, contain at least one uppercase letter, at least one lowercase letter, contain at least one number, contain at least one special character (symbol).



## 6.4 Technical CMS Support

If a CMS Licence holder experiences technical difficulties, users should first diagnose whether their issue is a local IT or wider IT issue (e.g. problem with their specific computer, or problem accessing all internet sites). Users should refer all such issues to their local IT support arrangements.

If the user can access other common websites (e.g. [www.bbc.co.uk](http://www.bbc.co.uk)) but have a specific issue with the OASIS CMS, they should contact the MARAC Hub Team. The MARAC Hub Team will:

- Verify the identity of the user making contact, verify their issue is genuine, and that it falls within the scope of the OASIS CMS.
- Provide any user support or guidance requested, to attempt to resolve the issue and/or validate that it is a matter for the system provider to investigate.
- If necessary, log a support request ticket for the system provider, via the OASIS CMS support ticketing system. This can only be accessed by privileged users who are nominated as a 'Support' key contact.

MARAC Hub Team contacts are available in **Appendix K**.

## 6.5 Managing the CMS

The MARAC Hub Team have overall responsibility for the management of the CMS for the CMS. This includes:

- Owning and managing the contract with the CMS Supplier (IT Works).
- Paying the charges for the system via the multi-agency funding contributions allocated to the MARAC Hub as agreed and evidenced within the MARAC Hub Partnership Agreement.
- Ensuring that the MARAC Hub Operating Protocol and Guidelines are updated, and CMS Processes are being accountable for the day-to-day operation of MARAC via the CMS.
- Maintaining a register of key contacts in MARAC multi-agency partners – this should include each CMS Licence holder, appropriate CMS Licence delegates and a senior responsible escalation contact.
- Allocating CMS Licences, managing permissions levels and change requests (passwords and deactivating CMS Licences).
- Authorising delegation of access management to the key contacts in each organisation.
- Auditing access to the CMS on a quarterly basis.
- Reviewing and evaluating the CMS Processes and communicating changes.
- Managing support requests from MARAC Members and the CMS Supplier (IT Works).
- Creating CMS Output and Impact Reports for Reporting Processes.



Privileged accounts will be solely for the use of the MARAC Hub Team and not for participating member agencies.

## 6.6 MARAC Member Agencies

MARAC Member Agencies can be 'standing', are always a Member of that Area MARAC CMS and participate in all cases or, 'by invite', added to the CMS on a temporary basis for specific cases.

It is each agencies responsibility to inform Kent MARAC Hub as soon as practicable if any of their license holders leaves or changes role and no longer needs access to CMS.

Each agency is responsible for reporting data breaches or security incidents relating to CMS to Kent MARAC Hub as soon as they become aware of it.

The following are designated as 'standing' CMS Licences allocated:

### **Kent Police**

MARAC Hub Team

Police Research

### **IDVAs and VAWG**

### **Services**

Oasis - East Kent

Oasis - Medway

Look Ahead

MIDAAS

Clarion

Rising Sun

SATEDA

New Leaf

DAVSS

Protection Against

Stalking (PAS)

### **Local Authority**

### **Housing Teams**

Swale

Gravesham

Thanet

Ashford

Folkestone and Hythe

Dover

Canterbury

Dartford

Tunbridge Wells

Tonbridge and Malling

Sevenoaks

Maidstone

Medway

### **Housing Providers**

MOAT

AMAT

WKHA

Golding homes

Town and Country

Housing

Orbit

Southern Housing

### **Adult Social Care**

KCC Adult Social Care

Medway Adult Social

Care

### **Integrated Children's**

### **Services**

Kent Children's Integrated

Services

Medway Children's

Services

### **Health**

MMH

MTW

EKHUFT

KMPT

Adult Community MHT

KCHFT

Dartford & Gravesham

NHS Trust

Medway Community

Healthcare (MCH)

### **Substance Use**

Forward Trust

CGL

### **Probation**

DASO

Offender Managers

The MARAC Hub Team will provide all new multi-agency partners with the CMS Process Charts and associated Training Videos, the links to the MARAC Process and Knowledge Base Training Videos and a copy of the MARAC Hub Operating Protocol and Guidelines for reference. These are also available in the **Appendices**.

## **7. Equality**

The MARAC Hub Team will review MARAC Referral contents with consideration to protected characteristics or additional barriers that may be faced by the people involved in the MARAC Referral to consider any additional factors to be raised and whether any additional specialist agencies are required/would be beneficial to be included.

- Referring multi-agency partners should highlight this information if it is known at point of referral (i.e. Specialist Traveller Liaison Worker supporting the family/community).
- The MARAC Chair will consider this within their review and may identify an action for another multi-agency partner or information to be brought into the discussion. The MARAC Chair will also ensure that everyone is considered equally and fairly within any MARAC related communication and may challenge any communication that is considered to disrespect any person's equality and any other attendees can raise these matters also, via the MARAC Chair.
- eLearning Modules produced by the MARAC Steering Group cover the way domestic abuse can affect groups and consider the additional barriers experienced and how MARAC Members can combat these.
- The MARAC CMS collects detailed equality data which will be anonymised, analysed, and presented to the MARAC Steering Group on an annual basis to ensure the MARAC Hub is robust in safeguarding everyone in Kent and Medway experiencing high risk domestic abuse.

## **8. Evaluation, Governance and Performance Management**

It is vital that the MARAC Process is embedded in key local partnerships to promote sustainability and increase accountability.

### **8.1 MARAC Steering Group**

The MARAC Steering Group meets quarterly and identifies the objectives of the MARAC Hub and the framework in which these objectives are delivered. The core responsibilities of the MARAC Steering Group are to oversee the whole MARAC Process and has overall accountability for this.

A mix of strategic/senior and operational/frontline staff from all the key multi-agency partners across Kent and Medway attend the MARAC Steering Group to ensure our MARAC Hub Model operates and performs the best it can, holding multi-agency partners to account if they are not performing e.g., not attending, not completing actions, low referrals rates, etc. This representation can address the practical and resource implications of MARAC and develop and maintain internal protocols and procedures in relation to public protection.

The MARAC Steering Group is also responsible for the monitoring and evaluating of the data from the MARAC (which is submitted to SafeLives) and ensuring that effective partnerships are maintained with other safeguarding (adults and children's) and public protection bodies, including other MARAC areas Nationally: we attend and report into Regional MARAC Meetings.

The MARAC Steering Group may form Task and Finish Groups by agreement where necessary.

## **8.2 MARAC Governance**

Each Area MARAC's progress, developments, and challenges will be reported to the MARAC Steering Group, which in turn will report to the Kent and Medway Domestic Abuse Tactical Group. Good practice, strategic challenges and performance data needed to be presented to multi-agency partners strategic leadership teams will be escalated to the Kent and Medway Domestic Abuse and Sexual Abuse Executive Group, the dedicated strategic group responsible for the approval of any county-wide MARAC policy changes.

Having these forums and pathways for escalation of issues, accountability monitoring, and performance data review and evaluation helps to ensure that there is clear accountability for multi-agency partners that are involved in the MARAC Process, that the process is performance managed on a regular basis and that practical issues that are raised by those involved in the meetings are addressed at a strategic level. Such issues may include funding, multi-agency partner attendance, referral rates and quality of referrals, analysis of statistics, clarity of roles, training needs, and links with other multi-agency partner forums.

## **8.3 Needs Assessment and Review of the Impact of MARAC**

The MARAC Hub Team should provide quality data and reporting that enables the Needs Assessment and Review of the Impact of the MARAC Hub to be implemented. At the point of a MARAC Referral the victim should have been informed of the MARAC Process by the referrer and advised that other multi-agency partners will be asked to share information.

The CMS will provide quality data and reporting that enables the Needs Assessment and Review of the Impact of the MARAC Hub to be implemented. The MARAC Hub team will provide biannual reports to the MARAC Steering Group covering referrals, accepted cases, equalities monitoring, meeting and process attendance, actions and action completion.

The MARAC Hub Team will complete the Annual SafeLives MARAC Data Return and share this with the MARAC Steering Group.

## **8.4. Review of the MARAC Hub Operating Protocol and Guidelines**

This MARAC Hub Operating Protocol and Guidelines will be reviewed 3 months after the transition to the new MARAC Hub Model and the CMS 'go live' and then after 6 months and 12 months within the first year. The MARAC Hub Operating Protocol and Guidelines and MARAC Hub Model will require continuous review for a period of time to address any areas of concern to prevent any longer-term problems.

We will need to ensure the CMS is secure and fit for purpose, adequate training is delivered, and the CMS is working. We will also need to ensure there are no audit concerns and if there are, that solutions can be found.

The MARAC Hub Operating Protocol and Guidelines will then be reviewed every two years thereafter by the MARAC Steering Group or sooner in the emergence of best practice. The MARAC Hub Manager will ensure that the MARAC Hub Operating Protocol and Guidelines



document is reviewed with other multi-agency partners within agreed timescales. The review will:

- Consider whether the MARAC Hub Operating Protocol and Guidelines are still useful and fit for purpose.
- Identify any emerging issues.
- Determine whether the MARAC Hub Operating Protocol and Guidelines document should be extended for a further period or whether to terminate it.
- The decision to terminate or extend the MARAC Hub Operating Protocol and Guidelines document, and the reasons, will be recorded by the MARAC Hub Manager.

## **9. Complaints**

### **9.1 Managing Complaints**

Complaints need to be managed sensitively and should follow a process of escalation via line managers to the appropriate person to take this forward. Managers should deal with appropriately, record appropriately and feedback - if there is a theme among agencies, depending on the topic this could be something which is raised at the MARAC Steering Group, or during MARAC Training, or at the MARAC Hub and CMS Review Process. It can be documented in this forum and reviewed to ensure compliance in future. If no improvement then further, high escalation may be required.

### **9.2 Managing Complaints Stages**

As the MARAC is made up of multi-agency partners, concerns about the action or inaction of another must be addressed and any challenges conducted in a professional and respectful manner. Multi-agency partners should always be prepared to review decisions and plans with an open mind.

Problem resolution is an integral and initial part of any complaint or escalation process, multi-agency partners should aim to resolve difficulties at this level: if necessary, with the involvement of their first line managers, engaging in open discussion with colleagues in other agencies. Attempts at resolution must be within a time frame. If the concerns cannot be resolved at this level, escalation processes must be followed.

#### **Stage 1 – Escalate to Team Manager of the service or agency:**

- If professionals are unable to reach agreement about the way forward in an individual case, their disagreement must be recorded and addressed by more senior staff.
- A Team Manager must contact the equivalent Team Manager from the other agency to discuss and seek resolution.
- If agreement cannot be reached following discussion between the above managers, it will go to Stage 2.
- Records of discussions must be maintained by all the agencies involved.

## **Stage 2 – Escalate to Safeguarding Leads/ Service Managers:**

- If a practitioner disagreement is not resolved at Stage 1, the Team Manager must escalate concerns to their Service Manager or Safeguarding Lead within their organisation.
- If agreement cannot be reached following discussions between the above managers, it will go to Stage 3.

## **Stage 3 – Escalate to Social Care Assistant/Deputy Directors/Divisional Director; Detective/Chief Inspector for Safeguarding in the Police; Senior Health Manager/Director an ICB Director of Nursing or NHS England:**

- If the problem is not resolved at Stage 2, the Service Manager/Designated Safeguarding Leads must escalate to the agency Assistant Director/ Deputy Director or Divisional Director or NHS or Detective Chief Inspector for Safeguarding in the Police.
- A written report of the concerns must be completed and sent to the Assistant Director/ Deputy Director/ Divisional Director/ Detective Chief Inspector for Safeguarding, NHS Provider or Commissioner, Head of Safeguarding or equivalent. A response is required within a stipulated period of time.
- If agreement cannot be reached following discussion between the above Directors/ Senior Managers, it will go to Stage 4.

## **Stage 4 – A Report of the concerns should be made to the Chair of the Kent and Medway Domestic and Sexual Abuse Executive Group for final resolution.**

## **10. Breaches**

### **10.1 Breach of MARAC Protocols**

Ensuring strict adherence to Information Sharing Protocols and Safeguarding Procedures is crucial to protect victims and maintain trust among multi-agency partners. A Breach of MARAC Protocols can occur in various ways, such as:

- **Failure to Share Information:** Not sharing relevant, proportionate, and risk-focused information among agencies.
- **Non-Compliance with Legal Requirements:** Not adhering to legal frameworks like the Data Protection Act, Children's Act, or Human Rights Act during information sharing.
- **Ignoring Victim's Needs:** Failing to represent and support the victim's needs throughout the MARAC process.
- **Inadequate Risk Assessment:** Not properly identifying and assessing high-risk cases based on established criteria.

### **10.2 Managing MARAC Breaches**

MARAC Breaches need to be managed robustly. Details around information which can and cannot be shared from MARAC will be covered in MARAC Training to reinforce the policy around this. Multi-agency partners should all have an in-house process for managing

breaches. It is explicit on MARAC documentation that MARAC Minutes from MARAC Meetings should not be shared in any form to the victim or the perpetrator. Managers will oversee the information which can be shared with other professional bodies such as the parole board/DBS or solicitors as per policy.

Complaints regarding individual multi-agency partner responses to the MARAC process or the conduct of individuals within that agency should initially be dealt with by that organisation under its disciplinary or staff conduct processes. Breaches of this MARAC Hub Operating Protocol and Guidelines document will be taken very seriously and raised with the multi-agency partner concerned in the first instance. If satisfactory resolution is not brought about by the multi-agency partner, the issue should be escalated to the MARAC Manager and then MARAC Steering Group if appropriate.

## **11. Signatories**

Signatories should be managed using a recorded list of those signed up to the Kent and Medway Information Sharing Agreement which can be checked and challenged at any given point.

<b>Organisation:</b>	<b>Signed by (Full Name):</b>	<b>Signature:</b>	<b>Date of signature:</b>
<b>Kent Police</b>			
<b>IDVAs &amp; VAWG Services</b>			
Oasis Domestic Abuse Service			
Clarion			
Look Ahead			
Rising Sun			
SATEDA			
New Leaf			
DAVSS			
Protection Against Stalking			
<b>Local Authority Housing teams</b>			
Swale			
Gravesham			
Thanet			
Ashford			
Folkestone & Hythe			
Dover			
Canterbury			
Dartford			
Tunbridge Wells			
Tonbridge & M			
Sevenoaks			
Maidstone			
Medway			
<b>Housing Providers</b>			
MOAT			
AMAT			
WKHA			
Golding homes			
Town and Country Housing			
Orbit			
Southern Housing			
<b>Adult Social Care</b>			
KCC Adult Social Care			
Medway Adult Social Care			
<b>Integrated Children's Services</b>			
Kent Integrated Children's Services			
Medway Children's Social Care			
<b>Health</b>			
MMH			
MTW			
EKHUFT			
KMPT			

Adult Community MHT			
KCHFT			
Dartford & Gravesham NHS Trust			
Medway Community Healthcare			
<b>Substance Use</b>			
Forward Trust			
CGL			
<b>Probation</b>			

### 11.1 Withdrawal

The MARAC Hub Operating Protocol and Guidelines and Kent and Medway Information Sharing Agreement are merely guidance and an agreement to abide by it. Information can be shared outside of these providing the principles of both are adhered to.

- All multi-agency partners have the right to withdraw from the MARAC Hub Operating Protocol and Guidelines and Kent and Medway Information Sharing Agreement or to refuse to sign up to it.
- Multi-agency partners that withdraw from, or do not sign up to, the MARAC Hub Operating Protocol and Guidelines and Kent and Medway Information Sharing Agreement will be excluded from participation in the MARAC CMS, MARAC meetings and will not receive information on MARAC cases.
- If a multi-agency partner wants to withdraw from the MARAC, then a letter should be sent in writing to the MARAC Manager, clearly stating the reasons why the multi-agency partner wants to withdraw. The multi-agency partners must continue to comply with the terms of the MARAC Hub Operating Protocol and Guidelines and Kent and Medway Information Sharing Agreement in respect of any data that the agency has obtained through being a signatory.
- The MARAC Hub Team will record all multi-agency partner withdrawals on a spreadsheet with rationale. MARAC Co-ordinators should be informed in order individuals can be removed from mailing lists if they continue to exist. The spreadsheet can be retained under the Information Asset Register and remain auditable.

## Appendices

### Appendix A - The Domestic Abuse Act Definition

MARAC will consider cases that meet the definition of Domestic Abuse as per the [Domestic Abuse Act 2021](#) statutory definition, which defines domestic abuse as follows:

- The 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.
- It does not matter whether the behaviour consists of a single incident or a course of conduct.
- Economic abuse means any behaviour that has a substantial adverse effect on B's ability to—
  - (a) acquire, use, or maintain money or other property, or
  - (b) obtain goods or services.
- For the purposes of the Act A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).

Part 1 of the Act provides that a child who sees or hears, or experiences the effects of, domestic abuse and is related to or under parental responsibility of the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse.

### Appendix B – DASH RIC Guidance

Information on the DASH RIC and accessible and translated versions can be found here - [Dash risk assessment resources for professionals - SafeLives](#).

### Appendix C – MARAC Referral Link

- MARAC referral form

### Appendix D - MARAC Training Module links



## Appendix E – Relevant Policies

[Multi-agency safeguarding adults policy, procedures and practitioner guidance for Kent and Medway](#)

[Multi-agency protocol to safeguard adults with care and support needs who are impacted by domestic abuse](#)

[KMSAB Escalation Policy; Resolving Practitioner Differences](#)

Kent and Medway Safeguarding Children Partnership Procedures Manual - [Domestic Abuse](#)

## Appendix F – MARAC Confidentiality Statement

The chair of the meeting reminded all concerned of the principles within the Kent and Medway Information Sharing Agreement

Information discussed by the agency representatives, within the ambit of this meeting, is strictly confidential and must not be disclosed to third parties who have not signed up to the Kent and Medway Information Sharing Agreement, without the agreement of the partners of the meeting. It should focus on domestic abuse and child protection concerns and a clear distinction should be made between fact and professional opinion.

All agencies should ensure that all records and related documentation are retained in a confidential and appropriately restricted manner.

Equality Statement: All MARAC documentation will reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without discrimination. All work undertaken during the MARAC process will be informed by a commitment to equality of outcome and effective practice in relation to age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The purpose of the MARAC process is to:

- share information to effectively safeguard victims of high-risk perpetrators (adults and children)
- reduce the risk posed by perpetrators through support and behaviour disruption
- ensure multi-agency partners can share relevant and pertinent information in a timely way
- construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.
- enable in-depth risk management discussion and creative action planning for our most complex, high-risk cases
- promote multi-agency partner accountability to ensure actions are completed
- be efficient and time effective, enabling broad multi-agency partner engagement.
- to support for staff involved in high-risk DA cases

The purpose of this meeting is to establish present each case is called for the discussion of incomplete actions, to identify any necessary further action and are reviewed for closure to MARAC.

The responsibility to take appropriate actions rests with individual agencies; it is not transferred to MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

## **Appendix G - MARAC Repeat Cases**

A Repeat MARAC Case is one which has been previously referred to MARAC and in the 12-months from the date of the last referral a further incident is identified which, if reported to Police, would constitute criminal behaviour. In the case of a repeat case, the new incident does not have to high-risk to be re-referred to MARAC, as long as it constitutes criminal behaviour.

Any multi-agency partner may identify this further incident, regardless of whether it has been reported to the police. A further incident includes any criminal behaviour with the intent to gain power & control.

Where a repeat victim is identified by any MARAC multi-agency partner, that agency should refer the case to the MARAC, regardless of whether the behaviour experienced by the victim meets the MARAC referral threshold of visible high risk, escalation, or professional judgement. To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC multi-agency partners should have the capacity to 'flag and tag' their files following the latest referral so that they are aware of a service user/client who experiences a repeat incident.

Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident the new incident would need to be high risk as its treated as a new case.

## **Appendix H – MAPPA Information**

For guidance relating to MAPPA please see MAPPA Notes and Definitions, Ministry of Justice, Guidance Documentation.



MAPPA\_Notes\_and\_  
Definitions.pdf

## **Appendix I - Domestic Abuse and Terrorism, Radicalisation, or Extremism**

The Prevent duty requires specified authorities such as education, health, local authorities, police, and criminal justice agencies to help prevent the risk of people becoming terrorists or supporting terrorism. It sits alongside long-established safeguarding duties on professionals to protect people from a range of other harms.

Operation Escape, a research project carried out by the Kent and Medway Prevent found significant links between extremists and domestic abuse, including domestic abuse being prevalent in the criminal history of notable extremists being evidenced in all kinds of extremism. Domestic abuse manifests in a similar way to extremism: violence, coercion, degradation.

There is the clear need to consider extremism when dealing with domestic abuse.

## **Appendix J – Multi Factor Authentication Guide**

Licence holders must set up Multi Factor Authentication for access to the CMS to be enabled – this is set up to be via either the Authenticator app or email. Instructions can be found below:



OASIS - Two Factor  
Authentication.pdf

## **Appendix K – MARAC CMS Process Charts**



MARAC Process  
Maps .xlsx

## **Appendix L – CMS Outage Contingency Planning**

The system provider maintains a Business Continuity Disaster Recovery Plan for the OASIS CMS application delivery. Recovery processes are tested every 6 months. The current status of the OASIS CMS is published at: <https://online.oasiscloud.co.uk/> Users can check if there is an outage or update in progress by visiting this link.

In the event of incidents which impair the system availability, recovery time is estimated to take between 0 – 4 hours. For force majeure events such as data centre loss the recovery time could be extended as the geo-redundancy recovery services will be placed in a queue with Microsoft and Rackspace.

In the event of a 0-4 hour outage the MARAC Hub Team would alert all MARAC Licence holders of the outage and expected timelines for recovery. If a MARAC meeting is due to take place during this time this will be rescheduled for the following business day.

In a force majeure event or outage expected to last more than 24 hours the MARAC Hub Team will alert all MARAC Licence holders of the outage, distributing an offline MARAC Referral form to accept referrals. These will be transcribed to the CMS once it is available. Accepted referrals will be communicated to the Licence holders for that Area MARAC on a daily basis for research to be submitted and compiled by the MARAC hub team. This will be transcribed to the CMS once it is available.

If the CMS is still unavailable after 5 working days the case lists and research will be distributed to the Area MARACs and fortnightly action planning MARAC meetings will be held.

All manually accepted referrals, research and action planning will be transcribed to the CMS once this is available.

## **Appendix L - Stalking and MARAC**

The Kent & Medway MARAC Hub recognises the impact of stalking on victims of abuse, working alongside the MASIP (Multi-Agency Stalking Intervention Programme) to reduce the risk for victims.

MASIP aims to reduce risk and reoffending by identifying and addressing the specific patterns of fixated and obsessive behaviour at the earliest possible stage, and in some cases prior to any contact with the police, as well as individual motivations of stalkers depending on their typology

Where stalking is identified please complete an [S-DASH](#) to identify the level of risk posed.